Alexander, Brian S.	3
Alexander, Thomas M	14
Atto, John D. Jr.	37
amos, Kerry Ann	88
Archer, James R.	56
Arrington, Frederick	95
Allen, Kris D.	98
Aldendorff Jr., Joseph	105
Shawn Raymond Ault	462

Arain, Shannon L.	107
Arnold, Roy C.	110
Akins, Mark D.	115
Allen, Kathy L.	145
Andrews, James Robert	177
Anderson, Dana L.	183
Althoff, Deborah	191
Alles, Ann Marie	223
Aanonsen, Robert	289
Akins, Tony N.	300
Aravena, Oriana G.	302
Adams, Linda L.	311
Allen, Beth J.	321
Adams, Jr., Robert L.	378
Albrecht, George D.	387
Atkinson, Gary L.	402
Albers, Suzanne M.	404
Alexander, Steven M	444
Ault, Shawn Raymond	462
Adams, Deborah Lynne	500
Armstrong, Gary L	530
Adams, Diana L.	555
Alexander, Christina	567
Anderson, Barry	593

Buchanan, Monica A.	21	Bundy, Jeffrey G.	344
Burcham, David Enoch	43	Barnes, Alvin R. Sr.	345
Bullock, Erica Noel	46	Bartlett, William Allen	349
Baumunk, John Lewis	52	Beck, Nellie H.	357
Bemis, Carrie F.	55	Bennett, Lawrence C.	361
Bear Jr., Charles R.	58	Burns, Charlene A.	369
Barrick Sr., David K.	61	Broton, Joseph W. II	385
Blackburn, David L.	69	Brown, Shane S.	394
Branson, Bill E.	78	Bundy, Crystal Anna Elizabeth	397
Bechinski, David R.	85	Brown, Kelly K.	401
Boda, Julie	89	Burnell, Nancy L.	402
Burgan, Joanna	90	Boyd, James Andrew	408
Balog, Patricia A.	111	Branham, Angela K.	418
Bachman Kathy J.	119	Bowling, Kevin J.	426
Benslay, David A.	125	Black, Jamie A.	427
Beasley, Jeffrey A	136	Bridgham, Karl Ernest	433
Bemis, Jason L.	142	Barr, Kori Sue	433
Bachmeier, Barbra A	143	Brummett, Kristyn	434
Beck, Steven O.	147	Black, Steven R	453
Bogard, Kim L.	147	Bradshaw Jill A.	466
Breeding, Richard W.	162	Bennett, Stacy Anna	472
Blum, Helen Louise	169	Broadhacker, Nancy A.	481
Brown, Anthony W.	171	Bohannon, Neal L.	483
Barrett, Christopher Neal	175	Brooks, Amber N	490
Brown, Dennis L.	188	Bolante, Lisa M.	491
Barnett, David Eugene	189	Browning, Lori Lee	499
Bailey, Elizabeth A.	192	Bixler, Thomas Paul	500
Ballman, Thomas M.	193	Butters, Troy	506
Beightol, David Arthur	194	Blaman, Spencer	507
Bumb, Marcia	210	Baer, Jeffrey	509
Bohlen, John R.	211	Brewer, Donald Franklin Jr.	516
Bennett Diane L.	211	BYERS, JAMES D	517
Brown, Barbara J.	213	Burchett, Patsy Ann	537
Brown, Scott B.	217	Bechtel, Amy	551
Byassee, Roger G.	233	Brasher Paul	558
Buchanan, John L.	251	Burge, Elizabeth	559
Barnette Jr., James A	260	Blanton Jr. Donald	563
Baker, Neal A.	264	Beers, Frank	564
Blank, Sherry A.	268	Baumann, Linda	565
Baldwin, Madonna S.	272	Bridges, Jeffrey	569
Baker, Ricky Lee	273	Buchanan, Jonathan	591
Bailey, John-Michael	274	Blandford, Jennifer	591
Barnaby, Michael C.	281	Browning, Vonda	593
Bright, Connie L.	281		
Bennett, Anthony Dwayne	294		
Blume, Norman L	303		
Ball, Donald J.	305		
Base, Thomas E. Jr.	306		
Barthauer, Dale B.	309		
Beaman, Christina	319		
Baker, Lyle D.	339		

Coak, Brian L	9	Chesser, Russell B. }	326
Chapman, Michael A.	21	Chesser, Sylvia Sue	326
Capatina, George C.	23	Connell, Paula J.	336
Clay, Yvette M.	25	Crum, Christi J.	361
Craig, Michelle L.	27	Coulk, Gary D.	367
Compton, Janeen D.	33	Cornelison, Matthew R.	371
Connett, Jamie L.	39	Crouch, Kimberly K.	372
Cook, James B	45	Cox, Britton L.	381
Coulson, Robert Donald	46	Crance, Dennis M.	386
Coffey, Carrie Christine	49	Caton, Frances Sue	392
Cook, Tyson A.	57	Clark, Deborah J.	405
Cubel, Lisa K.	91	Corn, Jeffrey A.	409
Clodfelder, Judith K.	92	Connell, Lisa A.	426
Coffman, Catherine Ann	100	Copeland, Candice	450
Cooney, Jennifer D.	114	Chadwick, Gloria A	451
Clark, Todd A.	122	Cartwright, Malcomb J	470
Clingan, Danny W.	126	Collester, Kevin Eugene	472
Cook, Berry allen	133	Colbert, Debra Lenora	474
Corder, Polly D.	141	Clark, Thomas L	490
Cavett, Rebecca L.	142	Chandler, Michele	501
Cummings, Randy Lee	146	Combs, Gina	503
Champe, Joseph E.	150	Cooke, Jonathan Clifford	527
Corradini, Ronald W.	154	Crockett, Steven	545
Cripe, Andrew W	157	Close, Stephen	554
Crager, Nicole A.	159	Carter, Jeffrey Jon	555
Cranor, Dennis M.	164	Close, Victoria Lynn	560
Cowles, Fred D.	168	Carter, Chalmer Wayne	561
Carpenter, Sarah J.	172	Church, Elizabeth	569
Cornett, Casey K.	182	Cummings, Richard	570
Callahan, Gail Christine	189	Campbell, Thomas	574
Crowe, Ronald E.	196	Creek, Nina	574
Cope, Tracy L.	196	Curts, Andrew	576
Clayton Sr., Michael D.	197	Caldwell, Kevin	592
Cryle, Kathy J.	201	Craney, Angela	595
Crist Jr., Richard C.	227	Cummins, Don Wayne	596
Cox, Rayanne	246		
Coak, Michael L.	247		
Collins, Kristina L.	247		
Catt, Dustin A.	251		
Clarice, Ivon	253		
Capps, Lisa A.	254		
Corbett, Jenna M.	264		
Cardinell, Larissa	270		
Collins II, Richard W.	271		
Cooper, Steven B.	278		
Coltharp, Jacob Michael	290		
Cornelius, Thoma Richard	296		
Cook, Melinda L.	300		
Cox, Melanie L.	304		
Crist, Jennifer L.	308		
Castilla, Ana M.	323		

Drudy, Theresa C.	8	Dove, Derry C	483
Dixon, Julie A	9	Dufek, Scott A	495
Doub, Carrie L.	60	Dulaine Colin	503
Dixon, Glenn K	63	Dolris, Catherine	508
Drake, Brent K.	64	Davis, Raynie	514
Draffen, Billy H.	66	Dodin, Dwayne	521
Davis, Richard K.	71	Duncan, Paul	524
Devine, Kent A.	75	Delarosa, Raymond	550
Dieckman, Donna Jean	82	Dorsey, Charles Curtis	557
Dickert, Milton H.	104	Davison, Angela	576
Dickert, Tammy L.	104	Decker, Jerry	598
Douglas, Beth Ann	120	Driggers, Jay	599
Dohm, Roger K.	149		
Deckard, Pamela L.	156		
Dailey, Edward K.	173		
Downing, Veronica Lynn	174		
Durell, David K.	179		
Dowler, Marc A.	184		
Daniels, Kirt A.	191		
Davis, Carl L	202		
Devitt, Benny K.	207		
Davis, Lachelle M.	208		
De Mars, James L.	209		
Duggins, Katherine Sue	214		
Dugan Marialisa	215		
Davidson, Lee A.	218		
Davidson, Theresa K.	241		
Douglas, Jennifer L.	243		
Dickman, James Jr.	252		
Duggar Jr., Jimmy R	270		
Daniels, Linda A.	286		
Dare, Cecil W.	288		
Dixon, April Janell	291		
Dale Jr, David Lynn	293		
Decker, Jeffrey Alan	314		
Dame, Nicole L.	318		
Dee, Jennifer M.	337		
Delbney, Brad A	346		
Delk, Taysha Lynn	349		
Deremer, Heather J.	350		
Davis, Bradley C.	366		
Deno, Todd K.	374		
Downing, Angela J.	384		
Dotlich, John H.	394		
Davidson, Molly J.	399		
Douglass, Donald N }	440		
Douglass, Susan C }	440		
Dalton, Deborah L.	445		
Dewitt, Angel M.	452		
Dapp, Donald F.	463		

Edwards, Deborah S.	23
Easter, Sherri L.	42
Engel, Kaye J.	53
Elmore, David A.	55
England, Vikki L.	80
Eckert, Roger Wayne	82
Ebert, Barbara L.	97
Eltringham, Terry L.	102
Ellis, Karen	106
Earl, Shawn	113
Ellison, Terace A.	134
Emmert, Jennifer C.	150
Egan, Karen Lee	194
Edwards, David L.	226
Edwards, Nancy C.	226
Ellingwood, Gerald J.	236
Edington, Rebecca L.	250
Eagle, Walter I.	258
Elliott, Diane K.	263
Eckert, Tina K.	325
Estes, Tice E.	348
Edelson, Eric B	360
Eaton, Jennifer L.	374
Elmore, Gary Edward	410
Ellis, melissa A	448
Edwards, James	456
Elliott David	501
Edelmann, Donald	529
Eldridge, Jeffrey	544
Ellison, Lee Ann	570
Edwards, Sandra	577
Elliott, Randy	580

Ford, Julie Ann	4
Ford, Stefanie Michelle	15
Ferguson, Beth A.	17
Fields, James S.	28
Fleenor, Shannon Rose	43
Freeman, Frederick F.	87
Freeland, Cindy L.	98
Feenley, April	108
Fartner, Harold	124
Fanto, Pamela A	132
Fencle, Jonas	138
Frije, Mark Richard	167
Fisbeck, Kathy K.	185
Fiste, Carole A.	188
Ford, Barbara Lynn	195
Fisher, Lynn A.	248
Fulbright, Robin L.	252
Finney, Erin K.	261
Ferguson, Carl E.	266
Feeney, Ruth E.	275
Fry David W	301
Ferguson, Kimberly K.	322
Farrell, Kathleen S.	344
Faulkner, Constance A.	362
Fox, Allen E.	393
Feldman, Tracy Renee	400
Farthing, James T.	414
Ford Jr., Leon E. }	416
Ford, Sheila K. }	416
Ferris, Suzanna E.	423
Fuson, Matthew	436
Frick, Kristy Jean	462
Fahey, Marcus J.	466
Frick, Kristy Jean	462
Farrell, Kimberly D.	471
Flint, John William	476
Firecoat, April D	507
Faulkner, Sharon	509
Frecker, Timothy	523
Fox, Nina	587
[illegible]	[illegible]

Garques, Bruce B	1	Garrett, Connie	558
Guernsey, Amy Lou	14	Gerber, Michelle	572
Good, Chastidy A.	19	Gage, Sheila A	413
Gray, Charlotte R.	32	Goode, Joseph W	583
Gosser, Dawn M.	37	Gray, Nana	585
Groninger, James L.	44	Goss, David	594
Gowan, Charles A.	57	Gripp, Kimmer	594
Griffin, Daniel L.	72	Gillreath, Bethany	597
Grimes, Carl E.	74		
Galyan, Marilee Jo	81		
Gadstine, Becky S.	83		
Graves, Kayla	105	Gibson, Christopher	475
Gilbreth, Bobby J.	137		
Gore, ~~Jonas~~ Adriene	138		
Ginn, Belinda R.	140		
Guerra, Michelle E.	190		
Garceau, Ronald	210		
Garrison, Larry Wayne	224		
Garrison, Martha Viola	224		
Gabovic, Danielle M.	228		
Gidcumb, Theresa J.	234		
Grayson, Danny J.	250		
Goodman, Beth A	257		
Grass, Amy	277		
Gillenwater, Scott	297		
Goeke II, Emil E.	327		
Gregary, Shelly L.	359		
Green, Judith L.	375		
George, Paula K.	376		
Godwin, Mitchell W.	406		
Geisler, Sophie J.	407		
Golay Jr., Gary L.	419		
Gibbs, Tina Dian	421		
Goff, James W.	428		
Gleek, Diane	435		
Guelden, Angela J.	437		
Groeschen, Clint G.	438		
Goodwin, Jason L.	449		
Gentry, Nicole Diane	476		
Graham, Daniel Eric	480		
Gauge, Elizabeth Ann	482		
Gabbard, Carl E.	504		
Glass, Paula G.	506		
Gass, Janie E.	515		
Glennon, Kathleen	306		
Gaskins Donald	522		
Gallagher, Sheila Claire	527		
Garrison, Tammy	539		
Gruffey, Sylvia	546		
Gilbert, Jennifer R	548		
Garrison, Tina	554		

Hardman, Angela S. 1
Hahn, Becky K. 5
Hoover, Janice K. 12
Hanna, James Glenn 15
Hosley, Karen 18
Hall, John A. 19
Hankins Hiram I. 20
Hyuck, James M. 24
Hemingway, Lori A. 26
Hosaka, Susan K. 29
Horn, Amy L. 33
Hansen, Jeffrey 38
Hicks, Troy D. 40
Henline, Cathy M. 64
Hall, Melodye D. 66
Hoffman, George 79
Hamilton, Donald K. 81
Harman, Bradley W. 84
Hickam, Jennifer 85
Harrell, Susan E. 93
Holmes, Elizabeth J. 118
Hassie, James 135
Huber, Patricia A 157
Harrell, Robin K. 164
Harvey, Rick Alan 174
Haymaker, Jennifer 178
Hicks, Laura Lee 179
Herron, Julie Marie 181
Hovis, Jeffry L. 185
Hamm, Earl K. 190
Hall, John Douglas II 205
Hookey, Candace M. 207
Hazelgrove Jr., Donald Eugene 223
Harris, Ludan D. 230
Hall, Jowanna M. 232
Heller, Marilyn L. 238
Harrington, Paula L. 240
Hogue, Donald G. 253
Hardlox, Tara A. 255
Holcomb, David W. 262
Herron, Alan L. 279
Heymig, Michael V. 286
Herbstreit, Joni Lee 295
Hickam, Linda 301
Hines, Ann M. 307
Haste, Jennifer M. 310
Hauchens, Lisa G. 324
Haynes, Rhonda Denise 330
Haver, Georgia A. 333
Hause, Stephen M. 335
Hamilton, Leticia B. 341

Hayden, Dickie Ray re-applied 358
Hadley, Schanda C. 360
Harney, Neal A. 370
Hedge, David A. 376
Hartman, Barbara J. 379
Harrell, Robin K. 386
Heishman, Mark A. 390
Hunter, Carla E 396
Hart, Brett A. 399
Hannell, Jonathan M. 417
Haas, Keith E 450
Hughes, Charles E 451
Haines Nicole R. 458
Hayden, Dickie R. 464
Hamel, Christopher Arthur 474
Hadaway, Michelle A 477
Hornaday Jr., Don H. 481
Helm, Kevin Allen 482
Hazlett, Lisa Dawn 484
Hubbard, Robert C. 488
Holland, Joseph 497
Hooper, Jennie 497
Helm, Bruce D. 499
Hoerth, Anthony 518
Hill, Jennifer 518
Hardcastle, Melissa 521
Hare, Tracy 525
Hasler, Ricky 533
Hinkle, Kathy 533
Hager, Debbie 542
Hill, Evan 541
Holdeman, James E 548
Harris, Janet 575
Hagerman, Nathan 586
Haynes, Retha 592
[illegible] 598
Hooten, Robert Paul 390
Hadley, Susan Lynn 390
Hargis, Thomas Ruben

Ilich, Sharon M.	28
Irelan, Joshua Allen	180
Isenberg, Julius K.	280
Isaacs, Kimberly	514

Jensen, Casey K.	22
Jones, Claude E.	36
Jared, William Douglass	88
Judy. Tracy Allen	100
Johnson Bradley G.	121
Jones, Samuel R. Jr.	127
Johnson, Michael D.	139
Jones, Shawn G. W.	159
Johnson, Loren O.	183
Jenkins, Ronda	216
Jackson, Thomas L.	312
Julius Jeffrey A.	320
Julian, Steven C.	329
Johnson, Joseph Paul	330
Jones, Natashia N.	351
Jones, Gregg L.	365
Jackson, Robert M. }	373
Jackson, Regina N. }	373
Jones, Douglas L.	388
Johnson, David W	434
Johns, Donald E.	441
Jenkins, William	2454
Jones, Ollie W.	460
Jordan, Antony Scott	485
Johnson, Ronald	493
Jackson, Robert	511
Jolly, Bart Robert	560
Johnson, Michelle	566
Jones. Jason	571
Johnson, Deborah	580
Jones, Eric	589
Jacobs, John	590
Jones. Jessica	600

Kirsch, David Charles	16
Kuhn, Sharmon A	20
Kaylor, Karl C.	22
Kjellum, Peggy Lee	41
Kennedy, Jeffrey D.	51
Kelly, Debra D.	65
Kennedy, John O	83
Kennedy, Lance K.	90
Kleinmann, Bridgette Ann	96
Koehler, Mary K.	127
Knight, Diane M.	137
Kiger, Allen H.	141
Karakis, Thomas J.	145
Kiesel, Kurt H.	155
Kruger, Lisa K.	155
Klier, Martha Ann	158
Kennedy, Thomas K.	243
Kersey, Tamera J.	244
Keever, Sara Jeanne	293
Knopp, Bridna L.	298
Kroener, Connie Jo	314
Kirk, Richard A.	316
Kochnemann, Beth A.	327
Klaum, Glenn A.	331
Kirkpatrick, April C.	353
Konovsek, Jo Ann	355
Kennedy, Randy A.	375
Kapadia, Parveen G.	377
Kite, Joseph L.	382
Kolodziej, John A.	383
Keith, Lonnie D.	405
Kinnaird, Tiffany L.	422
Kardokus Jr., Clifford W.	423
Krutzsch Jr., Joseph C.	431
Kehl, Kenneth W.	439
Klayer, Jeffrey M.	442
Kreyling, Stacy L.	459
Kelley, Sharon Theresa	479
Kincaid, Angela	549

Lookabill, Lasharon D. 2
Livengood, Chris W. 13
Lohrman, Leslie 31
Layne, John A. 35
Logan, Jamie M. 54
Lyon, Betty J. 62
Lawson, Jennifer D. 103
Larsen, Scott A. 107
Landam, David A. 112
Lowry, Dawn M. 123
Long, Judy L. 124
Lucas, Lawrence F. 134
Lowry, Daniel P. 166 ~~146~~
Luckett, Stephen D. 187
Long, Bradley A. 198
Lawver, Michelle D. 199
Laws, Scott Allen 229
La Rache Jr., Donald G. } 267
La Roche, Carri 267
Lafevor, Douglas J. 285
Lindell, Kelly 289
Labra, Victor A. 302
Landrum, Michael W. 304
Laffoon, Jeffery A. 311
Lamb, Mark A. 325
Leep, Cheryl O. 329
La Plante, Frederick L. 343
Lacy, Phyllis K. 352
Langley, Rebecca L. 356
Lamb, William W. 364
Langley, Christina Dawn 385
Loviscek, Ellen M. 387
Linton, Tamara S 391
Livingston, Brian K. } 403
Laser, Pamela D. 403
Lawrence, Richard W. 404
Lazaroff, John R. 407
Lay, Jacqueline Dawn 410
Le Compte, Leslie P. 417
Love, Jason Bradley 421
Lyons, Kent T 435
Lawyer, Kim G. 470
Lockard, Deanna Sue 517
Lexton, Robert 520
Lovins, Shannon 528
Lizardo, Daniel 568
Lewis, Tony 575
Lofland, Kenneth 585

Moore, Douglas R. 2
Morrow, David H. 10
Moreland, Deanna J. 10
Merchhofer, Christopher R. 25
Motz, Raymond Paul 41
Motley, Terry Wayne 50
Mills Jeffrey K. 54
Mueller, Kent A. 67
Miracle, Jeff Darryl 70
Messer, Kelli Rene 77
Mounts, Michelle M. 89
Manley, Leo F. 94
Memon, Kamran A. 117
Mizell, Amy L. 126
Morris, Sharon L. 129
Marshall, Jennifer J. 131
Maynard, Sonya A 135
McNeely, Linda 146
Moore, Joyce Ellen 148
Mood, Alice L. 152
Miller, Carol G. 167
Moffitt, Rhonda Kay 172
Moore, Steven K. 193
Morton, Monica J. 195
Murphy, Charles Joseph, Jr. 204
Moss, Richard D. 215
Maw Donald 219
Mosier Richard A. 242
Mounts, Ryan K. 251
Mayhood, Dawn K. 256
Miller, Helena S. 261
Meyers, Rodney L. 273
Morales, Arlene R. 283
Mikesell, Brian C. 285
Morgan, Marnie J. 289
Medsker, David 288
Murray, Robin L 290
Mason, Cynthia Kay 291
Modglin, Matthew Scott 316
Moore, Marilyn K. 317
Moyer, Harry J. 331
Mendenhall, Brigitt L. 359
Malicoat, Deric W. 365
Miller, Angela J. 382
Melton, Kelly L. 396
Merritt Thomas S. 422
Mills, Martin D. 425
Madden, Rhonda L. 438
Manning, Terain L. 443
Mitchell, Donna L. 448
Moore, Kirt

Mertz, David A. 452
Moore, Mark P. } 465
Morton, Deanna L. } 465
Mosteller Jr., Leo R. 468
Montana, Michael 496
Muller, John 512
Miller, Michael 524
Melling, Trinna 534
Matterd, John 535
Morris, Petronella 540
Milbrath, Angela 545
Mills, Jacqueline 547
Mitchell, Dennis Lee 556
Moore, Maureen Lynn 556
Miller, David 565
Meadows, Jolly 573
Minnicks, Margo 582
Mitchell, Jana 583
Matasovsky, Scott 597

Mitchell, Tammy Lou J. 475

McKinney, Amy M.	11
McKinney, Melissa K.	24
McKittrick, Michele L.	75
McKinley, Joseph P.	80
McCoy, Michele L.	86
McCann, Robert E.	128
McDonald, Catherine D.	128
McMahon, Mark A.	129
McDonald Jr., Stephen D.	152
McIntyre, Tommy E.	227
McCoy, Kenneth E.	228
McCarroll, Karen L.	249
McCORMICK, D'LEE CAROL	292
McKinley, Jeffrey S.	307
McRoberts, Angela M.	309
McCune, Patrick J.	334
McFarling, Stacy J.	334
McCoy, Melissa G.	335
McCauley, Verna G.	364
McDaniel, James L.	369
McLoed, Martin A.	412
McAllister, Lee Ann	420
McElfresh, Larry A.	424
McBay, Tina M.	424
McMann, Clifford Allen	425
McDaniel, Danny L.	427
McLean, Shirley	453
McElroy, Betty J.	460
McAnich, Lisa Dawn	467
McKeehen, John	513
McDaniel, Barry W.	534
McGuire, Kristin	536
McCullough, Kim	541
McMahon, Robert	551
McGowan, Wendy	589

Nashey, Brenda A. 7
Nasser, Jennifer Marie 34
Newman, Jerry L. 103
Nowreske, Katherine A. 115
Nierman, David W. 148
New, Gary S. 178
Newport, Cynthia A. 219
Nelson, Andrea Jo 236
Nelsen, Michelle 289
Norrick, Toni Rae 366
Neal, Kimberlee L 390
Nolan, Vivian L. 428
Nowreske, Daniel K. 437
Norris, Sonia 485
Newby, Rachel 513
Nichols, Ronald 515
Nielsen, Bruce 553
Noel, Kyle 582
Neier, Amy 598

O'Riley, Walter Z. Jr.	49
Oliver, James A.	97
Olsen, Jennifer A.	125
O'Neill, Dinah Z.	168
Ogden, Kelli L.	182
Owens, Evelyn M.	209
Organ Jr., Leon R.	230
Ottinger, Dennis J	47
Oliver, Janice O.	259
Oxley, Marty A.	319
Oliver, Kristy A	348
Overbey, William M.	420
Oliver, Molly	429
O'Keefe, Patrick Texas	446
Oliver, Scott C.	458
OBrien, Michelle N.	488
Oppy, Michelle	496
Ortman, Kimberly	573
Obermeyer, Linda	579

Puterbaugh, David A.	39	Phillips, Joseph	577
Purcell, Raymond L.	42	Piray, Ralph	578
Paul, Greg A.	59		
Pritchard Connie S.	63		
Peterson, Eric R.	68		
Parente, Cynthia M.	76		
Perry, ~~Ho~~ Gregory K.	93		
Paproski, Joseph	99		
Packard, Karl D.	102		
Plummer, Vicki L.	112		
Phillips Robert M.	119		
Perry, Philip C.	131		
Pryse, David C.	132		
Patrick James A.	151		
Platt, Patsy J.	170		
Pallin Regina M.	173		
Piotrowski, Laura L.	176		
Priller Frank. J.	192		
Power, Mary L.	220		
Phelps, Mark A. }	222		
Powell, Shelly L. }	222		
Pickett Joseph A.	254		
Purvis, Loretta L.	262		
Puccinelli Maria J.	265		
Postma Steven L.	268		
Pedro II, John-Michael	274		
Painter, Jalynn M.	276		
Presnell, Jo Emma	296		
Pruitt, Karey A.	299		
Price, Margaret M.	313		
Percifield, Marcia Moyer	317		
Pittman Jr., Benton J }	332		
Powers, Tamra L. }	332		
Price, Sarah Ruth re-applied	358		
Paige, Karen M.	393		
Parr, Pauline R.	414		
Plummer, Bethany M.	430		
Pittman, Barbara A.	441		
Peeler, Christa	454		
Poynter, William Frank	467		
Price, Sarah R.	464		
Parke, Christina M.	473		
Pierson, Danna Marie	480		
Pfeifer, Brian Keith	486		
Parrish, Mark S.	498		
Plunkett, Molly	505		
Pickel, Jo Ellen	520		
Phillips, Dana	544		
Polzin, Pamela	550		

Quick, David a.	473
Quintana, Heather a	530

Kohlfing, Rick R. 12
Roberts, Regan A. 26
Rardin Jr., Jack A 31
Ray-Baumunk, Anita L. 52
Ratliff, Douglas A. 65
Rocke, Mary E. 69
Richards, Delynn M. 71
Ramsey, Sarah 79
Rice, Michael Lee 96
Reed, Amber Danyle 99
Robertson, Rick 106
Richardson, Lonnie D. 111
Riddle, David O. 114
Ripperger, Laura L. 121
Rahr, Tina Marie 133
Rouse, Tonya K. 139
Rhoades, Sharon L. 160
Reed, Delores A 177
Ramsey, Angela Ann 180
Reid, Laura A. 186
Rance, Jeffrey J. } 200
Robbins, Melinda J. } 200
Ross, George A. 212
Romer Jr., Michael A. } 239
Rost, Shonda L. } 239
Ridenaur, James W. 240
Richardson, Alan J. 244
Riner, William Lester 269
Ross, Jamie A. 278
Russell, Jennifer K. 283
Rector, Kevin G. 284
REYNOLDS, RONALD GENE 292
Relf, Richard L. } 315
Rohn, Joan J. } 315
Rinehart, Steven K. 318
Rose, Gregory A. 328
Ricketts, Scott A. 337
Rose, Pamela J 345
Ridener, Tricia M. 346
Rardin, James K. 351
Racette, Elizabeth Sarah Anne 354
Ritchie, Brett A. 362
Roberts, Rhonda D. 367
Russell, Tonya L. 371
Rose, Bronson J. 389
Russell, Brenton W. 415
Russell, Mindi L. 419
Reynolds Thomas A 429
Rule, Christina 436
Rodair, Jan Ellen 446
Rhodes, Georgia 456

Riner, William Lester 457
Ramsey, Jennifer Mae 461
Riley, Rusty R. 469
Runyon, Michael J. 471
Reynolds, Robert M 477
Rathbun, Jennifer Marie 516
Roccia, Linda 524
Reel, Daniel 529
Reffitt, Matthew 538
Rather, Mary 543
Rackley, Daniel 546
Ruger, Jeffery 547
Record, Barbara Kaye 561
Robertson, Marlene 356
Rehn, Andrew 567
Rollins, Valerie 568
Rabold, Jennifer 586

Speth, Ronald A. 5
Sokowitz, Henry M. 6
Sekerk, Deborah Lynn 16
Schuette, Joseph K. 17
Swan, Anthony M. 30
Schomberg, David L. 29
Sees, Thomas Hayden 34
Sherfield, DeLesa J. 51
Spurlock, Sherri L. 58
Spurlock, Jerry W. 60
Salada, Margo K. 61
Sherrard, Dorothy N. 68
Simpson, Karen S. 72
Spangler, Michael L. 76
Sullivan, Rodney R. 86
Smith, Martha Jane 87
Settles, Nicole R. 110
Sherwood, Kunda 113
Strait, Jerry Lee 116
Smith, Angela R. 116
Shade, Matthew Martin 120
Smallwood, Stacy L 123
Stewart, Tambi L. 130
Schildknecht, Dale R. 144
Schultheis, John Terrance 158
St. John, Kristina L. 162
Smith, Evelyn N. 171
Stark, Brett L 186
Steiner, Cynthia Jane Jones 197
Schapker, Mark J. 199
Sanders, Ginger K. 202
Stenpson, Thomas O. } 203
Smith, Shirley J. } 203
Schuhler, Joseph H. 658
Shultz, Mary H 658
Skelton, William Dwayne 214
Sprinkle, Rebekah L 217
Summers Jr., Martin T. 218
Strafford, Glenn L. 220
Smith, Anne M. 221
Stein, Kenneth G. } 225
Stout, Leslie J. } 225
Schroer, Julie Anne 229
Spurrier, Kevin R. } 231
Sheldon, Angela J. } 231
Shoffner, James K. 232
Strait, Ermel L. 234
Sanders, Thomas K. 237
Stidam, Doretta K. 242
Stevenson, Marc A. 249
Sitzler, Paul J. 255

Sanford, Sharon M. 271
Feeney, Ruth K. see "J" 275
Sublett Jr. Walter R. 275
Stanton, Robert P. 277
Shelton, Alida L. 279
Stanley, Tareesa G. 280
Stringfellow, Jessica L. 282
Stennett, Kathryn See 294
Scully, Gabriel Norvel 295
Sill, Karen E. 306
Stevenson, Mark K. 313
Severe, Sherri G. 312
Straughn, Rena J. 320
Smith, Kenneth C 321
Stoats Barry G. 323
Smith Jeffrey D. 324
Stucker, Dawn M. 328
Stadler, Stephen G. 333
Snodgrass, William A. } 338
Scott Leann S. } 338
Smith, Susan M. 340
Smith, Jennie A. 342
Schubert Jr. Joseph B. 349
Sparks, Deborah J. 357
Stinson Ronald G. 363
Smith, Donald L. 368
Shaw, Matthew D. 372
Stucker, John Robert 381
Spencer, Thomas K. 384
Starbaugh, Julie R 389
Suding, Nicholas V 391
Scott, Mitchell Linn 392
Scott Anita 398
Smith, Scott Allen 400
Smith Johnny J. 401
Sorrentino, Paula Jean 406
Stumm, Genievee L. 442
Stokes, Rick A. 443
Shaw, Michael S. 445
Sawyer, Robin A. 449
Smith, Jason D. 459
Stayte, Wesley Dean 461
Scott, April D. 468
Smith, Kristi L. 469
Stafford, Jeffrey K. } 478
Stevens, Karen L } 478
Simmons, Amanda S. 486
Stark, Dawn Marie 492
Sutton, Theresa J. 493
Smith, Kevin C 494
Smith, Elizabeth J 498

Scott, Kristina Kaye	289
Shupa, Philip W.	505
Schrader, Stuart	508
Snider, Michele	511
Swager, Denise	522
Smith, Allan	525
Snell, Toby	526
Smiley Angela	528
Schrock, Timothy Edward	531
Sperling, Rebecca Lynn	531
Stanbrough, Jill	535
Schaak, Melanie	538
Shirels, Donald	540
Snell, Gregory	543
Spurgeon, James	549
Smitherman, Natalie	553
Slayton, Matthew	562
Smith, Evelyn	571
Shearin, Jared	572
Spears, Clifford	579
Scott, Reginald	413
Schmitt, Cherie Ellen	487

Townsend, Thomas W.	4	Templeton, Jeffrey	546
Takayoshi, Sherry L.	6	Trosper, Eric	600
Tamlin, Robin A.	7		
Thompson, Patrick A.	11		
Trester, Melinda B.	30		
Thacker, Janet	35		
Tabor, Margaret S.	36		
Tatay, Elizabeth	44		
Tropini, Suzanne E.	50		
Tutterow, Tracy G.	73		
Thompson, Jeffrey A.	77		
Thomas, Kevin D.	91		
Tucek, Nicole J.	136		
Trittipo, Larry L.	143		
Turner, Barbara B.	149		
Truesdale Larry G.	161		
Taylor, Rita A.	166		
Thompson, Harold Martin	169		
Thompson, Scott M.	174		
Tryon, Jennifer L.	187		
Timbrook, Kathryn Mayne	205		
Thomas, Michael H.	213		
Traynor II, Michael P.	235		
Tanner, Stacey	47		
Trent, Susan L.	237		
Tate, Charles E. }	245		
Thomas, Barbara E. }	245		
Turchi, Michael L.	246		
Taylor, Eric S.	263		
Turner, Pamela Jean	269		
Taylor, Ronnie O.	282		
Townsend, Pamela S.	284		
Turpen, Damon W.	298		
Thompson, Michael L.	342		
Taylor, Kevin M.	352		
Turk, Albert L.	355		
Tai, Asif Z.	377		
Typzkiewicz, Lisa	383		
Tabler, Denise M	388		
Toney, Barbara J.	395		
Thompson, Lydith Marie	408		
Tucker, Cynthia L.	412		
Tuttle, Catherine	415		
Turner, Pamela Jean	457		
Trusty, David K	491		
Treadwell, Paul	492		
Thomas, Joseph	537		
Thompson, Grant	539		
Turner, Gary	542		
Taylor, Amy	562		
Tinch, Katrina	564		

Unruh, Kari Jean	67
Urban, Kenneth L.	170
Urick, Peggy J.	212
Unversaw, Monroe D.	395
Underhill, Patricia A.	463
Unterreiner, Dennis Patrick	479
Upton, Kathleene	581

Vandivier Robin M.	161
Voegele, Tricia L.	184
Vondersaar, Gail A.	233
Vaughn, Karen A	258
Valdez, Jose Luis	310
Valy, Michael J.	322
Vestile, Kerry L.	341
Vanjelgerhuis, Angel M.	343
Van Kat, Delight D.	347
Vares Linda K.	363
Varn, Kathryn L.	409
VanJelgerhuis, Misty Michelle	557
Vaughan Thomas	595

Wininger Jennifer L. 3
Wilder, Dallas S. 8
Weaver, Helen Romesa 13
Wilson Arthur E 18
Wells, Christopher R. 27
Wallace, Jo Ellen 38
Willard, Charlie B. 40
Wilson, Virginia 45
Waldeck, David D. 53
Whisler, Beth A. 56
Wynne, Michelle A 59
Walters, Gary A. 73
Westenhafer, Teresa L. 74
Wood, Deborah J. 78
Weddell, Sandra L. 84
Warsi, Sadia 94
White, Ute 95
White, James 108
Worley, Antonia D. 117
Wheeler, Robert S. 118
Wycoff, Kimberly L. 122
Wilson, James P 130
Williamson, Riley D. 140
Whaley, Betty J. 144
Waller, Cheryl E. 151
Watson, Stephanie R. 154
Warner, Kenneth E. 163
Warner, Beverly R. 163
Walls, Jason E. 165
Wineman, Tammy R. 165
Watson, Arnette Sue 175
Wiggam Deanna M. 198
Wells, Jett 201
Welty, Leann K. 204
Waskom, Darrell R. 208
Whicker, Steven 216
West, Gregory A. 221
Wyatt, Catherine S. 235
Wynne, Daniel J. 241
Wodtke Rebecca 248
Warmack, Clarence Lloyd 256
Warren, Alfonzo 259
Workman, Jennifer A. 260
Wheelock, Tracy L. 265
Webster, Billy G. 272
Weaver, Keith A. 276
WEAVER, BETH ANN 297
Woodley II, Timothy W. 299
Wynkoop, Ami Jo 305
Whyde, Paul K. 308
Wells Sr., James L. 336
Wood, Janet L. 339
Wiser, Mark L. 340
Wyatt, Michael R. 350
Wing, Larry L. 353
Wiley, David Ray 354
Wade, Tracy A. 356
Watkins, Hellena M. 368
Wagoner, Cleora M. 370
Ward, Michelle L. 378
Widdle, Stephen W. 379
Whetstone Matthew [illegible] 380
Wilson, Deanna M. 380
White, C Bradley 397
Wethington Carl 398
Wishmeier, Christina M. 418
Wilkerson, Peggy Ann 431
Willis, John S. 430
Wolfe, Glenda O. 439
Wheeler, Theresa 444
Wilkes, Robert D. 447
Williams, Peggy Jean 447
Wing, Tisha R. 494
Worth, Angela 495
Whitlow, Joseph Glenn 289
Woods, Sharon K. 504
Wilson, Andrew 510
Wilson, Lori 510
Whyde, Jennifer 512
Wilson, Jeffery 519
Watters, Portia 523
Waddell, Chad 536
Wagner, Robert 559
Wolf, Darby 578
Wallace, Clyde 581
Witten, Joshua 588
Wright, Jennifer 588
Willy, Mary 590
Wetterman, Theresa 589
Wynkoop, Beth Ann 596
Whittinghill, Jerry Wayne 487

Wehlerman, David L. 32

Youngman, Donald J.	62
Yearby, Michael D.	156
Young, Kenneth E	238
Young, Sheila K.L.	303

Yore, James L.	92
Zilke, Frederick H.	160
Zehr, Matthew Steven	181
Zehring, Mark Allen	484
Zuguerran, Billy Jr.	587

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 453

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 R. Aiello, M.D.

MALE APPLICANT

Name: First Bruce Middle Bennett Last Gargus
Date of Birth: Month 11 Day 25 Year 62
Place of Birth (State or foreign country) Danville, In.
Residence Address: Street or R.R. 245 N. Adams City Wend. County Brownsburg 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. Nicole Leigh Gargus 9 yrs.
6. (a) Full name of applicant's father Howard Bennett Gargus
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Avon, In.
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of applicant's mother Joyce Ann Simmons
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Avon, 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 Bruce B. Gargus 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 B. Gargus
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 Angela Middle Sue Last Hardman
Date of Birth: Month 1 Day 29 Year 69
Place of Birth (State or foreign country) Danville In.
Residence Address: Street or R.R. 245 N Adams City Wend-Brownsburg 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 male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Brock Rutledge 6 yrs.
   Bryan Austin Hardman 4 yrs.
   Brittany Hardman 1 yr.
6. (a) Full name of applicant's father James Leroy Rutledge
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Rebecca Jean Blackmore
   (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 S Hardman 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 Angela S Hardman
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* BRUCE BENNETT GARGUS *and* ANGELA SUE HARDMAN. *I further certify that the following marriage certificate was filed in my office: I,* CINDY SPENCE *(name), certify that on* AUGUST 31, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* BRUCE BENNETT GARGUS *of* HENDRICKS *County* IN *(state), and* ANGELA SUE HARDMAN *of* HENDRICKS *County* IN *(state) were 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/ CINDY SPENCE, 1ST DEPUTY CLERK *(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

2

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 454

HENDRICKS County

File

9-1-93
Date of Application

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

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

MALE APPLICANT

Name: First Douglas Middle Ray Last Moore
Date of Birth: Month 7 Day 19 Year 66
Place of Birth (State or foreign country) Danville, In.
Residence Address: Street or R.R. 910 Hunter Dr. City Plainfield County Hendricks 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) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Chase Douglas Moore 3yrs.
6. (a) Full name of applicant's father Ronald Ray Moore
   (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 Joyce Darlene Rutherford
   (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 Douglas R. Moore Date 9-1-93

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 Douglas R. Moore
New Address Same
Subscribed and sworn to before me this 1st day of Sept, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Lashawn Middle Delilia Last Lookabill
Date of Birth: Month 11 Day 29 Year 73
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. 910 Hunter Dr. City Plainfield County Hendricks State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Francis Don Lookabill
   (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 Robin Lee St. Laurent
   (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 LaShawn D. Lookabill Date 9-1-93

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 LaShawn D. Lookabill
New Address Same
Subscribed and sworn to before me this 1st day of Sept, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-1-93 *, authorizing the marriage of* DOUGLAS RAY MOORE *and* LASHAWN DELILIA LOOKABILL *. I further certify that the following marriage certificate was filed in my office: I,* ANN L. DAVIDSON *(name), certify that on* OCTOBER 30, 1993 *(date), at* CAMBY *in* HENDRICKS *County, Indiana,* DOUGLAS RAY MOORE *of* HENDRICKS *County* IN *(state), and* LASHAWN DELILIA LOOKABILL *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-31-93 *. Signed by:* /s/ ANN L. DAVIDSON *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 11-9-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 455

HENDRICKS County

File 9-1-93
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 8-9-93
Name of Physician D. Wilmot, M.D.

MALE APPLICANT

Name: First Brian Middle Scott Last Alexander
Date of Birth: Month 7 Day 2 Year 1959
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1040 N. Grant City Brownsburg County Hendricks State Indiana
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Phillip L. Alexander
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Delores L. Bell
   (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 Brian S Alexander Date 9-1-93

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Brian S Alexander
New Address Same as Above
Subscribed and sworn to before me this 7 day of September, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 Wininger
Date of Birth: Month 8 Day 13 Year 65
Place of Birth (State or foreign country) Danville In.
Residence Address: Street or R.R. RR 1 Box 215 F City Pittsboro 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 male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Jacob Thomas Wininger 4 yrs.
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 Owings
   (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 Jennifer Wininger Date 9-1-93

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Jennifer Wininger
New Address _____
Subscribed and sworn to before me this 7 day of September, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-7-93 *, authorizing the marriage of* BRIAN SCOTT ALEXANDER *and* JENNIFER LOUISE WININGER *. I further certify that the following marriage certificate was filed in my office: I,* ANDREA HUGHES LEININGER *(name), certify that on* OCTOBER 8, 1993 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* BRIAN SCOTT ALEXANDER *of* HENDRICKS *County* IN *(state), and* JENNIFER LOUISE WININGER *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-7-93 *. Signed by:* /s/ ANDREA HUGHES LEININGER *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-13-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

4

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 456

HENDRICKS County

File

9-1-93
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 7-29-93
Name of Physician John Doe M.D.

MALE APPLICANT

Name: First Thomas Middle Wayne Last Townsend
Date of Birth: Month 5 Day 31 Year 71
Place of Birth (State or foreign country) Johnson City, Tenn.
Residence Address: Street or R.R. 309 E H St. City Elizabethton County ____ State Tenn.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Thomas Townsend
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Elizabethton, Tn.
   Birthplace of father (State or foreign country) Tenn.
   (b) Full maiden name of applicant's mother Reba Ann Vance
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Elizabethton, Tn.
   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 Thomas W. Townsend Date 9-1-93

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 Thomas W. Townsend
New Address ____
Subscribed and sworn to before me this 1 day of Sept., 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Julie Middle Ann Last Ford
Date of Birth: Month 4 Day 4 Year 70
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. 1548 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 ____
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Wayne Ford
   (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 Constance Lynn Carr
   (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 Julie Ford Date 9-1-93

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 Julie Ford
New Address 309 E H St Elizabethton TN 37643
Subscribed and sworn to before me this 1st day of Sept., 19 9-1-93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-1-93 *, authorizing the marriage of* THOMAS WAYNE TOWNSEND *and* JULIE ANN FORD *. I further certify that the following marriage certificate was filed in my office: I,* LES HOWELL *(name), certify that on* SEPTEMBER 4, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* THOMAS WAYNE TOWNSEND *of* CARTER *County* TN *(state), and* JULIE ANN FORD *of* HENDRICKS *County* IN *(state) were 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/ LES HOWELL, INTERN 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

5

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 457

HENDRICKS County

File

9-2-93
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 Fred Hendricks, M.D.

MALE APPLICANT

Name: First Ronald Middle Anthony Last Speth

Date of Birth: Month 5 Day 9 Year 53

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

Residence Address: Street or R.R. 331 Bridlewood 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 Joseph A Speth
   (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 Elizabeth Morgan
   (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 A. Speth Date 9/2/93

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 Ronald A. Speth

New Address SAME

Subscribed and sworn to before me this 2nd day of Sept, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Hahn Middle Becky Last K.

Date of Birth: Month 10 Day 13 Year 53

Place of Birth (State or foreign country) Centerville, Iowa

Residence Address: Street or R.R. 331 Bridlewood Dr. City Danville County State In.

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

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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Erica Jo Hahn 18 yrs
   Nicole Leigh Hahn 14 yrs
6. (a) Full name of applicant's father Jack James
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Salem, Iowa
   Birthplace of father (State or foreign country) Iowa
   (b) Full maiden name of applicant's mother JoAnn Medland
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Salem, Iowa
   Birthplace of mother (State or foreign country) Ia.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 K. Hahn Date 9-2-93

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 Becky K. Hahn

New Address Same

Subscribed and sworn to before me this 2nd day of Sept, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-2-93 *, authorizing the marriage of* RONALD ANTHONY SPETH *and* BECKY KAY HAHN *. I further certify that the following marriage certificate was filed in my office: I,* JOHN W. IRWIN *(name), certify that on* SEPTEMBER 4, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* RONALD ANTHONY SPETH *of* HENDRICKS *County* IN *(state), and* BECKY KAY HAHN *of* HENDRICKS *County* IN *(state) were 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/ JOHN W. IRWIN *,* 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 1-800-382-6702 1477

6

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 458

HENDRICKS County

File

9-2-93
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 9-2-93
Name of Physician Dr Tesak, M.D.

MALE APPLICANT

Name: First Henry Middle Marks Last Sakowitz
Date of Birth: Month 9 Day 17 Year 15
Place of Birth (State or foreign country) New York City
Residence Address: Street or R.R. 227 Cartersburg Rd. City Danville County State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
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 female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Louis Sakowitz
   (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 Nesha Marks
   (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 Henry Sakowitz 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 Henry Sakowitz
New Address same

Subscribed and sworn to before me this 2nd day of Sept, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

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

FEMALE APPLICANT TAKAYOSHI

Name: First Sherry Middle Rae Last Takayoshi
Date of Birth: Month 11 Day 30 Year 46
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R.R. 227 Cartersburg Rd. City Danville 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. Christopher Takayoshi 27 yrs.
6. (a) Full name of applicant's father Raymond Cooper
   (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 Barbara Osborn
   (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 Sherry Takayoshi 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 Sherry Takayoshi
New Address same

Subscribed and sworn to before me this 2nd day of Sept, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-2-93 *, authorizing the marriage of* HENRY MARKS SAKOWITZ *and* SHERRY RAE TAKAYOSHI *. I further certify that the following marriage certificate was filed in my office: I,* CINDY SPENCE *(name), certify that on* SEPTEMBER 2, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* HENRY MARKS SAKOWITZ *of* HENDRICKS *County* IN *(state), and* SHERRY RAE TAKAYOSHI *of* HENDRICKS *County* IN *(state) were 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/ CINDY SPENCE, 1ST DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 9-2-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

7

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 459

HENDRICKS County

File

9-3-93
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 9-3-93
Name of Physician R. J. Morgan, M.D.

MALE APPLICANT

Name: First Robin Middle Andrew Last Tamlin

Date of Birth: Month 7 Day 24 Year 64

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

Residence Address: Street or R.R. 68 Lincoln 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 female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Chester Tamlin
   (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 Margaret Ellen Pfeifer
   (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 Robin A. Tamlin Date 9-3-93

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 Robin A. Tamlin

New Address SAME

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

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 Ann Last Nasby

Date of Birth: Month 6 Day 5 Year 61

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

Residence Address: Street or R.R. 68 Lincoln Dr. City Brownsburg, In. County State

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

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. Jon Reeves 12 yrs.
   Jessica Nasby 8 yrs.
6. (a) Full name of applicant's father John Pavlidis
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Greenfield, In.
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of applicant's mother Lois Mae Wright
   (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 Brenda A. Nasby Date 9/3/93

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 Brenda A. Nasby

New Address same

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

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-3-93 *, authorizing the marriage of* ROBIN ANDREW TAMLIN *and* BRENDA ANN NASBY *. I further certify that the following marriage certificate was filed in my office: I,* CINDY SPENCE *(name), certify that on* SEPTEMBER 3, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* ROBIN ANDREW TAMLIN *of* HENDRICKS *County* IN *(state), and* BRENDA ANN NASBY *of* HENDRICKS *County* IN *(state) were 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/ CINDY SPENCE *,* 1ST DEPUTY CLERK *(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 1-800-382-6702 1477

8

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 460

HENDRICKS County

File

9-3-93
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 8-4-93
Name of Physician M Shooper M.D.

MALE APPLICANT

Name First Dallas Middle Scott Last Wilder

Date of Birth Month 9 Day 24 Year 69

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

Residence Address Street or R.R. 5 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 Dallas Sturm Wilder
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Tenn.
   (b) Full maiden name of applicant's mother Martha Ann Parks
   (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 Dallas Scott Wilder Date 9-3-93

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 Dallas Scott Wilder
New Address 9330 Granville Place Indpls IN 46229

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

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name First Theresa Middle Corinne Last Drudy

Date of Birth Month 11 Day 5 Year 69

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

Residence Address Street or R.R. 12 Oles 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 Michael Allen Drudy
   (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 Lee
   (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 Theresa Drudy Date 9-3-93

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 Theresa Drudy
New Address 9330 N Granville Place, INdpls. 46229

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

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-3-93 *, authorizing the marriage of* DALLAS SCOTT WILDER *and* THERESA CORINNE DRUDY *. I further certify that the following marriage certificate was filed in my office: I,* STEVEN T. REEVES *(name), certify that on* SEPTEMBER 18, 1993 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* DALLAS SCOTT WILDER *of* HENDRICKS *County* IN *(state), and* THERESA CORINNE DRUDY *of* HENDRICKS *County* IN *(state) were 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/ STEVEN T. REEVES *,* 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

9

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 461

HENDRICKS County

File

9-3-93
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 9-1-93
Name of Physician Jack Leasor M.D.

MALE APPLICANT

Name: First Brian Middle Lee Last Cook
Date of Birth: Month 1 Day 15 Year 72
Place of Birth (State or foreign country) Lebanon, In.
Residence Address: Street or R.R. 311 Bridlewood 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)

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

6. (a) Full name of applicant's father Gregary Eldon Cook
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Pamela Joy Wellington
   (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 Brian L Cook Date 09/03/93

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.
Signed Brian L Cook
New Address NA
Subscribed and sworn to before me this 3 day of Sept, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 An Last Dixon
Date of Birth: Month 8 Day 29 Year 72
Place of Birth (State or foreign country) Lebanon, In.
Residence Address: Street or R.R. 5210 Kathcart Way City Indianapolis County State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic

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

6. (a) Full name of applicant's father Robert Edward Dixon Jr.
   (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 Kathy Jean Adair
   (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 Julie An Dixon 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 Julie An Dixon
New Address _____
Subscribed and sworn to before me this 3 day of Sept, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-3-93 *, authorizing the marriage of* BRIAN LEE COOK *and* JULIE AN DIXON *. I further certify that the following marriage certificate was filed in my office: I,* RAYMOND H. DUFF *(name), certify that on* SEPTEMBER 7, 1993 *(date), at* LEBANON *in* BOONE *County, Indiana,* BRIAN LEE COOK *of* HENDRICKS *County* IN *(state), and* JULIE AN DIXON *of* MARION *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-3-93 *. 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*

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

10

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 462

File

9-3-93 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. Horsell MD.

MALE APPLICANT

Name First David Middle H. Last Morrow

Date of Birth Month 12 Day 22 Year 64

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

Residence Address Street or R.R. PO Box 507 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 David Murray Morrow
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Jeffersonville In.
   Birthplace of father (State or foreign country) Idaples
   (b) Full maiden name of applicant's mother Deanna King Morrow
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Jeffersonville
   Birthplace of mother (State or foreign country) Jeffersonville

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 H. Morrow Date 9/3/93

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 H. Morrow

New Address _____

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

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name First Deanna Middle Jo. Last Moreland

Date of Birth Month 9 Day 18 Year 65

Place of Birth (State or foreign country) Indpls

Residence Address Street or R.R. P.O. Box 507 City Pittsboro County Hend State In 46167

Previous Marital Status: 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 Robert Edward Moreland
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indpls.
   Birthplace of father (State or foreign country) Bloomington In.
   (b) Full maiden name of applicant's mother Karen Rae Shewalter.
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indpls
   Birthplace of mother (State or foreign country) Detroit 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 Deanna Moreland Date 9/3/93

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 Deanna Moreland

New Address _____

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

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-3-93 *, authorizing the marriage of* DAVID HAROLD MORROW *and* DEANNA JO MORELAND *. I further certify that the following marriage certificate was filed in my office: I,* CHESTER A. MAYFLOWER *(name), certify that on* OCTOBER 9, 1993 *(date), at* SPEEDWAY *in* MARION *County, Indiana,* DAVID HAROLD MORROW *of* HENDRICKS *County* IN *(state), and* DEANNA JO MORELAND *of* HENDRICKS *County* IN *(state) were 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/ CHESTER A. MAYFLOWER *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-12-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 463

HENDRICKS County

File

9-3-93
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 8-25-93
Name of Physician D Haggard, M.D.

MALE APPLICANT

Name: First Patrick Middle Andrew Last Thompson

Date of Birth: Month 1 Day 30 Year 70

Place of Birth (State or foreign country) Newport, R.I.

Residence Address: Street or R.R. 424 S Shore Dr. City Plfd. 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 female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Phillip Lawrence Thompson
   (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 Jane Carter
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Newport, R.I.
   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 Patrick A. Thompson Date 9-3-93

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 Patrick A Thompson

New Address 2112 Islander Dr Indpls IN 46214

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

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 Michele Last McKinney

Date of Birth: Month 4 Day 8 Year 69

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

Residence Address: Street or R.R. 7112 Islander Dr apt D City Indpls County In State 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 James Ernest McKinney
   (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 Kay Nelson
   (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 M. McKinney Date 9-3-93

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 Amy M. McKinney

New Address same

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

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-3-93 *, authorizing the marriage of* PATRICK ANDREW THOMPSON *and* AMY MICHELE McKINNEY *. I further certify that the following marriage certificate was filed in my office: I,* JOHN W. IRWIN *(name), certify that on* SEPTEMBER 4, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* PATRICK ANDREW THOMPSON *of* HENDRICKS *County* IN *(state), and* AMY MICHELE McKINNEY *of* MARION *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-3-93 *. Signed by:* /s/ JOHN W. IRWIN *,* 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*

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

12

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 464

HENDRICKS County

File 9-3-93
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 ☐ 9-3-93
If No, Medical Examination of Report Dated
Name of Physician M. Gerdeman D.O.

MALE APPLICANT

Name: First Rick Middle Ray Last Rohlfing

Date of Birth: Month 6 Day 27 Year 59

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

Residence Address: Street or R.R. 7024 W Main St City Danville 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 female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Jillian Danielle Rohlfing 10yrs
6. (a) Full name of applicant's father Raymond Christian Rohlfing
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Fairland, In.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of applicant's mother Janice E. Schornick
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Fairland, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Rick Ray Rohlfing Date 9-3-93

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 Rick R Rohlfing
New Address _____
Subscribed and sworn to before me this 3 day of September, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 K. Last Hoover

Date of Birth: Month 12 Day 10 Year 51

Place of Birth (State or foreign country) Columbus, Oh.

Residence Address: Street or R.R. 7024 W. Main St City Danville County State In

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

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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Hoover 10yrs
   Brittany Hooper 7yrs.
6. (a) Full name of applicant's father Burl Skaggs
   (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 Loretta Skaggs
   (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 Janice K. Hoover Date 9-3-93

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 Janice K. Hoover
New Address _____
Subscribed and sworn to before me this 3 day of Sept, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-3-93 *, authorizing the marriage of* RICK RAY ROHLFING *and* JANICE K. HOOVER *. I further certify that the following marriage certificate was filed in my office: I,* CINDY SPENCE *(name), certify that on* SEPTEMBER 3, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* RICK RAY ROHLFING *of* HENDRICKS *County* IN *(state), and* JANICE K. HOOVER *of* HENDRICKS *County* IN *(state) were 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/ CINDY SPENCE 1ST DEPUTY CLERK *(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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 465

HENDRICKS County

File

9.3.93
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 J. Poe Family Med. Center

MALE APPLICANT

Name: First Chris Middle William Last Livengood
Date of Birth: Month 7 Day 12 Year 73
Place of Birth (State or foreign country) El Paso Co Colorado
Residence Address: Street or R.R. 7255 Causeway 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 Charles Richard Livengood
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Pfd. IN
   Birthplace of father (State or foreign country) Kansas
   (b) Full maiden name of applicant's mother Judy Joan Davidson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Pfd 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 Chris Livengood Date 9-3-93

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 Chris Livengood
New Address 7255 CAUSEWAY DR. INDPLS.
Subscribed and sworn to before me this 3 day of Sept., 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Helee Middle Romessa Last Warren
Date of Birth: Month 5 Day 25 Year 75
Place of Birth (State or foreign country) Boone Co. IN
Residence Address: Street or R.R. 39 Edgewood Dr. City Danville County State Ind.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Louis Sherman Warren
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) New Lenoard OH
   Birthplace of father (State or foreign country) OH
   (b) Full maiden name of applicant's mother Paula Joan Cornwell
   (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 Helee R. Warren Date 9-3-93

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 Helee R. Warren
New Address _____
Subscribed and sworn to before me this 3 day of Sept., 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-3-93 *, authorizing the marriage of* CHRIS W. LIVENGOOD *and* HELEE R. WARREN *. I further certify that the following marriage certificate was filed in my office: I,* EDWIN J. PHILLIPS *(name), certify that on* SEPTEMBER 25, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* CHRIS W. LIVENGOOD *of* HENDRICKS *County* IN *(state), and* HELEE R. WARREN *of* HENDRICKS *County* IN *(state) were 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/ EDWIN J. PHILLIPS *,* PASTOR *(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*

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

14

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 466

HENDRICKS County

File

9-3-93 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 9-3-93
Name of Physician T. Hunell, M.D.

MALE APPLICANT

Name First Thomas Middle Michael Last Alexander

Date of Birth Month 4 Day 18 Year 69

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

Residence Address 8173 W Co Rd 550 N, N. Salem, In. Street or R.R. City County State

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 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. Lyndsie Alexander 3 yrs.
6. (a) Full name of applicant's father Edmond Thomas Alexander
   (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 Donna Sue Dale
   (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 Thomas M. Alexander Date 9/3/93

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 Thomas M Alexander

New Address _____

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

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 Lou Last Guernsey

Date of Birth Month 11 Day 24 Year 66

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

Residence Address 8150 W. C.R. 550 N. N. Salem, In. Street or R.R. City County State

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 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. Zachary K. Guernsey 8 yrs.
   Matthew B. Guernsey 6 yr.
6. (a) Full name of applicant's father John Rowell Guernsey
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) North Salem, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Linda Jean Mitchell
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) North Salem, In.
   Birthplace of mother (State or foreign country) Ohio

ACKNOWLEDGMENT

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

Signature of Applicant Amy L. Guernsey Date 9-3-93

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 Amy L. Guernsey

New Address _____

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

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-3-93 *, authorizing the marriage of* THOMAS MICHAEL ALEXANDER *and* AMY LOU GUERNSEY *. I further certify that the following marriage certificate was filed in my office: I,* REV. RAYMOND L. RADER *(name), certify that on* SEPTEMBER 18, 1993 *(date), at* NORTH SALEM *in* HENDRICKS *County, Indiana,* _____ THOMAS MICHAEL ALEXANDER *of* HENDRICKS *County* IN *(state), and* _____ AMY LOU GUERNSEY *of* HENDRICKS *County* IN *(state) were 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/ REV. RAYMOND L. RADER *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 9-23-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

15

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 467

File

9-3-93
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 ☐ 9-3-93
If No, Medical Examination or Report Dated
Name of Physician D. R. Flint, M.D.

MALE APPLICANT

Name: First James Middle Glenn Last Hanna

Date of Birth: Month 6 Day 27 Year 54

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

Residence Address: 9610 W Wilson 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 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.
   Anthony J Hanna 19yrs.
   Robert J Hanna 22yrs.
6. (a) Full name of applicant's father James Glenn Hanna
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Dpgwr Co. Indiana
   Birthplace of father (State or foreign country)
   (b) Full maiden name of applicant's mother Linda J. Cooper
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Lexington, In (KENS)
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 S. Hanna Date 9-3-93

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 James S. Hanna
New Address 9610 W. Wilson Rd
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 Stefanie Middle Michelle Last Ford

Date of Birth: Month 9 Day 25 Year 69

Place of Birth (State or foreign country) Indianapolis In

Residence Address: 12 Nevermind Court Greenwood, In
Street or R.R. City County Johnson 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 male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Leon Ford
   (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 Heidimarie Husseman
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Greenwood, In.
   Birthplace of mother (State or foreign country) W. 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 Stefanie M. Ford Date 9.3.93

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 Stefanie M. Ford
New Address 9610 W. Wilson Rd
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* 9-3-93 *, authorizing the marriage of* JAMES GLENN HANNA *and* STEFANIE MICHELLE FORD *. I further certify that the following marriage certificate was filed in my office: I,* ROBERT C. ROHRMAN *(name), certify that on* SEPTEMBER 11, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* JAMES GLENN HANNA *of* HENDRICKS *County* IN *(state), and* STEFANIE MICHELLE FORD *of* JOHNSON *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-3-93 *. Signed by:* /s/ ROBERT C. ROHRMAN *,* CLERGY *(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

16

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 468

File 9-3-93
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 8-16-93
Name of Physician B. Meyer, D.O.

MALE APPLICANT

Name: First David Middle Charles Last Kirsch

Date of Birth: Month 7 Day 20 Year 68

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

Residence Address: Street or R.R. 1029 Norman 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 Michael Raymond Kirsch Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Greensville, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Susan Mildred Kern
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Greensville, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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. Kirsch Date 9/3/93

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 C. Kirsch
New Address same
Subscribed and sworn to before me this 3rd day of Sept, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 Lynn Last Schenk

Date of Birth: Month 7 Day 28 Year 69

Place of Birth (State or foreign country) Rochester, N.Y.

Residence Address: Street or R.R. 2584 Tournament Dr. City Greenwood County State In.

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

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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Louis Schenk
   (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 Betty Louise Happel
   (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 Deborah L Schenk Date 9/3/93

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 Deborah L Schenk
New Address 1029 Norman Rd, Brownsburg, IN
Subscribed and sworn to before me this 3rd day of Sept, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-3-93 *, authorizing the marriage of* DAVID CHARLES KIRSCH *and* DEBORAH LYNN SCHENK *. I further certify that the following marriage certificate was filed in my office: I,* REV. JOSEPH W. KIRSCH *(name), certify that on* SEPTEMBER 18, 1993 *(date), at* SPEEDWAY *in* MARION *County, Indiana,* DAVID CHARLES KIRSCH *of* HENDRICKS *County* IN *(state), and* DEBORAH LYNN SCHENK *of* JOHNSON *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-3-93 *. Signed by:* /s/ REV. JOSEPH W. KIRSCH *,* CATHOLIC PRIEST *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 9-22-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

17

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 469

HENDRICKS County

File

9-3-93
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 9-3-93
Name of Physician K. Douglas, M.D.

MALE APPLICANT

Name: First Joseph Middle Kevin Last Schuette

Date of Birth: Month 10 Day 22 Year 57

Place of Birth (State or foreign country) Colorado Spgs, Co.

Residence Address: Street or R.R. 871 Golf View Dr. City Plainfield County State In.

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

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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Joseph Ryan Schuette 14yrs
6. (a) Full name of applicant's father Frank Edward Schuette Jr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Chicago, Ill.
   Birthplace of father (State or foreign country) Ill.
   (b) Full maiden name of applicant's mother Marilyn Sue Milner
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Chicago, 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 [signature] Date 9-3-93

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 SAME

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

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 Ferguson

Date of Birth: Month 8 Day 25 Year 65

Place of Birth (State or foreign country) Kittening, Pa.

Residence Address: Street or R.R. 871 Golf View Dr. City Plainfield County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages 5

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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Ferguson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Pa.
   (b) Full maiden name of applicant's mother Rose Marie Bauclik
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, 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 Beth Ann Ferguson Date 9-3-93

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 Beth Ann Ferguson
New Address same

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

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-3-93 *, authorizing the marriage of* JOSEPH KEVIN SCHUETTE *and* BETH ANN FERGUSON *. I further certify that the following marriage certificate was filed in my office: I,* FR. C. S. CHESEBROUGH *(name), certify that on* SEPTEMBER 4, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* JOSEPH KEVIN SCHUETTE *of* HENDRICKS *County* IN *(state), and* BETH ANN FERGUSON *of* HENDRICKS *County* IN *(state) were 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/ FR C. S. CHESEBROUGH *,* PASTOR *(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*

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

18

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 470

File

9-7-93
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 9-3-93
Name of Physician Mark E. Stine M.D.

MALE APPLICANT

Name: First Arthur Middle Eric Last Wilson
Date of Birth: Month 12 Day 28 Year 58
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. 837 E. Jessup Rd City Plainfield County 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 female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father Arthur Earl Wilson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Speedway In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Elaine Oberholtzer
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: First Karen Middle René Last Hooley
Date of Birth: Month 12 Day 6 Year 59
Place of Birth (State or foreign country) Ann Arbor, Mi.
Residence Address: Street or R.R. 1029 E. 450 N City Brownsburg 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 male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Jenna René Hooley 7 yrs.
   Erin Elizabeth Hooley 5 yrs.
   Alexa Faye Hooley 3 yrs.
6. (a) Full name of applicant's father Garland Richard Brown
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Ft. Wayne, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Diantha Elizabeth Bartlett
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Ft. Wayne, In.
   Birthplace of mother (State or foreign country) Delaware

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Arthur Eric Wilson Date 9/7/93

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 Arthur Eric Wilson
New Address 1029 E. 450 N. Brownsburg
Subscribed and sworn to before me this 7th day of Sept, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Karen René Hooley Date 10/13/93

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 Karen René Hooley
New Address 1029 E 450 N Brownsburg
Subscribed and sworn to before me this 13th day of October, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-13-93 *, authorizing the marriage of* ARTHUR ERIC WILSON *and* KAREN RENE HOOLEY *. I further certify that the following marriage certificate was filed in my office: I,* JOHN E. NOEL *(name), certify that on* OCTOBER 16, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* ARTHUR ERIC WILSON *of* HENDRICKS *County* IN *(state), and* KAREN RENE HOOLEY *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-13-93 *. Signed by:* /s/ JOHN E. NOEL *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-19-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

19

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 471

HENDRICKS County

File 9-7-93
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. Dill

MALE APPLICANT

Name: First John Middle A Last Hall

Date of Birth: Month 7 Day 18 Year 71

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 2236 Hall Rd City Plainfield County State IN

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

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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Edgar Hall
   (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 Pamela Jean Harris
   (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 A. Hall Date 9-7-93

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed John A. Hall
New Address R.R. 1 Box 252 Clayton, IN 46118

Subscribed and sworn to before me this 7th day of Sept, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

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

FEMALE APPLICANT

Name: First Chastidy Middle A Last Good

Date of Birth: Month 7 Day 26 Year 71

Place of Birth (State or foreign country) Ohio

Residence Address: Street or R.R. 4908 London Dr. City Indpls County State IN

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

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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Edward Good
   (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 Cynthia Diane Alderman
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, 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 Chastidy Good Date 9/7/93

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 Chastidy Good
New Address R.R. 1 Box 257 Clayton, IN 46118

Subscribed and sworn to before me this 7th day of Sept, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-7-93 *, authorizing the marriage of* JOHN ALBERT HALL *and* CHASTIDY ANNE GOOD *. I further certify that the following marriage certificate was filed in my office: I,* STEPHEN WHITE *(name), certify that on* SEPTEMBER 18, 1993 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* JOHN ALBERT HALL *of* HENDRICKS *County* IN *(state), and* CHASTIDY ANNE GOOD *of* HENDRICKS *County* IN *(state) were 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/ STEPHEN WHITE *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 9-23-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

20

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 472

File

9-7-93
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 ☐ 9-7-93
If No, Medical Examination or Report Dated
Name of Physician L. Trammell, M.D.

MALE APPLICANT

Name First: Hiram Middle: Todd Last: Hawkins

Date of Birth Month: 6 Day: 19 Year: 68

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

Residence Address Street or R.R.: 612 Sunrise Dr. City: Plainfield County: State: In.

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

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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Donald Dyer Hawkins
   (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 Lou Miller
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) North 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 Hiram T Hawkins Date 9-7-93

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 Hiram T Hawkins
New Address 7110 Whitetail Ln Apt 2C Indpls

Subscribed and sworn to before me this 7th day of Sept, 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: Sharmon Middle: Ann Last: Kuhn

Date of Birth Month: 1 Day: 9 Year: 62

Place of Birth (State or foreign country): Montebello Calif.

Residence Address Street or R.R.: 7110 Whitetail Ln apt 2-C City: Indpls. County: State: In.

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. Brent Russell 12 yrs. Daniel Kuhn 7 yrs.
6. (a) Full name of applicant's father Prince Herzog
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Torrance, Calif.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Betty Jean Richards
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Florida
   Birthplace of mother (State or foreign country) Arizona

ACKNOWLEDGMENT

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

Signature of Applicant Sharmon A. Kuhn Date 9-7-93

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 Sharmon A. Kuhn
New Address SAME

Subscribed and sworn to before me this 7th day of Sept, 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* 9-7-93 *, authorizing the marriage of* HIRAM TODD HAWKINS *and* SHARMON ANN KUHN *. I further certify that the following marriage certificate was filed in my office: I,* JOHN W. IRWIN *(name), certify that on* SEPTEMBER 11, 1993 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* HIRAM TODD HAWKINS *of* HENDRICKS *County* IN *(state), and* SHARMON ANN KUHN *of* MARION *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-7-93 *. Signed by:* /s/ JOHN W. IRWIN *,* 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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 473

File

9-7-93
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 ☐ 9-7-93
If No, Medical Examination or Report Dated
Name of Physician P. Batista, M.D.

MALE APPLICANT

Name: First Michael Middle Alan Last Chapman
Date of Birth: Month 4 Day 2 Year 68
Place of Birth (State or foreign country) Lebanon, In.
Residence Address: Street or R.R. 6309 Hanks Dr Apt City Speedway County State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Dovie Lee Chapman
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Illinois
   Birthplace of father (State or foreign country) Brownsburg, In.
   (b) Full maiden name of applicant's mother Virginia Wilson
   (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 Michael A. Chapman Date 9/7/93

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 Michael A. Chapman
New Address SAME
Subscribed and sworn to before me this 7th day of Sept, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Monica Middle Ann Last Buchanan
Date of Birth: Month 4 Day 29 Year 71
Place of Birth (State or foreign country) Chicago Il.
Residence Address: Street or R.R. 26 Warren Ln. City Brownsburg County State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Monica Ann Buchanan Date 9/7/93

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 Monica Ann Buchanan
New Address 6309 Hanks Dr. #D Speedway IN 46224
Subscribed and sworn to before me this 7th day of Sept, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-7-93, *authorizing the marriage of* MICHAEL ALAN CHAPMAN *and* MONICA ANN BUCHANAN. *I further certify that the following marriage certificate was filed in my office: I,* REV. VINCENT P. LAMPERT *(name), certify that on* SEPTEMBER 11, 1993 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* MICHAEL ALAN CHAPMAN *of* MARION *County* IN *(state), and* MONICA ANN BUCHANAN *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-7-93. *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* 9-14-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

22

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 474

HENDRICKS County

File

9-7-93
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 8-27-93
Name of Physician L. Trammell, M.D.

MALE APPLICANT

Name: First Karl Middle Craig Last Kaylor

Date of Birth: Month 10 Day 18 Year 69

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

Residence Address: Street or R.R. 483 Karen Dr. 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 William Roger Kaylor
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Manila, In.
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of applicant's mother Donna Elizabeth Allen
   (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 Karl C Kaylor Date 9/7/93

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 Karl C Kaylor

New Address Same

Subscribed and sworn to before me this 7th day of Sept, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Casey Middle Katreena Last Jensen

Date of Birth: Month 12 Day 26 Year 71

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

Residence Address: Street or R.R. 483 Karen Dr. 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 Thomas Jensen
   (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 Dorothy Sue Vaughn
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, 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 Casey K. Jensen Date 9/7/93

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 Casey K. Jensen

New Address Same

Subscribed and sworn to before me this 7th day of Sept, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-7-93 *, authorizing the marriage of* KARL CRAIG KAYLOR *and* CASEY KATREENA JENSEN *. I further certify that the following marriage certificate was filed in my office: I,* WILLIAM H. STEINKE *(name), certify that on* SEPTEMBER 25, 1993 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* KARL CRAIG KAYLOR *of* HENDRICKS *County* IN *(state), and* CASEY KATREENA JENSEN *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-7-93 *. Signed by:* /s/ REV. WILLIAM H. STEINKE *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 9-29-93 *(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. 475

HENDRICKS County

File

9-7-93
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 8-31-93
Name of Physician R. Densell, M.D.

MALE APPLICANT

Name: First George Middle Craig Last Capatina

Date of Birth: Month 2 Day 11 Year 54

Place of Birth (State or foreign country): South Bend, In.

Residence Address: Street or R.R. 128 Sycamore St. City Brownsburg County State In.

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1982

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father George Capatina
   (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 Freda Johnston
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) South Bend, 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 Craig Capatina Date 9-7-93

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 Craig Capatina
New Address Same

Subscribed and sworn to before me this 7 day of Sept, 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 Deborah Middle Sue Last Edwards

Date of Birth: Month 10 Day 11 Year 58

Place of Birth (State or foreign country): Goshen In.

Residence Address: Street or R.R. 128 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 Gerald Richard Edwards
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Goshen In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Jeanette Helen Yoder
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Goshen, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Edwards Date 9-7-93

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 Deborah S Edwards
New Address Same

Subscribed and sworn to before me this 7 day of Sept, 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* 9-7-93 *, authorizing the marriage of* GEORGE CRAIG CAPATINA *and* DEBORAH SUE EDWARDS *. I further certify that the following marriage certificate was filed in my office: I,* REV. MICHAEL CONKLIN *(name), certify that on* SEPTEMBER 11, 1993 *(date), at* GREENWOOD *in* JOHNSON *County, Indiana,* GEORGE CRAIG CAPATINA *of* HENDRICKS *County* IN *(state), and* DEBORAH SUE 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* 9-11-93 *. Signed by:* /s/ REV. MICHAEL CONKLIN *,* 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

24

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 476

HENDRICKS County

File

9-8-93
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 9-8-93
Name of Physician L. DeGan, M.D.

MALE APPLICANT

Name First James Middle Michael Last Hauck
Date of Birth Month 6 Day 15 Year 68
Place of Birth (State or foreign country) Oaklawn, Ill.
Residence Address 354 N. Clinton Danville, In
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☒
4. Are you now under the 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 Gordon Hauck
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Bridgeview, Ill.
   Birthplace of father (State or foreign country) Milan
   (b) Full maiden name of applicant's mother Joyce Carolyn Dangerfield
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Bridgeview, 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 [signature] Date 9-8-93

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 [signature]
New Address same
Subscribed and sworn to before me this 8th day of Sept, 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 Melissa Middle K Last McKinney
Date of Birth Month 4 Day 15 Year 70
Place of Birth (State or foreign country) Lombard, Ill.
Residence Address 354 N. Clinton Danville, 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 male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 McKinney 3 yrs.
6. (a) Full name of applicant's father John Kempf
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Lombard, Ill.
   Birthplace of father (State or foreign country) Ill.
   (b) Full maiden name of applicant's mother Charlotte Schummer
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) California

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Melissa McKinney Date 9/8/93

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 Melissa McKinney
New Address same
Subscribed and sworn to before me this 8th day of Sept, 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* 9-8-93 *, authorizing the marriage of* JAMES MICHAEL HAUCK *and* MELISSA K. MCKINNEY *. I further certify that the following marriage certificate was filed in my office: I,* A. W. FARNSWORTH IV *(name), certify that on* SEPTEMBER 11, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* JAMES MICHAEL HAUCK *of* HENDRICKS *County* IN *(state), and* MELISSA K. McKINNEY *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-8-93 *. Signed by:* /s/ A. W. FARNSWORTH IV *,* CLERGY *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-8-93 *(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

No. 477

HENDRICKS County

File

9-8-93
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 ☐ 9-8-93
If No, Medical Examination or Report Dated
Name of Physician L. Dionne M.D.

MALE APPLICANT

Name: First Christopher Middle Robert Last Menchhofer

Date of Birth: Month 8 Day 5 Year 69

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

Residence Address: Street or R.R. 608 Christopher Ct. City Brownsburg County State In.

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

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

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

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

6. (a) Full name of applicant's father Robert Henry Menchhofer
   (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 Donna Lee Garner
   (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 C. R. Menchhofer Date 9/8/93

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 C. R. Menchhofer

New Address 0140 S 700 E Hartford City IN

Subscribed and sworn to before me this 8th day of Sept, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Yvette Middle Michelle Last Clay

Date of Birth: Month 1 Day 17 Year 69

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

Residence Address: Street or R.R. 0140 S 700 E City Hartford 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) Dr. Lic.

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

6. (a) Full name of applicant's father Mickey Charles Clay
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Hartford City, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Sheila Jean Dayton
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Wideman, Ark.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant Yvette Michelle Clay Date 9-8-93

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 Yvette M Clay

New Address SAME

Subscribed and sworn to before me this 8th day of September 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-8-93 *, authorizing the marriage of* CHRISTOPHER ROBERT MENCHHOFER *and* YVETTE MICHELLE CLAY *. I further certify that the following marriage certificate was filed in my office: I,* HOMER A. LYNCH *(name), certify that on* SEPTEMBER 11, 1993 *(date), at* NEW CASTLE *in* HENRY *County, Indiana,* CHRISTOPHER ROBERT MENCHHOFER *of* HENDRICKS *County* IN *(state), and* YVETTE MICHELLE CLAY *of* BLACKFORD *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-8-93 *. Signed by:* /s/ HOMER A. LYNCH *,* 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 1-800-382-6702 1477

26

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 478

HENDRICKS County

File 9-8-93
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 9-10-93
Name of Physician Dr. James Hanaker, M.D.

MALE APPLICANT

Name First Regan Middle Allen Last Roberts
Date of Birth Month 5 Day 6 Year 59
Place of Birth (State or foreign country) Canton, Oh.
Residence Address Street or R.R. 576 Princess Ln. City Plainfield, County State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

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

6. (a) Full name of applicant's father Harold Albert Roberts
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Canoga Park, Ca.
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of applicant's mother Nancy Joan Williams
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Canoga Park, Ca.
   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 Regan Roberts Date 9/8/93

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 Regan Roberts
New Address
Subscribed and sworn to before me this 8th day of Sept, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 Hemingway
Date of Birth Month 6 Day 5 Year 60
Place of Birth (State or foreign country) Shelbyville, In.
Residence Address Street or R.R. 6163 Nalon Ct Apt B 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 Loren Doyle Hemingway
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Columbus, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Lela Jo Wieneke
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Columbus, 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 Lori Hemingway Date 9-8-93

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 Lori Hemingway
New Address 576 PRINCESS DRIVE PLAINFIELD, IN
Subscribed and sworn to before me this 8th day of Sept, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-10-93 *, authorizing the marriage of* REGAN ALLEN ROBERTS *and* LORI ANN HEMINGWAY *. I further certify that the following marriage certificate was filed in my office: I,* R. FRED RODKEY *(name), certify that on* SEPTEMBER 18, 1993 *(date), at* AVON *in* HENDRICKS *County, Indiana,* _____ *(state), and* _____ *REGAN ALLEN ROBERTS of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-10-93 *. Signed by:* /s/ R. FRED RODKEY *,* ASSOCIATE PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 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. 479

HENDRICKS County

File

9-8-93
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 8-17-93
Name of Physician Charles F. Hasbrook M.D.

MALE APPLICANT

Name: First Christopher Middle Robin Last Wells

Date of Birth: Month 2 Day 16 Year 71

Place of Birth (State or foreign country) Natick, Mass.

Residence Address: Street or R.R. 3950 N 1000 E City Lat 47 County Brownsburg State In.

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

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

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

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

6. (a) Full name of applicant's father Thomas Gerry Wells Jr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) No. Attlebara, Ma.
   Birthplace of father (State or foreign country) Mass.
   (b) Full maiden name of applicant's mother Carolyn Sutton
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Natick, Mass.
   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 Christopher R. Wells Date 09-08-93

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

Clerk of 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 R. Wells
New Address SAME

Subscribed and sworn to before me this 8th day of Sept, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 Craig

Date of Birth: Month 12 Day 6 Year 69

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

Residence Address: Street or R.R. 3950 D 1000 E City Lat 47 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. Andrew James Craig 4 yrs.

6. (a) Full name of applicant's father James Edward Craig
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Mississippi
   (b) Full maiden name of applicant's mother Nettie Louise Swiggan
   (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 Michelle L Craig Date 9-8-93

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 Michelle L Craig
New Address SAME

Subscribed and sworn to before me this 8th day of Sept, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-8-93 *, authorizing the marriage of* CHRISTOPHER ROBIN WELLS *and* MICHELLE LYNN CRAIG *. I further certify that the following marriage certificate was filed in my office: I,* MYRON BARNARD *(name), certify that on* OCTOBER 15, 1993 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* CHRISTOPHER ROBIN WELLS *of* HENDRICKS *County* IN *(state), and* MICHELLE LYNN CRAIG *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-8-83 *. Signed by:* /s/ MYRON BARNARD, JUDGE *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-19-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

28

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 480

File

9-8-93 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 9-7-93
Name of Physician Wm Edwards, M.D.

MALE APPLICANT

Name: First James Middle Scott Last Fields

Date of Birth: Month 11 Day 11 Year 69

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

Residence Address: Street or R.R. 235 Lake Hart 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) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Fields
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Martinsville, In.
   Birthplace of father (State or foreign country) Georgia
   (b) Full maiden name of applicant's mother Susan Diane Stinson
   (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 James S Fields Date 9-8-93

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 James S Fields
New Address SAME

Subscribed and sworn to before me this 8th day of Sept, 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 Shannon Middle Marie Last Ilich

Date of Birth: Month 7 Day 31 Year 70

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

Residence Address: Street or R.R. 8028 E. 300 S. 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 Anthony Joseph Ilich
   (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 Anita Kay James
   (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 Shannon M. Ilich Date 9/8/93

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 Shannon M. Ilich
New Address 235 Lake Hart Mooresville, IN 46158

Subscribed and sworn to before me this 8th day of Sept, 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* 9-8-93 *, authorizing the marriage of* JAMES SCOTT FIELDS *and* SHANNON MARIE ILICH *. I further certify that the following marriage certificate was filed in my office: I,* REV. EDWARD RIPPERGER *(name), certify that on* SEPTEMBER 25, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* JAMES SCOTT FIELDS *of* MORGAN *County* IN *(state), and* SHANNON MARIE ILICH *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-25-93 *. Signed by:* /s/ REV. EDWARD RIPPERGER *,* PRIEST *(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*

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. 481

HENDRICKS County

File

Sept 9, 1993
Date of Application

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

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

MALE APPLICANT

Name: First David Middle Lee Last Schomberg

Date of Birth: Month 7 Day 24 Year 54

Place of Birth (State or foreign country) IN

Residence Address: 9630 E 600 SO Street or R.R. Zionsville City Boone County IN State

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

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

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

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

ACKNOWLEDGMENT

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

Signature of Applicant David Lee Schomberg Date 9/7/93

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 David Lee Schomberg

New Address _____

Subscribed and sworn to before me this 9th day of September 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 Elaine Last Hoover

Date of Birth: Month 9 Day 9 Year 58

Place of Birth (State or foreign country) IN

Residence Address: 4102 N Raceway Rd Street or R.R. Hend City IN. County State

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

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 12-23-91

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 Orval J. Umphrey
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) IN.
   (b) Full maiden name of applicant's mother Ruth L. Blankenburg
   (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 Susan E Hoover Date 9-9-93

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

Clerk of Court Susan E Hoover Date 9-9-93
4102 N. Raceway Zionsville IN 46239

State of Indiana)
County of HENDRICKS) ss:

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

Signed Susan E Hoover

New Address 4102 N Raceway Rd, Zionsville, IN 46234

Subscribed and sworn to before me this 9th day of September 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-9-93 *, authorizing the marriage of* DAVID LEE SCHOMBERG *and* SUSAN ELAINE HOOVER *. I further certify that the following marriage certificate was filed in my office: I,* MICHAEL J. CURRY *(name), certify that on* OCTOBER 16, 1993 *(date), at* ZIONSVILLE *in* BOONE *County, Indiana,* DAVID LEE SCHOMBERG *of* BOONE *County* IN *(state), and* SUSAN ELAINE HOOVER *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-16-93 *. Signed by:* /s/ MICHAEL J. CURRY *,* JUDGE PRO-TEM *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-26-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

30

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 482

HENDRICKS County

File 9-9-93
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 8-31-93
Name of Physician L. Poe, M.D.

MALE APPLICANT

Name: First Anthony Middle Michael Last Swan

Date of Birth: Month 12 Day 13 Year 72

Place of Birth (State or foreign country) Ford Du Lac, Wisc.

Residence Address: Street or R.R. 1190 E. Washington City Martinsville 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 Emery Swan
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Martinsville, In.
   Birthplace of father (State or foreign country) Wisc.
   (b) Full maiden name of applicant's mother Linda Rae Campagna
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Martinsville, 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 Anthony M Swan Date 9-9-93

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 Anthony M Swan
New Address SAME

Subscribed and sworn to before me this 9th day of Sept, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 Beth Last Trester

Date of Birth: Month 9 Day 30 Year 71

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

Residence Address: Street or R.R. 4489 N St. Rd. 15 City No. 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 Alan Frank Trester
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) N. Salem, In.
   Birthplace of father (State or foreign country) Wisc.
   (b) Full maiden name of applicant's mother Sandra Jo Smith
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) N. 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 Melinda B. Trester Date 9/9/93

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 Melinda B. Trester
New Address 190 E Washington Martinsville, IN

Subscribed and sworn to before me this 9th day of Sept, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-13-93 *, authorizing the marriage of* ANTHONY MICHAEL SWAN *and* MELINDA BETH TRESTER *. I further certify that the following marriage certificate was filed in my office: I,* RUSSELL A. TRESTER *(name), certify that on* SEPTEMBER 18, 1993 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* ANTHONY MICHAEL SWAN *of* MORGAN *County* IN *(state), and* MELINDA BETH TRESTER *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-13-93 *. Signed by:* /s/ RUSSELL A. TRESTER *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 9-23-93 *(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. 483

HENDRICKS County

File 9-19-93
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. James Stevens

MALE APPLICANT

Name: First Jack Middle H Last Rardin Jr.
Date of Birth: Month 5 Day 31 Year 68
Place of Birth (State or foreign country) OK
Residence Address: Street or R.R. RR1 Box 257 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) 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 Jack H. Rardin 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 Nancy Joanne Halsey
   (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 Jack H Rardin Jr. Date 9/10/93

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

X Signed Jack H Rardin Jr.
New Address 4105 West 127th Apt 7 Alsip, IL 60658

Subscribed and sworn to before me this 10 day of SEPT, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

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

FEMALE APPLICANT

Name: First Leslie Middle A. Last Lohrman
Date of Birth: Month 12 Day 1 Year 68
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 4105 W. 127th St. City Alsip County ILL State
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father James L. Lohrman
   (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 Lark
   (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 Leslie A. Lohrman Date _____

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

X Signed Leslie A. Lohrman
New Address _____

Subscribed and sworn to before me this 10 day of Sept., 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-10-93 *, authorizing the marriage of* JACK HAVENS RARDIN, JR. *and* LESLIE ANN LOHRMAN *. I further certify that the following marriage certificate was filed in my office: I,* GREG COMP *(name), certify that on* SEPTEMBER 18, 1993 *(date), at* BRAZIL *in* CLAY *County, Indiana,* JACK HAVENS RARDIN, JR. *of* HENDRICKS *County* IN *(state), and* LESLIE ANN LOHRMAN *of* COOK *County* IL *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-10-93 *. Signed by:* /s/ GREG COMP *,* SENIOR 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

32

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 484

HENDRICKS County

File

9-10-93
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 7-23-93
Name of Physician S. Pollom, M.D.

MALE APPLICANT

Name: First David Middle Scott Last Wehlerman

Date of Birth: Month 5 Day 22 Year 70

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

Residence Address: Street or R.R. 10465 Breezeway Circle 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 Richard Charles Wehlerman
   (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 MaryAnn Marshall
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [signature] Date 9-10-93

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 [signature]
New Address 9410 N SR 267
Subscribed and sworn to before me this 10th day of Sept, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Charlotte Middle Renee Last Gray

Date of Birth: Month 2 Day 27 Year 73

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

Residence Address: Street or R.R. RR 1 Box 128A City Jamestown County State In.

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

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

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

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

6. (a) Full name of applicant's father Bill Allen ~~Hobb~~ Gray
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Jamestown, In
   Birthplace of father (State or foreign country) Tenn.
   (b) Full maiden name of applicant's mother Glenda Carol Gabbie
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Jamestown, 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 Charlotte R. Gray Date 9.10.93

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 Charlotte R. Gray
New Address 9410 N State Road 267
Subscribed and sworn to before me this 10th day of Sept, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-10-93 *, authorizing the marriage of* CHARLOTTE RENEE GRAY *and* DAVID SCOTT WEHLERMAN *. I further certify that the following marriage certificate was filed in my office: I,* RICHARD McGHEE *(name), certify that on* SEPTEMBER 25, 1993 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* DAVID SCOTT WEHLERMAN *of* HENDRICKS *County* IN *(state), and* CHARLOTTE RENEE GRAY *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-25-93 *. Signed by:* /s/ RICHARD McGHEE *,* PASTOR *(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*

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. 485

File

9-13-93
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 Steven Steinkeler

MALE APPLICANT

Name: First Guy Middle Lancaster Last Horn

Date of Birth: Month 12 Day 5 Year 63

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 1714 Sycamore Dr. City Plfd. County 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) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Lois Horn
   (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 Gloria June Lancaster
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Roanoke Rapids N.C.
   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 Guy L Horn 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 Guy L Horn

New Address

Subscribed and sworn to before me this 13 day of Sept., 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father ID #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Janeen Middle Dee Last Compton

Date of Birth: Month 4 Day 1 Year 54

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 1714 E. Sycamore Dr. City Plfd. County State

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

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 male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 R., Megan L.
6. (a) Full name of applicant's father William Theodore Spacey
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Greenfield IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Phyllis Howard
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Greenfield 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 Janeen D Compton 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 Janeen Compton

New Address

Subscribed and sworn to before me this 13 day of Sept., 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father ID #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-13-93 *, authorizing the marriage of* GUY LANCASTER HORN *and* JANEEN DEE COMPTON *. I further certify that the following marriage certificate was filed in my office: I,* REV. JOHN C. PARSLEY *(name), certify that on* OCTOBER 2, 1993 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* GUY LANCASTER HORN *of* HENDRICKS *County* IN *(state), and* JANEEN DEE COMPTON *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-13-93 *. Signed by:* /s/ REV. JOHN C. PARSLEY *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-6-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

34

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 486

HENDRICKS County

File

9-13-93 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 Fishers Family Physicians

MALE APPLICANT

Name: First Thomas Middle Hayden Last Spees

Date of Birth: Month 3 Day 27 Year 68

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 429 Norman 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) 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 Arthur Spees
   (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 Barbara Hayden
   (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 Thomas H. Spees Date 9-13-93

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 Thomas H. Spees

New Address same

Subscribed and sworn to before me this 13th day of Sept., 19 93

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 Nasser

Date of Birth: Month 10 Day 14 Year 68

Place of Birth (State or foreign country) Indiana

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

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

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

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

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

6. (a) Full name of applicant's father Albert Anthony Nasser
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Ohio
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Patricia Kay O'Connell
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Ohio
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Nasser Date 9/13/93

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 Jennifer Nasser

New Address same

Subscribed and sworn to before me this 13th day of Sept., 19 93

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-13-93 *, authorizing the marriage of* THOMAS HAYDEN SPEES *and* JENNIFER MARIE NASSER *. I further certify that the following marriage certificate was filed in my office: I,* REV. VINCENT P. LAMPERT *(name), certify that on* OCTOBER 16, 1993 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* THOMAS HAYDEN SPEES *of* HENDRICKS *County* IN *(state), and* JENNIFER MARIE NASSER *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-13-93 *. Signed by:* /s/ REV. VINCENT P. LAMPERT *,* PRIEST *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-19-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

35

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 487

HENDRICKS County

File

9-13-93
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. Feeney, MD

MALE APPLICANT

Name: First John Middle A. Last Layne

Date of Birth: Month 4 Day 16 Year 60

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 1751 N. 525 W. 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 12-90

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. Jacob Allen Layne

6. (a) Full name of applicant's father Sammie Lee Layne
   (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 Sylvia Jean Gibbons
   (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 A Layne Date 9-13-93

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 X John A Layne

New Address _____

Subscribed and sworn to before me this 13th day of Sept, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 L. Last Thacker

Date of Birth: Month 8 Day 1 Year 61

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 8/92

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. Nicholas Andrew Thacker, Stephanie Lynne Thacker

6. (a) Full name of applicant's father James Allen Fox
   (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 Elizabeth VanHoosen
   (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 Janet L. Thacker Date 9/13/93

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 X Janet L. Thacker

New Address _____

Subscribed and sworn to before me this 13th day of Sept, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-13-93 *, authorizing the marriage of* JOHN A. LAYNE *and* JANET LYNN THACKER *. I further certify that the following marriage certificate was filed in my office: I,* K. DALE FERGUSON *(name), certify that on* SEPTEMBER 18, 1993 *(date), at* NEW WINCHESTER *in* HENDRICKS *County, Indiana,* JOHN A. LAYNE *of* HENDRICKS *County* IN *(state), and* JANET LYNN THACKER *of* HENDRICKS *County* IN *(state) were 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/ K. DALE FERGUSON *,* 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

36

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 488

File

9-13-93
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. Bizzotti, MD.

MALE APPLICANT

Name: First Claude Middle E Last Jones

Date of Birth: Month 9 Day 27 Year 46

Place of Birth (State or foreign country) Maryland

Residence Address: Street or R.R. 419 Eaglecrest Dr. City Brownsburg County State

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2-89

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 female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Claude W. Jones
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) Virginia
   (b) Full maiden name of applicant's mother Mabel Roberts
   (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 Claude E. Jones Date 9-13-93

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 Claude E. Jones

New Address _____

Subscribed and sworn to before me this 15th day of Sept., 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS)
Father
Mother
Subscribed and sworn to before me this _____ 19 _____
_____ Clerk

Please do not publish! Thanks

FEMALE APPLICANT

Name: First Margaret Middle S. Last Tabor

Date of Birth: Month 10 Day 24 Year 44

Place of Birth (State or foreign country) W. Va.

Residence Address: Street or R.R. 20 Maple Manor City Brownsburg County Hendricks State In

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 88

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. Joseph Duane Tabor

6. (a) Full name of applicant's father Walter Lee Workman
   (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 Pearl Hatfield
   (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 Margaret S. Tabor Date 9-15-93

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 Margaret S. Tabor

New Address Same

Subscribed and sworn to before me this 15th day of Sept., 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-13-93 *, authorizing the marriage of* CLAUDE EUGENE JONES *and* MARGARET SUE TABOR *. I further certify that the following marriage certificate was filed in my office: I,* REV. DENNIS L. DEWITT *(name), certify that on* SEPTEMBER 19, 1993 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* CLAUDE EUGENE JONES *of* HENDRICKS *County* IN *(state), and* MARGARET SUE 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* 9-13-93 *. Signed by:* /s/ REV. DENNIS L. DEWITT *,* 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 1-800-382-6702 1477

BYRON WESTON CO

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 489

File

9-13-93
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 D. Johnson Plfd Family Med. Ctr.

MALE APPLICANT

Name: First John Middle David Last Atto Jr.
Date of Birth: Month 6 Day 15 Year 67
Place of Birth (State or foreign country)
Residence Address: Street or R.R. 345 S Ind. St. 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 John David Atto Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville Ind.
   Birthplace of father (State or foreign country) IL
   (b) Full maiden name of applicant's mother Frieda Mae Montgomery
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville Ind.
   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 John D. Atto, Jr Date 9-13-93

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 X John D. Atto, Jr.
New Address Same
Subscribed and sworn to before me this 13 day of Sept., 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 Michelle Last Gosser
Date of Birth: Month 7 Day 6 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 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1-843
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Joe Mike Sp Simmons
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville IN
   Birthplace of father (State or foreign country) Arizona
   (b) Full maiden name of applicant's mother Marilyn Joan Royall
   (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 Dawn Gosser Date 9.13.93

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 X Dawn Gosser
New Address _____
Subscribed and sworn to before me this 13 day of Sept., 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-13-93, *authorizing the marriage of* JOHN D. ATTO, JR. *and* DAWN MICHELLE GOSSER. *I further certify that the following marriage certificate was filed in my office: I,* A. W. FARNSBORTH IV *(name), certify that on* SEPTEMBER 17, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* JOHN DAVID ATTO, JR. *of* HENDRICKS *County* IN *(state), and* DAWN MICHELLE GOSSER *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-13-93. *Signed by:* /s/ A. W. FARNSWORTH IV, CLERGY *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 9-24-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

38

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 490

File

9-14-93.
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 Haggard

MALE APPLICANT

Name: First Jeffrey Middle L. Last Hansen
Date of Birth: Month 8 Day 15 Year 60
Place of Birth (State or foreign country): Iowa
Residence Address: Street or R.R. 6423 Rockville Rd. City INDPLS County State IN.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1990
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 6yrs Rachel 5yrs.
6. (a) Full name of applicant's father Gilbert Leroy Hansen
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Iowa
   Birthplace of father (State or foreign country) Iowa
   (b) Full maiden name of applicant's mother Roseann Lee Dunckle
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Iowa
   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 ☒ Jeff Hansen Date 9/14/93

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 ☒ Jeff Hansen
New Address _____
I swear/affirm that the information given in this application is true and correct.
Subscribed and sworn to before me this 14 day of Sept, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Jo Ellen Middle Last Wallace
Date of Birth: Month 4 Day 6 Year 68
Place of Birth (State or foreign country): Danville Ind.
Residence Address: Street or R.R. 617 W. Township Rd. City Plainfield County Hendricks State IN.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. None
6. (a) Full name of applicant's father Robert Eugene Wallace
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield
   Birthplace of father (State or foreign country) IND.
   (b) Full maiden name of applicant's mother Martha JANE Williamson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield
   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 Jo Ellen Wallace Date 9/14/93

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 Jo Ellen Wallace
New Address _____
I swear/affirm that the information given in this application is true and correct.
Subscribed and sworn to before me this 14 day of Sept, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-14-93 *, authorizing the marriage of* JEFFREY LISTER HANSEN *and* JO ELLEN WALLACE *. I further certify that the following marriage certificate was filed in my office: I,* WADE S. COMPTON *(name), certify that on* OCTOBER 2, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* JEFFREY LISTER HANSEN *of* MARION *County* IN *(state), and* JO ELLEN 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* 9-24-93 *. Signed by:* /s/ WADE S. COMPTON *,* REVEREND *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-5-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 491

HENDRICKS County

File

9-14-93
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. Randell T. Horine, M.D.

MALE APPLICANT

Name: First David Middle A Last Puterbaugh
Date of Birth: Month 12 Day 09 Year 68
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address: Street or R.R. 11646 W. Morris City Indpls. County State In 46231
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify)
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 Gerald Allen Puterbaugh
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Mooresville In
   Birthplace of father (State or foreign country) OHIO
   (b) Full maiden name of applicant's mother Maryanne Elizabeth Kauffman
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Mooresville
   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 X David A. Puterbaugh Date 9/14/93

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 David A. Puterbaugh
New Address Same as above
Subscribed and sworn to before me this 14 day of Sept, 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 Jamie Middle L. Last Connett
Date of Birth: Month 10 Day 02 Year 63
Place of Birth (State or foreign country) Indpls. In
Residence Address: Street or R.R. 11646 City W County morris State Indpls. In 46231
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)
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 Clyde William Connett
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis
   Birthplace of father (State or foreign country) Terre Haute, INDIANA
   (b) Full maiden name of applicant's mother Mary Margaret West
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiandpolis, 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 Jamie Connett Date 9/14/93

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 Jamie Connett
New Address Same
Subscribed and sworn to before me this 14 day of Sept, 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* 9-14-93 *, authorizing the marriage of* DAVID A. PUTERGAUGH *and* JAMIE L. CONNETT *. I further certify that the following marriage certificate was filed in my office: I,* JOHN W. IRWIN *(name), certify that on* SEPTEMBER 25, 1993 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* DAVID A. PUTERBAUGH *of* HENDRICKS *County* IN *(state), and* JAMIE L. CONNETT *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-14-93 *. Signed by:* /s/ JOHN W. IRWIN *,* MINISTER *(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*

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

40

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 492

File

9-14-93 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 09-13-93
Name of Physician Robert Heavins

MALE APPLICANT

Name: First Charlie Middle B Last Willard
Date of Birth: Month 8 Day 23 Year 67
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. RR1 Box 516 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) Driver's Licence

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father James Allen Willard
   (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 Patty Jean Rief
   (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 Charlie B. Willard Date 9-14-93

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 Charlie Willard B.
New Address Route 2 Box 422 JV Coatesville, In.
Subscribed and sworn to before me this 14 day of Sept, 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 Ivy Middle D Last Hicks
Date of Birth: Month 3 Day 28 Year 69
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. RR1 Box 516 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) 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 Dorian Paris Hicks
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Monticello, In
   Birthplace of father (State or foreign country) ?
   (b) Full maiden name of applicant's mother Judith Kay Shaw
   (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 X Ivy D. Hicks Date 9-14-93

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 Ivy D. Hicks
New Address Route 2 Box 422 JV Coatesville, In.
Subscribed and sworn to before me this 14 day of Sept, 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* 9-14-93 *, authorizing the marriage of* CHARLIE B. WILLARD *and* IVY D. HICKS *. I further certify that the following marriage certificate was filed in my office: I,* GARY L. VAN JELGERHUIS *(name), certify that on* SEPTEMBER 18, 1993 *(date), at* COATESVILLE *in* HENDRICKS *County, Indiana,* CHARLIE B. WILLARD *of* HENDRICKS *County* IN *(state), and* IVY D. 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* 9-14-93 *. Signed by:* /s/ GARY L. VAN JELGERHUIS *,* 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 1-800-362-6702 1477

41

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 493

HENDRICKS County

File

9-15-93
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 Ramon Clinical Lyt Florida
Janice Chiro.

MALE APPLICANT

Name: First Raymond Middle Paul Last Metz

Date of Birth: Month 2 Day 10 Year 58

Place of Birth (State or foreign country) MO

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. —
6. (a) Full name of applicant's father Paul A. Metz
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Kansas City MO
   Birthplace of father (State or foreign country) OK
   (b) Full maiden name of applicant's mother Jo Dean Pyles
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Kansas City MO
   Birthplace of mother (State or foreign country) MO

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Raymond Paul Metz Date 9/15/93

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 Raymond Paul Metz
New Address _____
Subscribed and sworn to before me this 15 day of Sept., 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 Lee Last Kellum

Date of Birth: Month 9 Day 18 Year 48

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 1167 Hillsboro mile #504 City Hillsboro Beach County State FL 33062

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

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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Kellum
   (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 Kathaleen Louise Bly
   (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 Peggy Lee Kellum Date 9/15/93

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 Peggy Lee Kellum
New Address _____
Subscribed and sworn to before me this 15 day of Sept., 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-15-93 *, authorizing the marriage of* RAYMOND PAUL METZ *and* PEGGY LEE KELLUM *. I further certify that the following marriage certificate was filed in my office: I,* WILLIAM R. CLAYTON *(name), certify that on* SEPTEMBER 18, 1993 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* RAYMOND PAUL METZ *of* BROWARD *County* FL *(state), and* PEGGY LEE KELLUM *of* BROWARD *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* 9-18-93 *. Signed by:* /s/ WILLIAM R. CLAYTON *,* 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

42

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 494

File

9-15-93 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 D. M. Poe

MALE APPLICANT

Name: First Raymond Middle Curtis Last Purcell

Date of Birth: Month 7 Day 29 Year 56

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 3

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 11-91'

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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, Nathan
6. (a) Full name of applicant's father Keith Purcell
   (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 Eris Arlene Perkins
   (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 Raymond C Purcell Date 9-15-93

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 Raymond C Purcell

New Address _____

Subscribed and sworn to before me this 15 day of Sept, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Sherri Middle Lynn Last Easter

Date of Birth: Month 8 Day 24 Year 68

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 614 Hickory Dr. City Danville County Ind. State

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 6-92'

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. ~~Mr~~ Miranda
6. (a) Full name of applicant's father Shelby Gene Thomas
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) KY
   (b) Full maiden name of applicant's mother Beulah Ellen Aston
   (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 X Sherri S Easter Date 9-15-93

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 Sherri S Easter

New Address _____

Subscribed and sworn to before me this 15 day of Sept., 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-15-93 *, authorizing the marriage of* RAYMOND CURTIS PURCELL *and* SHERRI LYNN EASTER *. I further certify that the following marriage certificate was filed in my office: I,* GARY L. WOOD *(name), certify that on* SEPTEMBER 18, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* RAYMOND CURTIS PURCELL *of* HENDRICKS *County* IN *(state), and* SHERRI LYNN EASTER *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-15-93 *. Signed by:* /s/ GARY L. WOOD ATTORNEY - JUDGE PRO-TEMPORE *(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

HENDRICKS County

No. 495

File

9-15-93
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 Plfd. Ind.

MALE APPLICANT

Name: First David Middle Enoch Last Burcham

Date of Birth: Month 1 Day 25 Year 73

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 1021 Parkside Dr. S. City Plfd. County State Ind.

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

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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Kendra 17mo.
6. (a) Full name of applicant's father Robert E. Burcham
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plfd Ind
   Birthplace of father (State or foreign country) Ind
   (b) Full maiden name of applicant's mother Maryone M. Enoch
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plfd Ind.
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

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

Signature of Applicant x David E Burcham Date 9-15-93

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 David E. Burcham

New Address _____

Subscribed and sworn to before me this 15 day of Sept., 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 Rose Last Fleenor

Date of Birth: Month 7 Day 29 Year 72

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. RR 1 Box 0 City Monrovia 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. Kendra 17mo
6. (a) Full name of applicant's father Lowell Fleenor
   (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 Cynthia Peasley
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Monrovia 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 Shannon R. Fleenor Date 9-15-93

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 Shannon R. Fleenor

New Address Same

Subscribed and sworn to before me this 15 day of Sept., 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-15-93 *, authorizing the marriage of* DAVID ENOCH BURCHAM *and* SHANNON ROSE FLEENOR *. I further certify that the following marriage certificate was filed in my office: I,* CARL AKARD RILEY *(name), certify that on* SEPTEMBER 18, 1993 *(date), at* MONROVIA *in* HENDRICKS *County, Indiana,* DAVID ENOCH BURCHAM *of* HENDRICKS *County* IN *(state), and* SHANNON ROSE FLEENOR *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* 9-18-93 *. Signed by:* /s/ CARL AKARD RILEY *,* 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*

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

44

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 496

HENDRICKS County

File 9-16-93
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. Heeger

MALE APPLICANT

Name: First James Middle L Last Groninger
Date of Birth: Month 10 Day 10 Year 59
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 643 E Main St City Plainfield County State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Groninger
   (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 Loretta Dalpknecht
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield In.
   Birthplace of mother (State or foreign country) Kentucky

ACKNOWLEDGMENT

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

X Signature of Applicant Jim Groninger Date 9/22/93

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.

X Signed Jim Groninger
New Address Same

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

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 Tatay
Date of Birth: Month 8 Day 6 Year 65
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2630 Cold Springs Main 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) 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 Rudolph Tatay
   (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 Sandra Meadows
   (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 _____ Date _____

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

X Signed _____
New Address _____

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

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-16-93, *authorizing the marriage of* JAMES LEE GRONINGER *and* ELIZABETH ANNE TATAY. *I further certify that the following marriage certificate was filed in my office: I,* WILLIAM R. CLAYTON *(name), certify that on* SEPTEMBER 25, 1993 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* JAMES LEE GRONINGER *of* HENDRICKS *County* IN *(state), and* ELIZABETH ANNE TATAY *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-25-93. *Signed by:* /s/ WILLIAM R. CLAYTON, 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*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 497

HENDRICKS County

File 9-16-93
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 ROBERT AIELLO, MD

MALE APPLICANT

Name: First JAMES Middle B. Last COOK
Date of Birth: Month JANUARY Day 15 Year 1972
Place of Birth (State or foreign country): LEBANON, Indiana
Residence Address: Street or R.R. 311 Bridlewood Tr. City DANVILLE County HENDRICKS State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) ARMED FORCES I.D.

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

X Signature of Applicant James B Cook Date

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

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

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

X Signed James B Cook
New Address

Subscribed and sworn to before me this 16th day of Sept, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

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

FEMALE APPLICANT

Name: First Virginia Middle Allene Last WILSON
Date of Birth: Month OCTOBER Day 15 Year 1973
Place of Birth (State or foreign country): HENDRICKS COUNTY, IND.
Residence Address: Street or R.R. RR 1 Box 57 City Pittsboro County Hend State In
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Taylor Cook
6. (a) Full name of applicant's father Terrel B. Wilson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) INDIANA
   (b) Full maiden name of applicant's mother Anna M. Doss
   (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 Virginia A. Wilson Date 9-16-93

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 Virginia A. Wilson
New Address

Subscribed and sworn to before me this 16th day of Sept, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-16-93 *, authorizing the marriage of* JAMES B. COOK *and* VIRGINIA A. WILSON *. I further certify that the following marriage certificate was filed in my office: I,* REV. ALAN MOODY *(name), certify that on* SEPTEMBER 12, 1993 *(date), at* THORNTOWN *in* BOONE *County, Indiana,* JAMES B. COOK *of* HENDRICKS *County* IN *(state), and* VIRGINIAN A. WILSON *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-16-93 *Signed by:* /s/ REV. ALAN MOODY *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 9-20-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

46

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 498

HENDRICKS County

File

9-16-93
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 Robert Dieter

MALE APPLICANT

Name: First Robert Middle Donald Last Coulson

Date of Birth: Month July Day 1 Year 1972

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

Residence Address: Street or R.R. 37 Jennifer Lane City Brownsburg County IN State 46112

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

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

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

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

6. (a) Full name of applicant's father James Robert Coulson
   (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 Donna Jane Wilson
   (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).

X Signature of Applicant Robert D. Coulson Date 9-16-93

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 Robert D. Coulson

New Address 6335 F Rathmen Indpls.

Subscribed and sworn to before me this 16 day of Sept., 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Erica Middle Noel Last Bullock

Date of Birth: Month May Day 2 Year 1974

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

Residence Address: Street or R.R. R.R. 1 Box 224-66 City Pittsboro County IN State 46167

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

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

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

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

6. (a) Full name of applicant's father Charles David Bullock
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brownsburg, IN
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Twila Sue Everette
   (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).

X Signature of Applicant Erica N. Bullock Date 9-16-93

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 Erica N. Bullock

New Address _____

Subscribed and sworn to before me this 16 day of Sept., 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* SEPTEMBER 16, 1993, *authorizing the marriage of* ROBERT DONALD COULSON *and* ERICA NOEL BULLOCK. *I further certify that the following marriage certificate was filed in my office: I,* STEVEN T. REEVES *(name), certify that on* SEPTEMBER 25, 1993 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* ROBERT DONALD COULSON *of* HENDRICKS *County* IN *(state), and* ERICA NOEL BULLOCK *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-16-93. *Signed by:* /s/ STEVEN T. REEVES, PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 9-28-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

47

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 499

HENDRICKS County

File 9-17-93
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 9-3-93
Name of Physician DR. Jesiak MD

MALE APPLICANT

Name: First Dennis Middle J. Last OTTINGER

Date of Birth: Month 10 Day 3 Year 70

Place of Birth (State or foreign country)

Residence Address: Street or R.R. 7974 W. 200 N. City North Salem County Hend State IN

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

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

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) 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 L. Ottinger SR.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Same as above
   Birthplace of father (State or foreign country) New Castle IN.
   (b) Full maiden name of applicant's mother Sue Ann Gratcher
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same as above
   Birthplace of mother (State or foreign country) None Alaska

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Dennis J. Ottinger Date 9-17-93

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 Dennis J. Ottinger
New Address SAME
Subscribed and sworn to before me this 17 day of Sept, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First STACEY Middle M. Last TANNER

Date of Birth: Month 3 Day 16 Year 71

Place of Birth (State or foreign country) Michagan

Residence Address: Street or R.R. 3676 C. MISSION 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) Drivers Licnse

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

6. (a) Full name of applicant's father William David TANNER
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state)
   Birthplace of father (State or foreign country) Michigan
   (b) Full maiden name of applicant's mother Judith Ann SUENICK
   (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 Stacey M. Tanner Date 9-17-93

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 Stacey M. Tanner
New Address Same
Subscribed and sworn to before me this 17th day of Sept, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-17-93 *, authorizing the marriage of* DENNIS J. OTTINGER *and* STACEY M. TANNER *. I further certify that the following marriage certificate was filed in my office: I,* FRANK BUNN *(name), certify that on* SEPTEMBER 25, 1993 *(date), at* NEW WINCHESTER *in* HENDRICKS *County, Indiana,* DENNIS J. OTTINGER *of* HENDRICKS *County* IN *(state), and* STACEY M. TANNER *of* MARION *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-17-93 *.*
Signed by: /s/ FRANK BUNN *,* MINISTER *(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*

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

48

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 500

File

9-17-93 Date of Application

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

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

MALE APPLICANT

Name: First Frank Middle E. Last PFlum II

Date of Birth: Month 8 Day 19 Year 67

Place of Birth (State or foreign country) ~~Hend.~~ Marion Cty

Residence Address: 4940 W 11th Street or R.R. Speedway City IN County State 46224

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

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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Frank E. PFlum
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Pittsboro
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of applicant's mother Delores Peasley
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Pittsboro
   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 Frank E. Pflum II Date 9-17-93

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 Frank E. Pflum II

New Address _____

Subscribed and sworn to before me this 17th day of Sept, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 L Last Gossett

Date of Birth: Month 3 Day 12 Year 70

Place of Birth (State or foreign country) IN.

Residence Address: 6780 N 625 E 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 male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 David Gossett
   (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 Marlene Elaine Graham
   (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 Amber Lynn Gossett Date 9-17-93

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 Amber Lynn Gossett

New Address _____

Subscribed and sworn to before me this 17th day of Sept, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-17-93 *, authorizing the marriage of* FRANK E. PFLUM II *and* AMBER LYNN GOSSETT *. I further certify that the following marriage certificate was filed in my office: I,* JOHN D. GOSSETT *(name), certify that on* SEPTEMBER 25, 1993 *(date), at* NORTH SALEM *in* HENDRICKS *County, Indiana,* FRANK E. PFLUM II *of* MARION *County* IN *(state), and* AMBER LYNN GOSSETT *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-17-93 *. Signed by:* /s/ REV. JOHN D. GOSSETT *,* 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*

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. 501

HENDRICKS County

File

9-17-93
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 Steve Hartman

MALE APPLICANT

Name: First Walter Middle Louis Last O'Riley Jr.
Date of Birth: Month 6 Day 21 Year 61
Place of Birth (State or foreign country) FL
Residence Address: Street or R.R. 691 S. Kentucky St. 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. Kalob O'Riley
6. (a) Full name of applicant's father Walter Louis O'Riley Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Cape Coarle FL
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Mary Elizabeth Neff
   (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 Walter Louis O'Riley Jr. Date 9/17/93

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 Walter Louis O'Riley Jr.
New Address _____
Subscribed and sworn to before me this 17 day of Sept., 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 Christine Last Coffey
Date of Birth: Month 6 Day 13 Year 66
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 691 S. Kentucky St. 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 male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Kalob O'Riley
6. (a) Full name of applicant's father Jackie Lee Coffey
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Morgantown IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Ruthanne Linville
   (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 Carrie Coffey Date 9/17/93

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 Carrie Christine Coffey
New Address _____
Subscribed and sworn to before me this 17 day of Sept., 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-17-93, *authorizing the marriage of* WALTER L. O'RILEY, JR. *and* CARRIE CHRISTINE COFFEY. *I further certify that the following marriage certificate was filed in my office: I,* LINDA A. PARR *(name), certify that on* OCTOBER 2, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* WALTER L. O'RILEY, JR. *of* HENDRICKS *County* IN *(state), and* CARRIE C. COFFEY *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-2-93. *Signed by:* /s/ LINDA A. PARR, MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-6-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

50

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 502

File

9.17.93
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 K. Bearden PsyD.

MALE APPLICANT

Name: First Terry Middle Wayne Last Mobley
Date of Birth: Month 12 Day 16 Year 72
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. RR 2 Box 84 City Coatesville 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 William Sylvester Mobley
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Coatesville IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Nancy Ann Stull
   (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 Terry W Mobley Date 9/17/93

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 Terry W Mobley
New Address _____
Subscribed and sworn to before me this 17 day of Sept., 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 Suzanne Middle Elaine Last Turpin
Date of Birth: Month 5 Day 18 Year 71
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 10921 Brunswick 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 male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Lee Turpin
   (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 Brenda Karen Gray
   (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 Suzanne E. Turpin Date 9/17/93

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 Suzanne E. Turpin
New Address 6808 Apache Circle #409 Indpls. IN 46234
Subscribed and sworn to before me this 17 day of Sept., 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* 9-17-93 *, authorizing the marriage of* TERRY WAYNE MOBLEY *and* SUZANNE ELAINE TURPIN *. I further certify that the following marriage certificate was filed in my office: I,* CARL AKARD RILEY *(name), certify that on* SEPTEMBER 18, 1993 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* TERRY WAYNE MOBLEY *of* HENDRICKS *County* IN *(state), and* SUZANNE ELAINE TURPIN *of* HENDRICKS *County* IN *(state) were 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 AKARD RILEY *,* 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*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 503

HENDRICKS County

File

9-20-93
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 9-17-93
Name of Physician L. Beard, M.D.

MALE APPLICANT

Name: First Jeffrey Middle Duane Last Kennedy

Date of Birth: Month 8 Day 6 Year 74

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

Residence Address: Street or R.R. 104 E. Pearl Apt #4 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☑
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Francis Kennedy
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Penn.
   (b) Full maiden name of applicant's mother Joyce Ann Frye
   (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 Jeff Kennedy Date 9-20-93

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 Jeff Kennedy
New Address SAME
Subscribed and sworn to before me this 20th day of Sept, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First De Lema Middle Jo Last Sherfield

Date of Birth: Month 8 Day 22 Year 75

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

Residence Address: Street or R.R. 104 E. Pearl Apt #4 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☑
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Maurice Sherfield
   (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 Wanda Jane Ramsey
   (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 De Lema Jo Sherfield Date 9-20-93

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 De Lema Jo Sherfield
New Address SAME
Subscribed and sworn to before me this 20th day of Sept, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-20-93 *, authorizing the marriage of* JEFFREY DUANE KENNEDY *and* DE LEMA JO SHERFIELD *. I further certify that the following marriage certificate was filed in my office: I,* WILLIAM J. BROWN *(name), certify that on* OCTOBER 3, 1993 *(date), at* PITTSBORO *in* HENDRICKS *County, Indiana,* JEFFREY DUANE KENNEDY *of* HENDRICKS *County* IN *(state), and* DE LEMA JO SHERFIELD *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-20-93 *. Signed by:* /s/ WM. J. BROWN *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-07-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

52

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 504

File

9-20-93
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: John Middle: Lewis Last: Baumunk
Date of Birth Month: 11 Day: 7 Year: 38
Place of Birth (State or foreign country): Reelsville, In.
Residence Address Street or R.R.: RR#1 Box 14 City: Lizton County: 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): Dr. Lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Edward Baumunk
   (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: Helen Manona Blair
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state): New Market, In
   Birthplace of mother (State or foreign country): Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Lewis Baumunk Date: 9-20-93

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: John Lewis Baumunk
New Address: Same
Subscribed and sworn to before me this 20th day of Sept, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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: Louise Last: Ray-Baumunk
Date of Birth Month: 5 Day: 26 Year: 48
Place of Birth (State or foreign country): Indianapolis In.
Residence Address Street or R.R.: RR#1 Box 14 City: Lizton County: State: In.
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.
6. (a) Full name of applicant's father: Russell Harold Ray
   (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: Elnore ELNORE Anna Sanner
   (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: Anita Louise Ray-Baumunk Date: 9-20-93

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: Anita Louise Ray-Baumunk
New Address: Same
Subscribed and sworn to before me this 20th day of Sept, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-20-93, *authorizing the marriage of* JOHN LEWIS BAUMUNK *and* ANITA LOUISE RAY-BAUMUNK. *I further certify that the following marriage certificate was filed in my office: I,* REV. CAROL D. FRITZ *(name), certify that on* SEPTEMBER 27, 1993 *(date), at* LIZTON *in* HENDRICKS *County, Indiana,* JOHN LEWIS BAUMUNK *of* HENDRICKS *County* IN *(state), and* ANITA LOUISE RAY-BAUMUNK *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-27-93. *Signed by:* /s/ REV. CAROL D. FRITZ, PASTOR *(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*

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. 505

File

9.20.93
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 Mitchell Pinnater

MALE APPLICANT

Name: First David Middle Dwayne Last Waldeck
Date of Birth: Month 1 Day 24 Year 60
Place of Birth (State or foreign country) CA
Residence Address: Street or R.R. RR 1 Box 79 City Pittsboro County ~~IN~~ State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 9.93
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. —
6. (a) Full name of applicant's father David Carrol Waldeck
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Palm Dale CA
   Birthplace of father (State or foreign country) Iowa
   (b) Full maiden name of applicant's mother Marie Matilda Malkmus
   (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 [signature] Date 9-20-93

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 [signature]
New Address _____
Subscribed and sworn to before me this 20 day of Sept., 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Kaye Middle Jean Last Engel
Date of Birth: Month 2 Day 2 Year 65
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 6555 1025 North City North Salem County State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 90'
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) SS # 309-72-4715

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 - William Engel
6. (a) Full name of applicant's father Russell Eugene Hammer
   (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 for Karen K. Eller
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Liston 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 Kaye J. Engel Date 9-20-93

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 Kaye J. Engel
New Address 6555 W 1025 N N. SALEM, IN 46165
Subscribed and sworn to before me this 20 day of Sept., 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-20-93 *, authorizing the marriage of* DAVID DWAYNE WALDECK *and* KAYE JEAN ENGEL *. I further certify that the following marriage certificate was filed in my office: I,* VERNON J. STOVER, JR. *(name), certify that on* SEPTEMBER 25, 1993 *(date), at* LIZTON *in* HENDRICKS *County, Indiana,* DAVID DWAYNE WALDECK *of* HENDRICKS *County* IN *(state), and* KAYE JEAN ENGEL *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-20-93 *. Signed by:* /s/ VERNON J. STOVER, JR. *,* 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*

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

54

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 506

File

9-21-93
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 9-13-93
Name of Physician Mac Fuller, M.D.

MALE APPLICANT

Name: First Jeffrey Middle Kent Last Mills
Date of Birth: Month 6 Day 14 Year 61
Place of Birth (State or foreign country) Indianapolis, In
Residence Address: Street or R.R. 7884 Quail Ridge No. City Plainfield County State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

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

6. (a) Full name of applicant's father John Wendell Mills
   (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 Dolores Ann Kent
   (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 [signature] Date 9/21/93

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

Subscribed and sworn to before me this 21st day of Sept, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 Logan
Date of Birth: Month 8 Day 31 Year 67
Place of Birth (State or foreign country) Franklin, In.
Residence Address: Street or R.R. 7884 Quail Ridge No. 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 Dale Logan
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Bargersville, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Terry Lynn Cline
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Bargersville, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant [signature] Date 9/21/93

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

Subscribed and sworn to before me this 21st day of Sept, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-21-93, *authorizing the marriage of* JEFFREY KENT MILLS *and* JAMIE MICHELLE LOGAN. *I further certify that the following marriage certificate was filed in my office: I,* ROGER D. GIFFORD *(name), certify that on* SEPTEMBER 25, 1993 *(date), at* BARGERSVILLE *in* JOHNSON *County, Indiana,* JEFFREY KENT MILLS *of* HENDRICKS *County* IN *(state), and* JAMIE MICHELLE LOGAN *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-21-93. *Signed by:* /s/ ROGER D. GIFFORD, PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-1-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

55

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 507

HENDRICKS County

File 9-21-93
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 9-16-93
Name of Physician C. Wills, M.D.

MALE APPLICANT

Name: First David Middle Allen Last Elmore

Date of Birth: Month 7 Day 3 Year 73

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

Residence Address: Street or R.R. 547 W Main City Danville County State In.

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

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

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

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

6. (a) Full name of applicant's father Clifford Joseph Stucks
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) N/A
   Birthplace of father (State or foreign country) N/A
   (b) Full maiden name of applicant's mother Carol Yvonne Elmore
   (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 A. Elmore Date 9/21/93

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 A. Elmore
New Address SAME

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

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 Frances Last Bemis

Date of Birth: Month 11 Day 1 Year 74

Place of Birth (State or foreign country) Indianapolis In

Residence Address: Street or R.R. 547 W. Main 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 Michael Dale Bemis
   (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 Kathryn Rae Richmond
   (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 Carrie F 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 Carrie F Bemis
New Address Same

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

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-21-93 *, authorizing the marriage of* DAVID ALLEN ELMORE *and* CARRIE FRANCES BEMIS *. I further certify that the following marriage certificate was filed in my office: I,* ROBERT L. THOMPSON *(name), certify that on* SEPTEMBER 26, 1993 *(date), at* NEW PALESTINE *in* HANCOCK *County, Indiana,* DAVID ALLEN ELMORE *of* HENDRICKS *County* IN *(state), and* CARRIE FRANCES BEMIS *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-26-93 *. Signed by:* /s/ ROBERT L. THOMPSON, SR. *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-1-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

56

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 508

HENDRICKS County

File

9-22-93
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 9-22-93
Name of Physician R. Stegemoller, M.D.

MALE APPLICANT

Name: First James Middle Ronald Last Archer
Date of Birth: Month 9 Day 21 Year 51
Place of Birth (State or foreign country) Indpls In.
Residence Address: Street or R.R. 297 S. Cross St. City Danville County Hend State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2/91
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Wesley 15 yrs Jason Andrew 13, Joseph Ryan 11 yrs.
6. (a) Full name of applicant's father Ronald White Archer
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) 5627 W. Bertha Indpls.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of applicant's mother Doris Mae Boatman
   (If adopted, list adoptive parents only) Indpls - (Same as above)
   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 ☒ James R. Archer Date 9-22-93

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 ☒ James R. Archer
New Address SAME AS →
Subscribed and sworn to before me this 22nd day of Sept, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 Whisler
Date of Birth: Month 8 Day 15 Year 57
Place of Birth (State or foreign country) Lafayette, In.
Residence Address: Street or R.R. 1233 W 50 S City Danville 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 Michael ~~Lee~~ 11 yrs Kyle 7, ~~Co~~ Kari 7
6. (a) Full name of applicant's father Dale Allen Riggs
   (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 Elizabethann Stafford
   (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 ☒ Beth A. Whisler Date 9/22/93

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 ☒ Beth A. Whisler
New Address Same
Subscribed and sworn to before me this 22 day of Sept, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-22-93 *, authorizing the marriage of* JAMES RONALD ARCHER *and* BETH ANN WHISLER *. I further certify that the following marriage certificate was filed in my office: I,* GARY C. BLACK *(name), certify that on* OCTOBER 2, 1993 *(date), at* CLAYTON *in* HENDRICKS *County, Indiana,* JAMES RONALD ARCHER *of* HENDRICKS *County* IN *(state), and* BETH ANN WHISLER *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-2-93 *. Signed by:* /s/ GARY C. BLACK *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-5-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

57

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 509

HENDRICKS County

File 9-22-93
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 9-7-93
Name of Physician D. Brindley, M.D.

MALE APPLICANT

Name: First Charles Middle Andrew Last Gowan

Date of Birth: Month 3 Day 9 Year 63

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

Residence Address: Street or R.R. RR #3 Box 396-8 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 Charles Edward Gowan
   (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 Benita Faye Gladden
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Westfield, 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 Charles A. Gowan Date 9-22-93

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 Charles A. Gowan
New Address same
Subscribed and sworn to before me this 22nd day of Sept, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Susan Middle Annette Last Cook

Date of Birth: Month 6 Day 24 Year 64

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

Residence Address: Street or R.R. RR #3 Box 396-8 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 Robert Francis Cook
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Granger, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Sharon Lee Stein
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Granger, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 A. Cook Date 9-22-93

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 Susan A. Cook
New Address same
Subscribed and sworn to before me this 22nd day of Sept, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-22-93 *, authorizing the marriage of* CHARLES ANDREW GOWAN *and* SUSAN ANNETTE COOK *. I further certify that the following marriage certificate was filed in my office: I,* REV. PAUL D. ETIENNE *(name), certify that on* OCTOBER 16, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* CHARLES ANDREW GOWAN *of* HENDRICKS *County* IN *(state), and* SUSAN ANNETTE COOK *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-22-93 *. Signed by:* /s/ FR. PAUL D. ETIENNE, ASSOCIATE PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-19-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

58

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 510

HENDRICKS County

File

9-22-93
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 9-22-93
Name of Physician J. Kerlin, M.D.

MALE APPLICANT

Name: First Charles Middle R. Last Bear Jr.

Date of Birth: Month 6 Day 4 Year 69

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

Residence Address: Street or R.R. 314 So. Kalna St. City Indpls. County Marion State In.

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

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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 R. Bear, Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indpls., In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Vera A. Newby
   (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 Charles R Bear Jr Date 9/22/93

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 Charles R Bear Jr

New Address 301 E Main Danville, IN

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

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Sherri Middle Lynn Last Spurlock

Date of Birth: Month 12 Day 1 Year 72

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

Residence Address: Street or R.R. 1724 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 Jerry Spurlock
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville, In.
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of applicant's mother Donna Jean Morris
   (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 Sherri L. Spurlock Date 9/22/93

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 Sherri L. Spurlock

New Address 301 E. Main

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

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-22-93 *, authorizing the marriage of* CHARLES R. BEAR, JR. *and* SHERRI LYNN SPURLOCK *. I further certify that the following marriage certificate was filed in my office: I,* REV. GARY R. CUNNINGHAM *(name), certify that on* SEPTEMBER 25, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* CHARLES R. BEAR, JR. *of* MARION *County* IN *(state), and* SHERRI LYNN SPURLOCK *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-22-93 *. Signed by:* /s/ REV. GARY R. CUNNINGHAM *,* 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*

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

59

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 511

HENDRICKS County

File

9-23-93
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 9-1-93
Name of Physician Thomas Jones, M.D.

MALE APPLICANT

Name First Greg Middle Allen Last Paul

Date of Birth Month 12 Day 28 Year 65

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

Residence Address Street or R.R. 5926 Price Ln. City Indianapolis County Marion State In

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

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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Ron Paul
   (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 Ellen Wineger
   (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 Greg Paul Date 9-23-93

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 Greg Paul

New Address 5926 Lake of Lanterns east Dr.

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

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 Ann Last Wynne

Date of Birth Month 2 Day 6 Year 74

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

Residence Address Street or R.R. 2348 Lake of the Lanterns East Dr. City Indpls County State In 46234

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

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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Brytnie Wynne 5½ mo.
6. (a) Full name of applicant's father Lawrence Patrick Wynne
   (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 Barbara Kaye Dodson
   (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 Michelle Wynne Date Sep 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 Michelle Wynne

New Address Same

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

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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* GREG ALLEN PAUL *and* MICHELLE ANN WYNNE. *I further certify that the following marriage certificate was filed in my office: I,* ROBERT F. GAMMON *(name), certify that on* OCTOBER 16, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* GREG ALLEN PAUL *of* MARION *County* IN *(state), and* MICHELLE ANN WYNNE *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-23-93. *Signed by:* /s/ R. F. GAMMON, JUDGE *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-26-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

60

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 512

HENDRICKS County

File 9-23-93
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 9-20-93
Name of Physician Powell, M.D.

MALE APPLICANT

Name: First Jerry Middle Wayne Last Spurlock

Date of Birth: Month 12 Day 1 Year 72

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

Residence Address: Street or R.R. 1724 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 female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Spurlock
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville, In.
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of applicant's mother Donna Jean Morris
   (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 Jerry W Spurlock Date 9-23-93

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 Jerry W Spurlock
New Address 1724 E 100 N Danville IN
Subscribed and sworn to before me this 9 day of 23, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 Lynn Last Doub

Date of Birth: Month 7 Day 13 Year 77

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

Residence Address: Street or R.R. 8041 W County Rd 200 N City North Salem County State In.

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

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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Bruce Doub
   (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 Marlene Kay Price
   (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 Carrie Doub Date 9-23-93

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 Carrie Doub
New Address _____
Subscribed and sworn to before me this 9 day of 23, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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* JERRY WAYNE SPURLOCK *and* CARRIE LYNN DOUB *. I further certify that the following marriage certificate was filed in my office: I,* GARY R. CUNNINGHAM *(name), certify that on* OCTOBER 2, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* JERRY WAYNE SPURLOCK *of* HENDRICKS *County* IN *(state), and* CARRIE LYNN DOUB *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-23-93 *. Signed by:* /s/ REV. GARY R. CUNNINGHAM *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-4-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

61

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 513

HENDRICKS County

File 9-24-93
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 9-21-93
Name of Physician L. E. Rogers, M.D.

MALE APPLICANT

Name: First David Middle Kenneth Last Barrick Sr.
Date of Birth: Month 9 Day 5 Year 46
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. 7480 Rockleigh Ave Apt D City Indpls County State In.
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) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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~~ Rhea M. Barrick
   (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 Doris Melissa Latcha
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Florida
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant [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 1910 HOPE DR. PLAINFIELD IN

Subscribed and sworn to before me this 24th day of Sept, 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 Margo Middle Elaine Last Solada
Date of Birth: Month 9 Day 23 Year 49
Place of Birth (State or foreign country) Muncie, In.
Residence Address: Street or R.R. 1910 Hope 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 ~~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. Erinn Elizbeth Solada 13yrs.
6. (a) Full name of applicant's father Gordon Lothair Kindee
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Muncie In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Bernece Beatrice Barrett
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Muncie, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Same

Subscribed and sworn to before me this 24th day of Sept, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-24-93 *, authorizing the marriage of* DAVID KENNETH BARRICK, SR. *and* MARGO ELAINE SOLADA *. I further certify that the following marriage certificate was filed in my office: I,* DANNY VAUGHN *(name), certify that on* SEPTEMBER 24, 1993 *(date), at* AVON *in* HENDRICKS *County, Indiana,* DAVID KENNETH BARRICK, SR. *of* MARION *County* IN *(state), and* MARGO ELAINE SOLADA *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-24-93 *. Signed by:* /s/ DANNY VAUGHN *,* JUDGE *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-18-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

62

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 514

HENDRICKS County

File

9-24-93
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 4-3-93
Name of Physician R. A. Hansell, M.D.

MALE APPLICANT

Name: First Donald Middle Joseph Last Youngman
Date of Birth: Month 6 Day 9 Year 43
Place of Birth (State or foreign country) Tampa, Florida
Residence Address: Street or R.R. 109 D No. City Jefferson County Brownsburg, 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.

6. (a) Full name of applicant's father Theodore Clarence Youngman
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Lake Station, In.
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of applicant's mother Dorothy Ann Beggs
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Lake Station, 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 Donald J Youngman Date 9-24-93

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 Donald J Youngman
New Address Same
Subscribed and sworn to before me this 24th day of Sept, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Betty Middle Jo Last Lynn
Date of Birth: Month 10 Day 2 Year 56
Place of Birth (State or foreign country) Manchester, Ky.
Residence Address: Street or R.R. 109 D No. City Jefferson County Brownsburg, 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 male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Raleigh Marcum
   (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 Juanita Chandler
   (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 Betty J. Lynn Date 9-24-93

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 Betty J. Lynn
New Address Same
Subscribed and sworn to before me this 24th day of Sept, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-24-93 *, authorizing the marriage of* DONALD JOSEPH YOUNGMAN *and* BETTY JO LYNN *. I further certify that the following marriage certificate was filed in my office: I,* STEVEN T. REEVES *(name), certify that on* OCTOBER 2, 1993 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* DONALD JOSEPH YOUNGMAN *of* HENDRICKS *County* IN *(state), and* BETTY JO LYNN *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-24-93 *. Signed by:* /s/ STEVEN T. REEVES *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-6-93 *(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. 515

HENDRICKS County

File

9-27-93
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 9-27-93
Name of Physician John Ricards, M.D.

MALE APPLICANT

Name: First Glenn Middle Edward Last Dixon

Date of Birth: Month 1 Day 4 Year 49

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

Residence Address: Street or R.R. 1172 Creekside Lane City Plainfield County Hen. State In.

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

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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Chad Edward Dixon 17 yrs.
   Brent Allen Dixon 13 yrs.
6. (a) Full name of applicant's father Cecil Farrell Dixon
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of applicant's mother Mildred Louise Spradlin
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Oklahoma

ACKNOWLEDGMENT

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

Signature of Applicant Glenn E. Dixon Date 9-27-93

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 Glenn E. Dixon

New Address SAME

Subscribed and sworn to before me this 27th day of Sept, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 Sue Last Pritchard

Date of Birth: Month 8 Day 12 Year 46

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

Residence Address: Street or R.R. 1172 Creekside City Lane Plainfield County Hen. State In.

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1981

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Winnie Stout
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Gladys Louise McCoy
   (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 Connie Sue Pritchard Date 9-27-93

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 Connie S. Pritchard

New Address SAME

Subscribed and sworn to before me this 27th day of Sept, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-27-93 *, authorizing the marriage of* GLENN EDWARD DIXON *and* CONNIE SUE PRITCHARD *. I further certify that the following marriage certificate was filed in my office: I,* SALLY JO MEZIERE *(name), certify that on* OCTOBER 2, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* GLENN EDWARD DIXON *of* HENDRICKS *County* IN *(state), and* CONNIE SUE PRITCHARD *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-2-93 *. Signed by:* /s/ SALLY JO MEZIERE *,* JUDGE *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-18-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

64

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 516

HENDRICKS County

File

9-28-93
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 9-2-93
Name of Physician David Bain, M.D.

MALE APPLICANT

Name: First Brent Middle Richard Last Drake
Date of Birth: Month 12 Day 4 Year 64
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. 514 Thorne 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. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Richard Drake
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Judith Kay Mears
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [signature] Date 9/28/93

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 [signature]
New Address 8875 N. SR 267 B'burg IN
Subscribed and sworn to before me this 28th day of Sept, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 Marie Last Henline
Date of Birth: Month 5 Day 7 Year 63
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. 8875 N St Rd 267 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. /
6. (a) Full name of applicant's father Walter Dale Fallowfield
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Speedway, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Carolyn Ruth Wagner
   (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 Kathy M. Henline Date 9-28-93

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 Kathy M. Henline
New Address same
Subscribed and sworn to before me this 28th day of Sept, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-28-93 *, authorizing the marriage of* BRENT RICHARD DRAKE *and* KATHY MARIE HENLINE *. I further certify that the following marriage certificate was filed in my office: I,* STEVEN T. REEVES *(name), certify that on* OCTOBER 10, 1993 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* BRENT RICHARD DRAKE *of* HENDRICKS *County* IN *(state), and* KATHY MARIE HENLINE *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-28-93 *. Signed by:* /s/ STEVEN T. REEVES *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-13-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

3165

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 517

HENDRICKS County

File 9-29-93

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 9-20-93
Name of Physician Dr. LaRose

MALE APPLICANT

Name: First Douglas Middle Alan Last Ratliff

Date of Birth: Month 7 Day 21 Year 62

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

Residence Address: 10004 Street or R.R. Lake of Lanterns N 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 Jimmie Edmond Ratliff
   (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 Judith Elaine Leighton
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Fairfield, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Alan Ratliff Date 9-29-93

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 Douglas Alan Ratliff

New Address Same

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

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 Darlene Last Kelly

Date of Birth: Month 2 Day 26 Year 64

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

Residence Address: 10004 Street or R.R. Lake of Lanterns N Dr. City West Indpls County State In.

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

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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Dustin Shock 10 yrs. Samatha Lacy 7 yrs.
6. (a) Full name of applicant's father D Kelly
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) ? N/A
   (b) Full maiden name of applicant's mother Geraldine Patrick
   (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 Debra Darlene Kelly Date 9-29-93

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 Debra Darlene Kelly

New Address Same

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

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-29-93 *, authorizing the marriage of* DOUGLAS ALAN RATLIFF *and* DEBRA DARLENE KELLY *. I further certify that the following marriage certificate was filed in my office: I,* REV. KENNETH SMITH *(name), certify that on* OCTOBER 23, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* DOUGLAS ALAN RATLIFF *of* HENDRICKS *County* IN *(state), and* DEBRA DARLENE 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* 9-29-93 *. Signed by:* /s/ REV. KANNETH SMITH *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-26-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

66

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 518

File

9-29-93
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 9-29-93
Name of Physician R. Harnell, M.D.

MALE APPLICANT

Name: First Billy Middle Harper Last Draffen

Date of Birth: Month 12 Day 20 Year 36

Place of Birth (State or foreign country) Paducah, Ky.

Residence Address: Street or R.R. 12 Wedding Ln. City Plainfield County 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 female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father Cecil Draffen
   (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 Ruhld Irene Harper
   (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 B H Draff 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 B H Draff

New Address —

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

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father — ID # —

Mother — ID # —

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

— Clerk

FEMALE APPLICANT

Name: First Melodye Middle Delight Last Hall

Date of Birth: Month 11 Day 2 Year 43

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

Residence Address: Street or R.R. 3613 Co. Line Rd City No. Salem County 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. —

6. (a) Full name of applicant's father William Madison Godfrey
   (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 Nina Rose Burnett
   (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 Melodye D. Hall Date —

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

Clerk of Court — Date —

State of Indiana)
County of HENDRICKS) ss:

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

Signed Melodye D. Hall

New Address 12 Wedding Lane Plainfield In 46168

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

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father — ID # —

Mother — ID # —

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

— Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-29-93, *authorizing the marriage of* BILLY HARPER DRAFFEN *and* MELODYE DELIGHT HALL. *I further certify that the following marriage certificate was filed in my office: I,* BOYD SELLERS *(name), certify that on* OCTOBER 9, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* — BILLY HARPER DRAFFEN *of* HENDRICKS *County* IN *(state), and* — MELODYE DELIGHT HALL *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-29-93. *Signed by:* /s/ BOYD SELLERS, MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-13-93 *(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

No. 519

HENDRICKS County

File

9-30-93
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 9-30-93
Name of Physician R. Johns, M.D.

MALE APPLICANT

Name: First Kent Middle Anthony Last Mueller
Date of Birth: Month 11 Day 12 Year 69
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. 3616 Twin Springs 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
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Dale Frederick Mueller
   (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 Phyllis Ann Myers
   (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 K A Mueller Date 9/30/93

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 K A Mueller
New Address 9630 WHISPERING WINDS DR INDPLS
Subscribed and sworn to before me this 30th day of Sept, 19 93 46234
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Kari Middle Jean Last Unruh
Date of Birth: Month 6 Day 20 Year 66
Place of Birth (State or foreign country) Urbana, Ill.
Residence Address: Street or R.R. 10 Timberbrook 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 Jack Unruh
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville In.
   Birthplace of father (State or foreign country) Michigan
   (b) Full maiden name of applicant's mother L. Frances Bruce
   (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 Kari J Unruh Date 9/30/93

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 Kari J Unruh
same → New Address _____
Subscribed and sworn to before me this 30th day of Sept, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-30-93 *, authorizing the marriage of* KENT ANTHONY MUELLER *and* KARI JEAN UNRUH *. I further certify that the following marriage certificate was filed in my office: I,* RICHARD A. FRANCIS *(name), certify that on* OCTOBER 30, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* KENT ANTHONY MUELLER *of* HAMILTON *County* IN *(state), and* KARI JEAN UNRUH *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-30-93 *. Signed by:* /s/ RICHARD A. FRANCIS *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 11-5-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

68

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 520

File

9-30-93 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 8/2/89
Name of Physician Robert S Howell, M.D.

MALE APPLICANT

Name: First Eric Middle Richard Last Peterson

Date of Birth: Month 1 Day 17 Year 57

Place of Birth (State or foreign country) Winnipeg Manitoba

Residence Address: Street or R.R. RR 1 Box 72H City Pittsboro County ____ State In.

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

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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Matthew Richard Peterson 9 yrs
   Megan Rae Peterson 7 yrs.
6. (a) Full name of applicant's father Adolf Walbert Peterson
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Dryden, Ontario
   (b) Full maiden name of applicant's mother Alice Cecelia Pelland
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Manitoba, Winnipeg
   Birthplace of mother (State or foreign country) Manitoba

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Peterson Date 9/30/93

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 Eric Peterson

New Address ____

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

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 Dattie Last Sherrow

Date of Birth: Month 7 Day 9 Year 66

Place of Birth (State or foreign country) Lancaster Ky.

Residence Address: Street or R.R. RR 1 Box 72-H City Pittsboro 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 male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children. Briana Renee Nunn 3 yrs.
6. (a) Full name of applicant's father Harry Cecil Sherrow
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Deceased Ky.
   Birthplace of father (State or foreign country) ____
   (b) Full maiden name of applicant's mother Brenda Ann Lee
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Pendleton, 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 Dorothy N. Sherrow Date 9-30-93

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 Dorothy N. Sherrow

New Address ____

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

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father ____ ID # ____

Mother ____ ID # ____

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

____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 9-30-93, *authorizing the marriage of* ERIC RICHARD PETERSON *and* DOROTHY NOREEN SHERROW. *I further certify that the following marriage certificate was filed in my office: I,* VERNON J. STOVER, JR. *(name), certify that on* OCTOBER 9, 1993 *(date), at* PITTSBORO *in* HENDRICKS *County, Indiana,* ERIC RICHARD PETERSON *of* HENDRICKS *County* IN *(state), and* DOROTHY NOREEN SHERROW *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 9-30-93. *Signed by:* /s/ VERNON J. STOVER, JR., MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-12-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 521

HENDRICKS County

File

10-1-93
Date of Application

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

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

MALE APPLICANT

Name First: David Middle: Leon Last: Blackburn

Date of Birth Month: 11 Day: 13 Year: 32

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

Residence Address Street or R.R.: 602 Locust Ln City: Brownsburg County: In. State:

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

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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Albert Blackburn
   (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 Minnie Jean Friend
   (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 L. Blackburn Date 10-1-93

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 David L. Blackburn
New Address
Subscribed and sworn to before me this 1st day of Oct, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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: Edith Last: Roche

Date of Birth Month: 8 Day: 19 Year: 37

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

Residence Address Street or R.R.: 10138 E 33rd St. City: Indpls, In. County: State:

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

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 Thomas Woodrow Davison
   (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 Evelyn Marie Miller
   (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 Mary E. Roche Date 10-1-93

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 Mary E. Roche
New Address
Subscribed and sworn to before me this 1st day of Oct, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-1-93 *, authorizing the marriage of* DAVID LEON BLACKBURN *and* MARY EDITH ROCHE *. I further certify that the following marriage certificate was filed in my office: I,* CINDY SPENCE *(name), certify that on* OCTOBER 1, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* DAVID LEON BLACKBURN *of* HENDRICKS *County* IN *(state), and* MARY EDITH ROCHE *of* MARION *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-1-93 *. Signed by:* /s/ CINDY SPENCE *,* 1ST DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-1-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

70

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 522

HENDRICKS County

File

10-1-93
Date of Application

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

Female Applicant 50 No ☐ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician David Hasley, M.D.

MALE APPLICANT

Name: First Jeff; Middle Darryl; Last Miracle

Date of Birth: Month 11; Day 18; Year 63

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 912C Wedding; City Brook Pkwy.; County Indianapolis; State Marion 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 Darryl F. Miracle
   (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 Patricia Clayton
   (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 ✕ Jeffrey D. Miracle 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 ✕ Jeffrey D. Miracle
New Address Same as above

Subscribed and sworn to before me this 1 day of October, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 Rene; Last Messer

Date of Birth: Month 6; Day 27; Year 66

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 5725 E. 150 N.; 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) Driver's License

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

6. (a) Full name of applicant's father James Worth Messer
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) North Carolina
   (b) Full maiden name of applicant's mother Donna A. Hurst
   (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 ✕ Kelli Rene Messer 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 ✕ Kelli Rene Messer
New Address 912C Wedding Brook Pkwy, Indpls. In 46237

Subscribed and sworn to before me this 1 day of October, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father ID #
Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-1-93 *, authorizing the marriage of* JEFF D. MIRACLE *and* KELLI R. MIRACLE *. I further certify that the following marriage certificate was filed in my office: I,* MYRON BARNARD *(name), certify that on* OCTOBER 9, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* JEFF D. MIRACLE *of* MARION *County* IN *(state), and* KELLI RENE MESSER *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-9-93 *. Signed by:* /s/ MYRON BARNARD *,* JUDGE *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-13-93 *(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

No. 523

HENDRICKS County

File

10-1-93
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 10-1-93
Name of Physician L. Starr, M.D.

MALE APPLICANT

Name: First Richard Middle Eric Last Davis

Date of Birth: Month 3 Day 16 Year 66

Place of Birth (State or foreign country) Ann Arbor Mi.

Residence Address: Street or R.R. 1048 Cedar Glen Dr. City N. Plainfield County State In.

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) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Noelle Davis 6yrs.
6. (a) Full name of applicant's father Richard Louis Davis
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Michigan
   (b) Full maiden name of applicant's mother Rosemary Hamilton
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Jeffersonville, 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 Richard Eric Davis Date 10-1-93

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 Richard Eric Davis

New Address Same

Subscribed and sworn to before me this 1st day of Oct, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Delynn Middle Michele Last Richards

Date of Birth: Month 4 Day 28 Year 70

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

Residence Address: Street or R.R. 1048 Cedar Glen Dr. City N. Plainfield County 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. Carbin Andrew Richards 3yrs.
6. (a) Full name of applicant's father Clinton Wayne Harper
   (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 Carolyn Kaye Buckner
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Fayetteville, N.C.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant Delynn Michele Richards Date 10-1-93

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 Delynn Michele Richards

New Address Same

Subscribed and sworn to before me this 1st day of Oct, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-1-93 *, authorizing the marriage of* RICHARD ERIC DAVIS *and* DELYNN MICHELE RICHARDS *. I further certify that the following marriage certificate was filed in my office: I,* CARL AKARD RILEY *(name), certify that on* OCTOBER 9, 1993 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* RICHARD ERIC DAVIS *of* HENDRICKS *County* IN *(state), and* DELYNN MICHELE RICHARDS *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-9-93 *. Signed by:* /s/ CARL AKARD RILEY *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-14-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

72

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 524

HENDRICKS County

File

10-1-93
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 10-1-93
Name of Physician Robert Deaton, M.D.

MALE APPLICANT

Name: First Daniel Middle Lee Last Griffin

Date of Birth: Month 6 Day 14 Year 52

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

Residence Address: Street or R.R. 1231 Argyle 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 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. Daniel Travis Griffin 11 yrs.
6. (a) Full name of applicant's father William Earl Griffin
   (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 Evelyn Opal Day
   (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 Daniel L Griffin Date 10-1-93

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 Daniel L Griffin

New Address Same

Subscribed and sworn to before me this 1st day of Oct, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Karen Middle Sue Last Simpson

Date of Birth: Month 5 Day 21 Year 53

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

Residence Address: Street or R.R. 1231 Argyle 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 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. Chris Simpson 16 yrs.
   Dustina Simpson 13 yrs.
6. (a) Full name of applicant's father Eldon Ferris Brown
   (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 Helen Louise 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 Karen S. Simpson Date 10-1-93

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 Karen S. Simpson

New Address _____

Subscribed and sworn to before me this 1st day of Oct, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-1-93 *, authorizing the marriage of* DANIEL LEE GRIFFIN *and* KAREN SUE SIMPSON *. I further certify that the following marriage certificate was filed in my office: I,* JAMES D. SPENCER *(name), certify that on* OCTOBER 16, 1993 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* DANIEL LEE GRIFFIN *of* HENDRICKS *County* IN *(state), and* KAREN SUE SIMPSON *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-1-93 *. Signed by:* /s/ JAMES D. SPENCER PLAINFIELD, TOWN COURT JUDGE *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-19-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

73

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 525

File

10-1-93 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 10-1-93
Name of Physician J I Dupler, M.D.

MALE APPLICANT

Name: First Gary Middle Albert Last Walters

Date of Birth: Month 7 Day 27 Year 64

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

Residence Address: Street or R.R. 540 Willow Dr. City Danville County State In.

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 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.
   April Dawn Walters 14yrs.
   Gary Nathaniel Walters 9yrs.
6. (a) Full name of applicant's father Donald Milton Walters
   (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 Jesse Irene Eichmeller
   (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 Gary A Walte Date 10-1-93

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 Gary A. Walters
New Address R.R. #1 Box 257A Bainbridge

Subscribed and sworn to before me this 1st day of Oct, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 Gaynell Last Tutterow

Date of Birth: Month 8 Day 31 Year 64

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

Residence Address: Street or R.R. Rt 2 Box 201-E City Centerville County 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) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Tutterow 7yrs.
   Stephanie Tutterow 5yrs.
6. (a) Full name of applicant's father David Lee Workman
   (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 Allie Joan Jines
   (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 Tracy Tutterow Date 10-1-93

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 Tracy Tutterow
New Address Rt 1 Box 257 A Bainbridge.

Subscribed and sworn to before me this 1st day of Oct, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-1-93, *authorizing the marriage of* GARY ALBERT WALTERS *and* TRACY GAYNELL TUTTEROW. *I further certify that the following marriage certificate was filed in my office: I,* DAVID W. ZYRA *(name), certify that on* OCTOBER 22, 1993 *(date), at* MANSFIELD *in* PARKE *County, Indiana,* GARY ALBERT WALTERS *of* HENDRICKS *County* IN *(state), and* TRACY GAYNELL TUTTEROW *of* PUTNAM *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-1-93. *Signed by:* /s/ DAVID W. ZYRA, PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-25-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

74

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 526

HENDRICKS County

File

10-4-93
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 9-29-93
Name of Physician William ? M.D.

MALE APPLICANT

Name First Carl Middle Estel Last Grimes

Date of Birth Month 2 Day 28 Year 63

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

Residence Address Street or R.R. RR 1 Box 538 Lot 1-A City Camby County State In.

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

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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Grimes
   (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 Lou Stedens
   (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 Carl E Estel Grimes Date 10-4-93

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 Carl E Estel Grimes

New Address Same

Subscribed and sworn to before me this 4th day of Oct, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 Lea Last Westenhofer

Date of Birth Month 11 Day 22 Year 59

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

Residence Address Street or R.R. RR 1 Box 538-Lot 1-A City Camby 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 Lawrence Donofria
   (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 Gloria Faye Watson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Camby, In.
   Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

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

Signature of Applicant Teresa Lea Westenhofer Date 10-4-93

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 Lea Westenhofer

New Address Same as above.

Subscribed and sworn to before me this 4th day of Oct, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-4-93 *, authorizing the marriage of* CARL ESTEL GRIMES *and* TERESA LEA WESTENHOFER *. I further certify that the following marriage certificate was filed in my office: I,* BILLY J. GOTT *(name), certify that on* OCTOBER 23, 1993 *(date), at* CAMBY *in* MORGAN *County, Indiana,* CARL ESTEL GRIMES *of* HENDRICKS *County* IN *(state), and* TERESA LEA WESTENHOFER *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-4-93 *. Signed by:* /s/ BILLY J. GOTT *,* REV. O.M. *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-26-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 527

HENDRICKS County

File 10-4-93
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 9-2-93
Name of Physician Virginia Caine, M.D.

MALE APPLICANT

Name: First Kent Middle Allen Last Devine
Date of Birth: Month 2 Day 16 Year 60
Place of Birth (State or foreign country) Vincennes In.
Residence Address: Street or R.R. 452 Pickett 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 Jerry Lee Devine
   (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 Naomi Ruth Masters
   (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 Kent A. Devine Date 10-4-93

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 Kent A. Devine
New Address same
Subscribed and sworn to before me this 4th day of Oct, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 Lee Last McKillrick
Date of Birth: Month 12 Day 11 Year 62
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R.R. 452 Pickett 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 Robert Lee McKillrick
   (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 Barbara Ruskey
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, 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 Michele McKillrick Date 10/4/93

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 Michele McKillrick
New Address same
Subscribed and sworn to before me this 4th day of Oct, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-22-93, *authorizing the marriage of* KENT ALLEN DEVINE *and* MICHELE LEE McKILLRICK. *I further certify that the following marriage certificate was filed in my office: I,* CINDY SPENCE *(name), certify that on* OCTOBER 22, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* KENT ALLEN DEVINE *of* HENDRICKS *County* IN *(state), and* MICHELE LEE McKILLRICK *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-22-93. *Signed by:* /s/ CINDY SPENCE, 1ST DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-22-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

76

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 528

HENDRICKS County

File

10-4-93
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 7-29-93
Name of Physician A. Adler, M.D.

MALE APPLICANT

Name: First Michael Middle Lloyd Last Spangler

Date of Birth: Month 12 Day 29 Year 69

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

Residence Address: Street or R.R. 890 Ridgewood Dr. #206-C City Plainfield County State In

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

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

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

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

6. (a) Full name of applicant's father Charles Lloyd Spangler
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Kokomo In
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Arlena Plumley
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Kokomo, In.
   Birthplace of mother (State or foreign country) West Virginia

ACKNOWLEDGMENT

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

Signature of Applicant Michael L. Spangler Date 10/4/93

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 Michael L. Spangler

New Address Same

Subscribed and sworn to before me this 4th day of Oct, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 Parente

Date of Birth: Month 7 Day 26 Year 70

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

Residence Address: Street or R.R. 11911 Wain Wright City Fishers 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 Michael Bert Parente
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Fishers, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Jane Evon Seward
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Fishers, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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. Parente Date 10/4/93

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 Cynthia M. Parente

New Address 890 Ridgewood Dr #206-C Plainfield, In

Subscribed and sworn to before me this 4th day of Oct, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-4-93, *authorizing the marriage of* MICHAEL LLOYD SPANGLER *and* CYNTHIA MARIE PARENTE. *I further certify that the following marriage certificate was filed in my office: I,* MARLE E. WRIGHT *(name), certify that on* OCTOBER 23, 1993 *(date), at* CARMEL *in* HAMILTON *County, Indiana,* MICHAEL LLOYD SPANGLER *of* HENDRICKS *County* IN *(state), and* CYNTHIA MARIE PARENTE *of* HAMILTON *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-23-93. *Signed by:* /s/ MARLE E. WRIGHT, MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-26-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

77

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 529

HENDRICKS County

File 10-4-93
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 9-27-93
Name of Physician Barbara Kalcalder, M.D.

MALE APPLICANT

Name: First Jeffrey Middle Allen Last Thompson
Date of Birth: Month 11 Day 11 Year 55
Place of Birth (State or foreign country) Lafayette In
Residence Address: Street or R.R. 5562 W 650 S City No. 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 Richard Allen Thompson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) No. Salem, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Clara Maude Wilson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) No. 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 Jeffrey C. Thompson Date 10/4/93

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 Jeffrey C Thompson
New Address 7 Midland Court, Danville, IN 46122
Subscribed and sworn to before me this 4th day of Oct, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 Mounts
Date of Birth: Month 6 Day 5 Year 67
Place of Birth (State or foreign country) Evansville, In.
Residence Address: Street or R.R. 7 Midland 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. /

(a) Full name of applicant's father Richard Otto Mounts
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Evansville, In.
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Dolores Lucille Ubelaker
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Evansville, In.
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Michelle M. Mounts Date 10-4-93

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Michelle M. Mounts
New Address same as above
Subscribed and sworn to before me this 4th day of Oct, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-4-93 *, authorizing the marriage of* JEFFREY ALLEN THOMPSON *and* MICHELLE MARIE MOUNTS *. I further certify that the following marriage certificate was filed in my office: I,* MARK W. MILLER *(name), certify that on* OCTOBER 16, 1993 *(date), at* GREENCASTLE *in* PUTNAM *County, Indiana,* JEFFREY ALLEN THOMPSON *of* HENDRICKS *County* IN *(state), and* MICHELLE MARIE MOUNTS *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-16-93 *. Signed by:* /s/ MARK W. MILLER *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-20-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

78

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 530

HENDRICKS County

File

10.5.93
Date of Application

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

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

MALE APPLICANT

Name: First Bill Middle Eric Last Branson
Date of Birth: Month 4 Day 11 Year 68
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 2701 S Rvera 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 Bill Jack Branson
   (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 Patsy Louise Burnett
   (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 X B. Eric Branson Date 10-5-93

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X B. Eric Branson
New Address _____
Subscribed and sworn to before me this 5 day of Oct., 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 Jean Last Wood
Date of Birth: Month 4 Day 10 Year 54
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 330 W. Clinton St City Danville County State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
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. Amy, Jarrod, Justin Jeremy
6. (a) Full name of applicant's father Elmer Eugene Cook
   (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 Virginia Carolyn Clark
   (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 Deborah J. Wood Date 10-5-93

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Deborah J. Wood
New Address Same as above
Subscribed and sworn to before me this 5 day of Oct., 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-5-93 *, authorizing the marriage of* BILL ERIC BRANSON *and* DEBORAH JEAN WOOD *. I further certify that the following marriage certificate was filed in my office: I,* C. DOUGLAS SOUTHWOOD *(name), certify that on* OCTOBER 8, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* BILL ERIC BRANSON *of* MARION *County* IN *(state), and* DEBORAH JEAN 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* 10-5-93 *. Signed by:* /s/ REV. C. DOUGLAS SOUTHWOOD *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-14-93 *(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. 531

File

10-5-93
Date of Application

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

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

MALE APPLICANT

Name: First George Middle H Last Hoffman

Date of Birth: Month 7 Day 23 Year 23

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 1824 Hopi 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): 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 Basil Joseph Hoffman
   (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 Mary Ellen Kellams
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) deceased
   Birthplace of mother (State or foreign country)

ACKNOWLEDGMENT

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

X Signature of Applicant George H. Hoffman Date 10-5-93

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 10

State of Indiana)
County of HENDRICKS) ss:

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

X Signed George H. Hoffman
New Address

Subscribed and sworn to before me this 5th day of Oct, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 A Last Ramsey

Date of Birth: Month 10 Day 2 Year 28

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 1101 Heatherwood 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 male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Guy Nelson Austin Sr.
   (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 Lola Belle Cook
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) deceased
   Birthplace of mother (State or foreign country)

ACKNOWLEDGMENT

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

X Signature of Applicant Sarah A. Ramsey Date 10-5-93

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

X Signed Sarah A. Ramsey
New Address

Subscribed and sworn to before me this 5th day of Oct, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father ID #
Mother ID #

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-5-93 *, authorizing the marriage of* GEORGE H. HOFFMAN *and* SARAH ANN RAMSEY *. I further certify that the following marriage certificate was filed in my office: I,* DEBRA A. HEDRICK *(name), certify that on* OCTOBER 20, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* GEORGE H. HOFFMAN *of* HENDRICKS *County* IN *(state), and* SARAH ANN RAMSEY *of* MARION *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-20-93 *. 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* 10-20-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

80

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 532

HENDRICKS County

File

10-6-93
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 9-17-93
Name of Physician R. Howell, M.D.

MALE APPLICANT

Name: First Joseph Middle Patrick Last McKinley

Date of Birth: Month 4 Day 20 Year 61

Place of Birth (State or foreign country) St. Louis Mo

Residence Address: 10319 Street or R.R. Terri Ln. City Brunsburg County State In.

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

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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Arthur McKinley
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Mattiesville, Ky.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Janet Lee Schindler
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, 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 Joseph P. McKinley 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 Joseph P. McKinley

New Address SAME

Subscribed and sworn to before me this 7th day of Oct, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father ID #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Vikki Middle Lynnette Last England

Date of Birth: Month 7 Day 7 Year 64

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

Residence Address: 10319 Street or R.R. Terri Ln. City Brunsburg County State In.

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

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

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

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

6. (a) Full name of applicant's father Victor H. Fields
   (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 Pearlie Napier
   (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 Vikki L. England Date 10/6/93

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 Vikki L. England

New Address Same

Subscribed and sworn to before me this 6th day of Oct, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father ID #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-6-93 *, authorizing the marriage of* JOSEPH PATRICK McKINLEY *and* VIKKI LYNNETTE ENGLAND *. I further certify that the following marriage certificate was filed in my office: I,* CHESTER A. MAYFLOWER *(name), certify that on* OCTOBER 16, 1993 *(date), at* SPEEDWAY *in* MARION *County, Indiana,* JOSEPH PATRICK McKINLEY *of* HENDRICKS *County* IN *(state), and* VIKKI LYNNETTE ENGLAND *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-16-93 *. Signed by:* /s/ CHESTER A. MAYFLOWER *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-27-93 *(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. 533

File

10-6-93
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 10-6-93
Name of Physician M. Dentzig, M.D.

MALE APPLICANT

Name First: Donald Middle: Edward Last: Hamilton
Date of Birth Month: 8 Day: 12 Year: 63
Place of Birth (State or foreign country): Martinsville, In.
Residence Address Street or R.R.: Box 68 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) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Donald Lee Hamilton
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Martinsville, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Betty Kay Poe
   (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 Donald E Hamilton Date 10-6-93

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 Donald E Hamilton
New Address same
Subscribed and sworn to before me this 6th day of Oct, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name First: Marilee Middle: Jo Last: Galyan
Date of Birth Month: 8 Day: 25 Year: 66
Place of Birth (State or foreign country): Martinsville, In.
Residence Address Street or R.R.: Box 68 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) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Kent Galyan
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brooklyn, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Patricia Eileen Dillender
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brooklyn, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Marilee Galyan Date 10-6-93

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 Marilee Galyan
New Address same
Subscribed and sworn to before me this 6th day of Oct, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-6-93 *, authorizing the marriage of* DONALD EDWARD HAMILTON *and* MARILEE JO GALYAN *. I further certify that the following marriage certificate was filed in my office: I,* JEFF CASTETTER *(name), certify that on* OCTOBER 8, 1993 *(date), at* BROOKLYN *in* MORGAN *County, Indiana,* DONALD EDWARD HAMILTON *of* HENDRICKS *County* IN *(state), and* MARILEE JO GALYAN *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-8-93 *. Signed by:* /s/ JEFF CASTETTER *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-20-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

82

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 534

File

10-7-93 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 10-7-93
Name of Physician ? M.D.

MALE APPLICANT

Name: First Roger Middle Wayne Last Eckert
Date of Birth: Month 9 Day 24 Year 1963
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 890 Ridgewood Dr. Apt. 106B 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 1993
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. Benjamin Eckert 11
   Evan Eckert 2
6. (a) Full name of applicant's father Russell L. Eckert
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Loretta Blount
   (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 W. Eckert Date 10-7-93

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 Roger W. Eckert
New Address Same as Above
Subscribed and sworn to before me this 7 day of October, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 Dieckman
Date of Birth: Month 8 Day 12 Year 1963
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 890 Ridgewood Dr. Apt 203B City Plainfield County Hendricks State Indiana
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1989
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) 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 Dieckman 11
   Robert Dieckman 10
6. (a) Full name of applicant's father Theodore L. Wolf, 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 Catherine Turner
   (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 Donna J. Dieckman Date 10-7-93

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 Donna J. Dieckman
New Address _____
Subscribed and sworn to before me this 7 day of October, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-7-93 *, authorizing the marriage of* ROGER WAYNE ECKERT *and* DONNA JEAN DEICKMAN *. I further certify that the following marriage certificate was filed in my office: I,* DONALD A. SCHUTT *(name), certify that on* OCTOBER 24, 1993 *(date), at* LAWRENCE *in* MARION *County, Indiana,* ROGER WAYNE ECKERT *of* HENDRICKS *County* IN *(state), and* DONNA JEAN DEICKMAN *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-7-93 *. Signed by:* /s/ DONALD A. SCHUTT *,* ORDAINED ELDER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-26-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

83

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 535

HENDRICKS County

File

10-7-93
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 10-7-93
Name of Physician J. Kerlen, M.D.

MALE APPLICANT

Name: First John Middle Owen Last Kennedy

Date of Birth: Month 2 Day 15 Year 55

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

Residence Address: Street or R.R. RR 1 Box 4G City Lizton, County, 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) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Dana Jo Kennedy 16 yrs.
6. (a) Full name of applicant's father Dick E. Kennedy, Sr.
   (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 Johnette Leach
   (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 John Kennedy Date 10-7-93

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed John Kennedy
New Address Same
Subscribed and sworn to before me this 7 day of 10, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 Sue Last Ganstine

Date of Birth: Month 9 Day 5 Year 67

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

Residence Address: Street or R.R. RR 1 Box 4G 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 male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Carlin Lee Ganstine
   (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 Karen Francine Stephens
   (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 Becky S. Ganstine Date 10-7-93

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 Becky S. Ganstine
New Address SAME
Subscribed and sworn to before me this 7 day of 10-7, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-7-93, *authorizing the marriage of* JOHN OWEN KENNEDY *and* BECKY SUE GANSTINE. *I further certify that the following marriage certificate was filed in my office: I,* VERNON J. STOVER, JR. *(name), certify that on* OCTOBER 9, 1993 *(date), at* GREENWOOD *in* JOHNSON *County, Indiana,* _____ JOHN OWEN KENNEDY *of* HENDRICKS *County* IN *(state), and* _____ BECKY SUE GANSTINE *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-7-93. *Signed by:* /s/ VERNON J. STOVER, JR., MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-12-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

84

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 536

HENDRICKS County

File

10-7-93
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 10-7-93
Name of Physician H. McCullough M.D.

MALE APPLICANT

Name: First Bradley Middle Wayne Last Harman

Date of Birth: Month 6 Day 10 Year 60

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

Residence Address: Street or R.R. 777 W. Morris St. City Plainfield County 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) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Wayne Harman 11 yrs.
6. (a) Full name of applicant's father Donald Keith Harman
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Patriot, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Beverly Jean Roberts
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Patriot, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 W. Harman Date 10-7-93

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 Bradley W. Harman

New Address SAME

Subscribed and sworn to before me this 7th day of Oct, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 Louise Last Weddell

Date of Birth: Month 3 Day 6 Year 69

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

Residence Address: Street or R.R. 777 W Morris St City Plainfield County 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. Megan Marie Fatlack 6 yrs.
   Amanda Hope Weddell 3 yrs.
6. (a) Full name of applicant's father Jerry Dean Fatlack
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Hayden In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Dina Marie Rhodes
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Taylorsville, 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 Sandra R. Weddell Date Oct. 7, 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 Sandra R. Weddell

New Address SAME

Subscribed and sworn to before me this 7th day of Oct, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-7-93 *, authorizing the marriage of* BRADLEY WAYNE HARMAN *and* SANDRA LOUISE WEDDELL *. I further certify that the following marriage certificate was filed in my office: I,* RICHARD W. SPENGLER *(name), certify that on* OCTOBER 9, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* BRADLEY WAYNE HARMAN *of* HENDRICKS *County* IN *(state), and* SANDRA LOUISE WEDDELL *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-7-93 *. Signed by:* /s/ REV. RICHARD W. SPENGLER *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-12-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

85

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 537

HENDRICKS County

File 10-7-93
Date of Application

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

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

MALE APPLICANT

Name: First David Middle R Last Bechinski

Date of Birth: Month 10 Day 1 Year 69

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R.R. 6284 W. Bleck Rd. City LaPorte County State IN

Previous Marital Status: 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 J Bechinski
   (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 Darlene A. Dodd
   (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 David R. Bechinski Date 10-7-93

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.

X Signed David R. Bechinski
New Address 6930 Idlewood Ct. N. # 1504

Subscribed and sworn to before me this 7th day of Oct, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

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

FEMALE APPLICANT

Name: First Jennifer Middle L. Last Hickam

Date of Birth: Month 4 Day 1 Year 70

Place of Birth (State or foreign country): Mass.

Residence Address: Street or R.R. 529 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

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

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

6. (a) Full name of applicant's father Michael Jean Hickam
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Missouri Indiana
   Birthplace of father (State or foreign country) Missouri
   (b) Full maiden name of applicant's mother Kathryn Sue Davis
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Missouri

ACKNOWLEDGMENT

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

X Signature of Applicant Jennifer L. Hickam Date 10-7-93

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.

X Signed Jennifer Hickam
New Address 518 Wayside Ct. Plainfield

Subscribed and sworn to before me this 7th day of Oct, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-7-93 *, authorizing the marriage of* DAVID RONALD BECHINSKI *and* JENNIFER L. HICKAM *. I further certify that the following marriage certificate was filed in my office: I,* FR. LEOPOLD R. KEFFLER *(name), certify that on* OCTOBER 16, 1993 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* DAVID RONALD BECHINSKI *of* LA PORTE *County* IN *(state), and* JENNIFER L. HICKAM *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-7-93 *. Signed by:* /s/ FR. LEOPOLD R. KEFFLER *,* PRIEST *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-22-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

86

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 538

File

10-8-93
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 10-6-93
Name of Physician Anne Bueter M.D.

MALE APPLICANT

Name First: Rodney Middle: Ray Last: Sullivan
Date of Birth Month: 4 Day: 19 Year: 62
Place of Birth (State or foreign country): Terre Haute, In.
Residence Address Street or R.R.: 6370 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
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Ray Sullivan
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Barbara Ruth Mowery
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Rodney R. Sullivan Date 10.8.93

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 Rodney R. Sullivan
New Address SAME
Subscribed and sworn to before me this 8th day of Oct, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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: Lyn Last: McCoy
Date of Birth Month: 2 Day: 27 Year: 67
Place of Birth (State or foreign country): Silver Springs, Maryland
Residence Address Street or R.R.: 6370 Crystal Spgs 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 Richard Lee McCoy
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Fiesters, In.
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of applicant's mother Mary Jane Elizabeth Ann Schulze
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Fiesters, 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 Michele L. McCoy Date 10-8-93

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 Michele L. McCoy
New Address SAME
Subscribed and sworn to before me this 8th day of Oct, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-8-93, *authorizing the marriage of* RODNEY RAY SULLIVAN *and* MICHELE LYN McCOY. *I further certify that the following marriage certificate was filed in my office: I,* CHARLES R. ARMSTRONG *(name), certify that on* OCTOBER 23, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* RODNEY RAY SULLIVAN *of* HENDRICKS *County* IN *(state), and* MICHELE LYN McCOY *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-23-93. *Signed by:* /s/ CHARLES R. ARMSTRONG, SENIOR MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-26-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

87

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 539

HENDRICKS County

File

10-8-93
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 10-8-93
Name of Physician Wm Edwards, M.D.

MALE APPLICANT

Name: First Frederick Middle Franklin Last Freeman
Date of Birth: Month 9 Day 19 Year 53
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. 2559 W Morris St. City Plainfield County State In
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
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.
   Michelle Nicole Freeman 15yrs.
   Kyle Franklin Freeman 8yrs.
6. (a) Full name of applicant's father Donald Franklin Freeman
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville, In.
   Birthplace of father (State or foreign country) Alabama
   (b) Full maiden name of applicant's mother Martha Bernice 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 Frederick Franklin Freeman Date 10-8-93

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 Frederick Franklin Freeman
New Address SAME
Subscribed and sworn to before me this 8th day of Oct, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 Jane Last Smith
Date of Birth: Month 6 Day 26 Year 52
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. 1420 Rose Ct City Plainfield County State In
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1984
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Jana Kaylee Smith 19 yrs.
   Bradley Scott Smith 13 yrs.
6. (a) Full name of applicant's father Leroy Gerald Callahan
   (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 Mary Kathleen Burns
   (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 Martha Jane Smith Date 10-8-93

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 Martha Jane Smith 10-8-93
New Address 2559 W Morris St Plainfield In
Subscribed and sworn to before me this 8th day of Oct, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-8-93 *, authorizing the marriage of* FREDERICK FRANKLIN FREEMAN *and* MARTHA JANE SMITH *. I further certify that the following marriage certificate was filed in my office: I,* STEPHEN WHITE *(name), certify that on* OCTOBER 16, 1993 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* FREDERICK FRANKLIN FREEMAN *of* HENDRICKS *County* IN *(state), and* MARTHA JANE 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* 10-16-93 *. Signed by:* /s/ STEPHEN WHITE *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-19-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

88

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 540

File

10-11-93
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 8-19-93
Name of Physician Dr. Roger K. Core

MALE APPLICANT

Name: First William Middle Douglas Last Jared
Date of Birth: Month 5 Day 18 Year 70
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. P.O. Box 273 City Coatesville County Hendricks State In.
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☑ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. none
6. (a) Full name of applicant's father William L. Jared
   (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 Glenda J. Harding
   (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 William D. Jared Date 10/11/93

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 William D. Jared
New Address Same
Subscribed and sworn to before me this 11th day of October, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Kerry Middle Ann Last Amos
Date of Birth: Month 10 Day 19 Year 71
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. P.O. Box 273 City Coatesville County Hendricks State In.
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☑ Birth Certificate ☐ Other (Specify)

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Kerry Amos Date 10/11/93

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 Kerry Amos
New Address Same
Subscribed and sworn to before me this 11th day of October, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-11-93 *, authorizing the marriage of* WILLIAM D. JARED *and* KERRY A. AMOS *. I further certify that the following marriage certificate was filed in my office: I,* SHELDON L. GRAME *(name), certify that on* OCTOBER 16, 1993 *(date), at* WEST NEWTON *in* MARION *County, Indiana,* WILLIAM D. JARED *of* HENDRICKS *County* IN *(state), and* KERRY A. AMOS *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-16-93 *. Signed by:* /s/ SHELDON L. GRAME *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-19-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

89

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 541

HENDRICKS County

File

10-11-93
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. Heagy

MALE APPLICANT

Name: First Leo Middle F Last Manley

Date of Birth: Month 3 Day 4 Year 70

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 56 Hickory 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) 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 Leo Michael Manley
   (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 Patricia Ann Bauer
   (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 Leo F. Manley Date 10-11-93

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.

X Signed Leo F. Manley

New Address SAME

Subscribed and sworn to before me this 11 day of OCTOBER, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 M Last Boda

Date of Birth: Month 9 Day 29 Year 70

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 56 Hickory 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) Drivers License

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

ACKNOWLEDGMENT

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

X Signature of Applicant Julie M. Boda Date 10/11/93

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.

X Signed Julie M. Boda

New Address same as above

Subscribed and sworn to before me this 11 day of October, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-11-93 *, authorizing the marriage of* LEO F. MANLEY *and* JULIE M. BODA *. I further certify that the following marriage certificate was filed in my office: I,* REV. JOSEPH F. SCHAEDEL *(name), certify that on* NOVEMBER 13, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* LEO F. MANLEY *of* HENDRICKS *County* IN *(state), and* JULIE M. BODA *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-11-93 *. 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* 11-17-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

90

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 542

File

10-11-93
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 9-21-93
Name of Physician V. Pizzato, M.D.

MALE APPLICANT

Name: First Lance Middle Edward Last Kennedy
Date of Birth: Month 3 Day 8 Year 70
Place of Birth (State or foreign country) Danville, In.
Residence Address: Street or R.R. 8044 W County Rd 800 N City N. Salem County State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Ronald Allen Kennedy
   (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 Mary Esther Graham
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) N. 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 Lance Kennedy Date 10-11-93

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 Lance Kennedy
New Address Same
Subscribed and sworn to before me this 11 day of 10, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Joanna Middle — Last Burgan
Date of Birth: Month 11 Day 17 Year 73
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. 8044 W County Rd 800 N City N. Salem County State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☒ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Tommy Hugh Burgan
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Lizton, In.
   Birthplace of father (State or foreign country) Va.
   (b) Full maiden name of applicant's mother Mary Arden Blackburn
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Lizton, 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 Joanna Burgan Date 10-11-93

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 Joanna Burgan
New Address Same
Subscribed and sworn to before me this 11 day of 10, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-11-93 *, authorizing the marriage of* LANCE EDWARD KENNEDY *and* JOANNA BURGAN *. I further certify that the following marriage certificate was filed in my office: I,* KENNETH R. PAQUIN *(name), certify that on* OCTOBER 23, 1993 *(date), at* NORTH SALEM *in* HENDRICKS *County, Indiana,* LANCE EDWARD KENNEDY *of* HENDRICKS *County* IN *(state), and* JOANNA BURGAN *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-11-93 *. Signed by:* /s/ KENNETH R. PAQUIN *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-26-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 543

File

10-11-93
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 10-11-93
Name of Physician Thomas N. Black, M.D.

MALE APPLICANT

Name: First Kevin Middle Daniel Last Thomas
Date of Birth: Month 3 Day 6 Year 58
Place of Birth (State or foreign country) W. Palm Beach, Fla.
Residence Address: Street or R.R. 5160 W 150 S. City Danville, County, State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Thomas Date 10/11/93

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 Kevin Thomas
New Address Same
Subscribed and sworn to before me this 11th day of Oct, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Lisa Middle Kay Last Cubel
Date of Birth: Month 5 Day 29 Year 70
Place of Birth (State or foreign country) Kokomo, In.
Residence Address: Street or R.R. 5160 W 150 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 David Greer Cubel
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Sharpesville, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Barbara Kay Ramseyer
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Sharpesville, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Th. Cubel Date 10-11-93

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 Lisa Th. Cubel
New Address Same
Subscribed and sworn to before me this 11th day of Oct, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-11-93 *, authorizing the marriage of* KEVIN DANIEL THOMAS *and* LISA KAY CUBEL *. I further certify that the following marriage certificate was filed in my office: I,* HARRY E. CUBEL *(name), certify that on* OCTOBER 30, 1993 *(date), at* GROOMSVILLE *in* TIPTON *County, Indiana,* KEVIN DANIEL THOMAS *of* HENDRICKS *County* IN *(state), and* LISA KAY CUBEL *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-11-93 *. Signed by:* /s/ HARRY E. CUBEL *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 11-8-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

92

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 544

HENDRICKS County

File

10-12-93 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 10-5-93
Name of Physician S. Seeger, D.O.

MALE APPLICANT

Name: First James Middle Louis Last Zore

Date of Birth: Month 3 Day 18 Year 37

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

Residence Address: Street or R.R. 1326 N. Mickland City Indianapolis County Marion 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 John Zore 17 yrs.
6. (a) Full name of applicant's father John L. Zore
   (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 Annamarie Wiegand
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant James L Zore Date 10-12-93

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 L Zore

New Address _____

Subscribed and sworn to before me this 12th day of Oct, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 Kay Last Clodfelder

Date of Birth: Month 7 Day 21 Year 43

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

Residence Address: Street or R.R. 624 Quail Ridge City N. Plainfield County _____ State In.

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

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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 James Jones
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Litchfield, Ill.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Geraldine Bellamy
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Litchfield, 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 Judith Kay Clodfelder Date 10-12-93

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 Judith Kay Clodfelder

New Address _____

Subscribed and sworn to before me this 12th day of Oct, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-12-93 *, authorizing the marriage of* JAMES LOUIS ZORE *and* JUDITH KAY CLODFELDER *. I further certify that the following marriage certificate was filed in my office: I,* STEVAN W. RANSON *(name), certify that on* OCTOBER 15, 1993 *(date), at* CLAYTON *in* HENDRICKS *County, Indiana,* JAMES LOUIS ZORE *of* MARION *County* IN *(state), and* JUDITH KAY CLODFELDER *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-18-93 *. Signed by:* /s/ STEVAN W. RANSON *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-19-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

93

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 545

HENDRICKS County

File

10-12-93
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 K. Beardon 905 Southfield Dr. Ptfd.

MALE APPLICANT

Name: First Gregory Middle Kent Last Perry
Date of Birth: Month 9 Day 25 Year 60
Place of Birth (State or foreign country) Georgia
Residence Address: Street or R.R. RR 2 Box 468 City PO Box 141 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 Norman Lee Perry
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Clayton IN
   Birthplace of father (State or foreign country) Indpls IN
   (b) Full maiden name of applicant's mother Janet Lee Slorp
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Clayton 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 X Greg Perry Date

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Greg Perry
New Address Same as above
Subscribed and sworn to before me this 12 day of Oct, 19 93
Connie Ingram Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 Ellen Last Hassell
Date of Birth: Month Day Year
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. PO Box 198 City Clayton County IN State
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Bruner
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN ? - Ptfd.
   Birthplace of father (State or foreign country)
   (b) Full maiden name of applicant's mother Mary Hassell
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Ptfd 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 X Susan Hassell 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 Susan Hassell
New Address
Subscribed and sworn to before me this 12 day of Oct, 19 93
Connie Ingram Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 1-800-382-6702 1477

94

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 546

HENDRICKS County

File

10-12-93
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 9-23-93
Name of Physician Shahed Akhar, MD

MALE APPLICANT

MEMON

Name: First Kamran Middle Ali Last Memon

Date of Birth: Month 3 Day 29 Year 69

Place of Birth (State or foreign country) Washington, D.C.

Residence Address: Street or R.R. 304 1/2 Shaw 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 Ali Nawaz Memon
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Maryland
   Birthplace of father (State or foreign country) Pakistan
   (b) Full maiden name of applicant's mother Begja Sultana Memon
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Maryland
   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 Kamran Memon Date 10-12-93

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 Kamran Memon

New Address _____

Subscribed and sworn to before me this 12th day of Oct, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Sadia Middle – Last Warsi

Date of Birth: Month 4 Day 8 Year 70

Place of Birth (State or foreign country) India

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) Passport, ID Card, Hospital Card, 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 Shaukat Ali Warsi
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Saudia Arabia
   Birthplace of father (State or foreign country) India
   (b) Full maiden name of applicant's mother Azra Farooq
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Saudi Arabia
   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 Sadia Warsi Date 10-12-93

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 Sadia Warsi

New Address _____

Subscribed and sworn to before me this 12th day of Oct, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-12-93 *, authorizing the marriage of* KAMRAN ALI MEMON *and* SADIA WARSI *. I further certify that the following marriage certificate was filed in my office: I,* CINDY SPENCE *(name), certify that on* OCT. 12, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* KAMRAN ALI MEMON *of* HENDRICKS *County* IN *(state), and* SADIA WARSI *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-12-93 *. Signed by:* /s/ CINDY SPENCE, 1st DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-12-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

95

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 547

HENDRICKS County

File 10-13-93
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. Bearden

MALE APPLICANT

Name: First Frederick Middle C Last Arrington
Date of Birth: Month 5 Day 25 Year 69
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 970 St. Andrews 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 female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Arrington
   (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 Wilmetta Trackwell
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

X Signature of Applicant [signature] Date 10-13-93

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 [signature]
New Address

Subscribed and sworn to before me this 13th day of Oct, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

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

FEMALE APPLICANT

Name: First Ute Middle Last White
Date of Birth: Month 1 Day 15 Year 58
Place of Birth (State or foreign country) Germany
Residence Address: Street or R.R. 970 St. Andrews Dr. City Plainfield County State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) 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. Kathryn, Sabrina
6. (a) Full name of applicant's father N/A
   (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 Renate Eichhorn
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Germany
   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).

X Signature of Applicant Ute White Date 10-13-93

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 Ute White
New Address

Subscribed and sworn to before me this 13th day of Oct, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10/13/93 *, authorizing the marriage of* FREDERICK C ARRINGTON *and* UTE WHITE *. I further certify that the following marriage certificate was filed in my office: I,* DEBRA A HEDRICK *(name), certify that on* 10/13/93 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* FREDERICK C ARRINGTON *of* HENDRICKS *County* INDIANA *(state), and* UTE WHITE *of* HENDRICKS *County* INDIANA *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10/13/93 *. Signed by:* DEBRA A HEDRICK *,* 1st DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10/13/93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

96

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 548

HENDRICKS County

File

10-13-93
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 Thomas Black

MALE APPLICANT

Name: First Michael Middle Lee Last Rief

Date of Birth: Month 6 Day 23 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 2-91

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 female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Rief
   (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 Judith Ann Cash
   (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 Michael Lee Rief 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 Michael Lee Rief

New Address

Subscribed and sworn to before me this 13 day of Oct., 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Bridgette Middle Ann Last Kleinmann

Date of Birth: Month 6 Day 15 Year 70

Place of Birth (State or foreign country) Ohio

Residence Address: Street or R.R. PO Box 181 City Coatesville 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 George John Kleinmann
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Coatesville IN
   Birthplace of father (State or foreign country) OHIO
   (b) Full maiden name of applicant's mother Marie Maureen Liedhegner
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Coatesville 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 X Bridgette Ann Klein 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 Bridgette Ann Klein

New Address

Subscribed and sworn to before me this 13 day of Oct., 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-13-93 *, authorizing the marriage of* MICHAEL LEE RIEF *and* BRIDGETTE ANN KLEINMANN *. I further certify that the following marriage certificate was filed in my office: I,* REV. DAVID OSBORNE *(name), certify that on* OCTOBER 23, 1993 *(date), at* COATESVILLE *in* HENDRICKS *County, Indiana,* MICHAEL LEE RIEF *of* HENDRICKS *County* IN *(state), and* BRIDGETTE ANN KLEINMANN *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-23-93 *. Signed by:* /s/ REV. DAVID W. OSBORNE *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-26-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

97

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 549

HENDRICKS County

File 10-13-93
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 10-13-93
Name of Physician J. M. Poe, M.D.

MALE APPLICANT

Name: First James Middle Andrew Last Oliver
Date of Birth: Month 11 Day 15 Year 30
Place of Birth (State or foreign country) Bloomington, In.
Residence Address: Street or R.R. 203 West St. City N. Salem 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.
6. (a) Full name of applicant's father Levi N. Oliver
   (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 Helen Stakes
   (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 James A. Oliver Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed James A. Oliver
New Address same
Subscribed and sworn to before me this 13th day of Oct, 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 Barbara Middle Louise Last Ebert
Date of Birth: Month 9 Day 1 Year 45
Place of Birth (State or foreign country) Lebanon, In.
Residence Address: Street or R.R. 3832 Fawn Dr. Apt 2-B City Indpls. 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 male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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. Hall
   (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 E. Stewart
   (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 Barbara L. Ebert 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 Barbara L. Ebert
New Address 203 West St North Salem, In 46165
Subscribed and sworn to before me this 13th day of Oct, 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* 10-13-93, *authorizing the marriage of* JAMES ANDREW OLIVER *and* BARBARA LOUISE EBERT. *I further certify that the following marriage certificate was filed in my office: I,* REV. TONY RIGGEN *(name), certify that on* OCTOBER 16, 1993 *(date), at* NORTH SALEM *in* HENDRICKS *County, Indiana,* JAMES ANDREW OLIVER *of* HENDRICKS *County* IN *(state), and* BARBARA LOUISE EBERT *of* MARION *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-16-93. *Signed by:* /s/ TONY RIGGEN, PASTOR (REVERAND) *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 11-2-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

98

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 550

File

10-14-93 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 10-7-93
Name of Physician David Hadley M.D.

MALE APPLICANT

Name First: Kris Middle: David Last: Allen

Date of Birth Month: 5 Day: 3 Year: 69

Place of Birth (State or foreign country): Martinsville In.

Residence Address: 1890 Centenary Rd. Street or R.R. City: Mooresville County: Morgan State: In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 David Allen
   (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 Nancy Ann Delaney
   (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 Kris David Allen Date 10-14-93

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 Kris David Allen

New Address _____

Subscribed and sworn to before me this 14th day of Oct, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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: Luanne Last: Freeland

Date of Birth Month: 10 Day: 22 Year: 74

Place of Birth (State or foreign country): Danville, In

Residence Address: 623 N St Rd 75 Street or R.R. City: Danville County: _____ State: In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Robert Eugene Freeland
   (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 Lorain Dee Higgins
   (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 Cindy Freeland Date 10-14-93

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 Cindy Freeland

New Address _____

Subscribed and sworn to before me this 14th day of Oct, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-14-93 *, authorizing the marriage of* KRIS DAVID ALLEN *and* CINDY LUANNE FREELAND *. I further certify that the following marriage certificate was filed in my office: I,* CHARLES ELSTON *(name), certify that on* NOVEMBER 13, 1993 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* KRIS DAVID ALLEN *of* MORGAN *County* IN *(state), and* CYNTHIA LUANNE FREELAND *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-13-93 *. Signed by:* /s/ CHARLES ELSTON *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 11-18-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

99

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 551

HENDRICKS County

File

Oct 14, 1993
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 10-15-93
Name of Physician Dr. S. Grenelle, M.D.

MALE APPLICANT

Name First Joseph Middle D. Last Paproski

Date of Birth Month 11 Day 30 Year 63

Place of Birth (State or foreign country) Ohio

Residence Address 431 Ross Av. Street or R.R. Hamilton City Butler County Ohio State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1991

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Anna 1½ mo, Stephanie Leyrs
6. (a) Full name of applicant's father Joseph Bernard Paproski
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) 5762 Dun-Woodee Rd Hamilton Ohio
   Birthplace of father (State or foreign country) Hamilton Ohio
   (b) Full maiden name of applicant's mother Marcia Ruth Ruhl
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same above
   Birthplace of mother (State or foreign country) Same above

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Joseph D Paproski Date Oct 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 Connie Lawson Date 10-14-93

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Joseph D Paproski

New Address

Subscribed and sworn to before me this 14 day of Oct, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of 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 Danyele Last Reed

Date of Birth Month 5 Day 9 Year 1971

Place of Birth (State or foreign country) Madison Ind.

Residence Address 242 Sherwood Dr. Street or R.R. Danville 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Roger Hansel Reed
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) 4185 Indiana Danville
   Birthplace of father (State or foreign country) Madison In.
   (b) Full maiden name of applicant's mother Kathleen Ann Schlick
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Milton Ky
   Birthplace of mother (State or foreign country) Madison 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 Amber D Reed Date Oct 14 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 Connie Lawson Date 10-14-93

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Amber Reed

New Address Same as above

Subscribed and sworn to before me this 14 day of Oct, 19

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-15-93 *, authorizing the marriage of* JOSEPH DAVID PAPROSKI *and* AMBER DANYELE REED *. I further certify that the following marriage certificate was filed in my office: I,* FATHER CHARLES SEAN CHESEBROUGH *(name), certify that on* OCTOBER 16, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* JOSEPH DAVID PAPROSKI *of* BUTLER *County* OH *(state), and* AMBER DANYELE 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* 10-16-93 *. Signed by:* /s/ FR. C. S. CHESEBROUGH *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-20-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

100

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 552

File

10-14-93
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 Thomas Black, M.D.

MALE APPLICANT

Name: First Troy Middle Allen Last Judy

Date of Birth: Month 2 Day 28 Year 1963

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 1292 Sycamore Trn. City Danville County Hendricks State Indiana

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1986

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 C. Judy
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Barbara J. Steele
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Colorado
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant ✕ Troy Allen Judy Date 10-14-93

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 ✕ Troy Allen Judy
New Address Same as above
Subscribed and sworn to before me this 14 day of October, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Catherine Middle Ann Last Coffman

Date of Birth: Month 11 Day 26 Year 1968

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 1292 Sycamore Trn. 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) 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 Albert F. 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 Joyce A. Romalia
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Wisconsin

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant ✕ Catherine Ann Coffman Date 10-14-93

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 ✕ Catherine Ann Coffman
New Address Same as above
Subscribed and sworn to before me this 14 day of October, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-14-93 *, authorizing the marriage of* TROY ALLEN JUDY *and* CATHERINE ANN COFFMAN *. I further certify that the following marriage certificate was filed in my office: I,* JOSEPH EUBANKS *(name), certify that on* OCTOBER 20, 1993 *(date), at* GREENCASTLE *in* PUTNAM *County, Indiana,* TROY ALLEN JUDY *of* HENDRICKS *County* IN *(state), and* CATHERINE ANN COFFMAN *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-14-93 *. Signed by:* /s/ JOSEPH EUBANKS *,* SENIOR MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-22-93 *(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. 553

HENDRICKS County

File

10-14-93
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 *George* Middle *A.* Last *Musick*

Date of Birth: Month *3* Day *30* Year *39*

Place of Birth (State or foreign country) *West Virginia*

Residence Address: Street or R.R. *RR1 Box 450* City *Clayton* County *Hend.* State *Ind.*

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages *2*

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date *1987*

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) *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 W. Musick*
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) *deceased*
   Birthplace of father (State or foreign country) *Virginia*
   (b) Full maiden name of applicant's mother *Beulah White*
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) *Danville*
   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 *George A Musick* Date *10-14-93*

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 *George A Musick*
New Address _____
Subscribed and sworn to before me this *14th* day of *Oct*, 19 *93*
Connie Lewson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First *Rose* Middle *Ellen* Last *Edwards*

Date of Birth: Month *10* Day *18* Year *29*

Place of Birth (State or foreign country) *Carbelsburg In.*

Residence Address: Street or R.R. *234 N 16th* City *Beech Grove* County *Marion* State *In.*

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages *1*

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date *1971*

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) *Saganore Admin 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. *none*

6. (a) Full name of applicant's father *George Andrew Hughbanks*
   (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 *Irene Lucella Cline*
   (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 *Rose E. Edwards* Date *10-14-93*

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 *Rose E. Edwards*
New Address _____
Subscribed and sworn to before me this *14th* day of *Oct*, 19 *93*
Connie Lewson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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

102

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 554

HENDRICKS County

File

10-15-93
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 3-4-93
Name of Physician Dr. John C. Halma MD

MALE APPLICANT

Name: First Earl Middle Dean Last Pickerel

Date of Birth: Month 7 Day 12 Year 59

Place of Birth (State or foreign country) Greencastle, In.

Residence Address: Street or R.R. RR 1 Box 106-A City Burgettstown County Washington State Pa.

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 female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Jan Wayne Pickerel
   (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 Rosemary Cooper
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Crotesville, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Earl D. Pickerel Date 10-15-93

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 Earl D. Pickerel

New Address Same

Subscribed and sworn to before me this 15th day of Oct, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Terry Middle Lee Last Eltringham

Date of Birth: Month 9 Day 15 Year 52

Place of Birth (State or foreign country) Steubenville Ohio

Residence Address: Street or R.R. 216 Pleasant Ave City Weirton County Hancock State W. Va.

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) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Anthony Louise Lombardi 11 yrs.

6. (a) Full name of applicant's father Pete Karas
   (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 Erma June Loose
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Weirton, W. Va.
   Birthplace of mother (State or foreign country) Pa.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Terry L Eltringham Date 10-15-93

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 Terry L Eltringham

New Address RR#1 Box 106A Burgettstown, PA 15021

Subscribed and sworn to before me this 15th day of Oct, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-15-93 *, authorizing the marriage of* EARL DEAN PICKEREL *and* TERRY LEE ELTRINGHAM *. I further certify that the following marriage certificate was filed in my office: I,* TED A. MILLER *(name), certify that on* OCTOBER 16, 1993 *(date), at* AMO *in* HENDRICKS *County, Indiana,* EARL DEAN PICKEREL *of* WASHINGTON *County* PA *(state), and* TERRY LEE ELTRINGHAM *of* BROOKE *County* WEST VIRGINIA *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-15-93 *. Signed by:* /s/ TED A. MILLER *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-19-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

103

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 555

HENDRICKS County

File

10-15-93
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 10-15-93
Name of Physician Wm Edwards, M.D.

MALE APPLICANT

Name: First Jerry Middle Lee Last Newman
Date of Birth: Month 2 Day 17 Year 69
Place of Birth (State or foreign country) Danville, In.
Residence Address: Street or R.R. RR 1 Box 201-A City Pittsboro County Hendricks State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Virgil Green Newman
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Pittsboro, In
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of applicant's mother Audrey May Adams
   (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 Jerry L Newman Date 10-15-93

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 Jerry L Newman
New Address 5558 Olive Hill Circle Apt A
Subscribed and sworn to before me this 15th day of Oct, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Jessica Middle Dawn Last Lawson
Date of Birth: Month 3 Day 15 Year 73
Place of Birth (State or foreign country) Danville, In.
Residence Address: Street or R.R. 5558 Blue Hill Circle Apt K 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. Elizabeth Kay Lawson 14 mo.
6. (a) Full name of applicant's father Charley Lee Lawson
   (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 Ann Nash
   (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 D Lawson Date 10-15-93

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 Jennifer D Lawson
New Address Same
Subscribed and sworn to before me this 15th day of Oct, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-15-93, *authorizing the marriage of* JERRY LEE NEWMAN *and* JENNIFER DAWN LAWSON. *I further certify that the following marriage certificate was filed in my office: I,* DAVID A. KITCHEN *(name), certify that on* OCTOBER 23, 1993 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* JERRY LEE NEWMAN *of* HENDRICKS *County* IN *(state), and* JENNIFER DAWN LAWSON *of* MARION *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-15-93. *Signed by:* /s/ DAVID A. KITCHEN, PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 11-2-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

104

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 556

File

10-15-93 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 10-14-93
Name of Physician J. M. Block, M.D.

MALE APPLICANT

Name First Milton Middle William Last Dickert

Date of Birth Month 2 Day 21 Year 58

Place of Birth (State or foreign country) Covington, Ky.

Residence Address 636 S. Alpha Street or R.R. Brownsburg City Hendricks County In. State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1990

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. same as →
6. (a) Full name of applicant's father Gordon William Dickert
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis, In
   Birthplace of father (State or foreign country) Alabama
   (b) Full maiden name of applicant's mother Margaret Jan Bevington
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, 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 M W Dickert Date 10-15-93

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 M W Dickert

New Address SAME

Subscribed and sworn to before me this 15th day of Oct, 19 93

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Sue Last Dickert

Date of Birth Month 2 Day 3 Year 56

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address 636 S. Alpha Street or R.R. Brownsburg City Hendricks County In. State

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. Gregory William Dickert 8yrs
   Keith Alan Dickert 6 yrs
6. (a) Full name of applicant's father Edward Burl Roell
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Milburne, Ky.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Fay Regina Jackson
   (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 Tammy S. Dickert Date 10-15-93

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 Tammy S. Dickert

New Address SAME

Subscribed and sworn to before me this 15th day of Oct, 19 93

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of *HENDRICKS* *County, Indiana, dated* 10-15-93 *, authorizing the marriage of* MILTON WILLIAM DICKERT *and* TAMMARA SUE DICKERT *. I further certify that the following marriage certificate was filed in my office: I,* CINDY SPENCE *(name), certify that on* OCTOBER 15, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* MILTON WILLIAM DICKERT *of* HENDRICKS *County* IN *(state), and* TAMMARA SUE DICKERT *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* *HENDRICKS* *County, Indiana, dated* 10-15-93 *. Signed by:* /s/ CINDY SPENCE *,* 1ST DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-15-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

105

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 557

HENDRICKS County

File 10-18-93
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 10-7-93
Name of Physician James Cassady M.D.

MALE APPLICANT

Name: First Joseph Middle Herbert Last Alenduff Jr.
Date of Birth: Month 6 Day 6 Year 57
Place of Birth (State or foreign country) Beech Grove Ind
Residence Address: Street or R.R. 240 Church St City Amo County Hen State In.
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 female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 14 yrs.
   Ashley 7 yrs.
6. (a) Full name of applicant's father Joseph Herbert Alenduff Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) St Petersburg Fla.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Patricia Ann Johnson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) St. Petersburg 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 Joseph H Alenduff Jr Date 10-18-93

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 Joseph H Alenduff Jr
New Address _____
Subscribed and sworn to before me this 18th day of Oct, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Kay Last Graves
Date of Birth: Month 1 Day 7 Year 59
Place of Birth (State or foreign country) Indianapolis In
Residence Address: Street or R.R. 2437 Draypford Dr. City Indpls. County Hen 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) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Sherman Graves
   (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 Marian Alice Everett
   (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 Karla K. Graves Date 10-18-93

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 Karla K. Graves
New Address 240 Church St. Amo Indiana
Subscribed and sworn to before me this 18th day of Oct, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-18-93 *, authorizing the marriage of* JOSEPH HERBERT ALENDUFF JR. *and* KARLA KAY GRAVES *. I further certify that the following marriage certificate was filed in my office: I,* REV. PHILLIP BILYEU *(name), certify that on* OCTOBER 24, 1993 *(date), at* ANDERSON *in* MADISON *County, Indiana,* _____ *(state), and* _____ JOSEPH HERBERT ALENDUFF, JR. *of* HENDRICKS *County* IN *(state) were married by me as authorized* KARLA KAY GRAVES *of* MARION *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-18-93 *. Signed by:* /s/ REV. PHILLIP BILYEU *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-26-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

106

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 558

File

10-18-93
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 10-12-93
Name of Physician Timothy Feeney MD

MALE APPLICANT

Name: First Rick Middle Kevin Last Robertson

Date of Birth: Month 5 Day 24 Year 59

Place of Birth (State or foreign country) Lebanon, In.

Residence Address: Street or R.R. 49 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 Charles Ronald Robertson
   (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 Wyvonna Lou Booker
   (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 Rick Robertson Date 10-18-93

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 Rick Robertson

New Address Same

Subscribed and sworn to before me this 18th day of Oct, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Joan Last Ellis

Date of Birth: Month 5 Day 1 Year 60

Place of Birth (State or foreign country) Terre Haute In

Residence Address: Street or R.R. 49 Suburban Dr City Danville County State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 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.
   Derek Ellis 12 yrs.
   Kara Ellis 7 yrs.

6. (a) Full name of applicant's father James Buddy Stultz
   (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 Carolyne Joan Elkins
   (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 Karen J. Ellis Date 10/18/93

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 Karen J. Ellis

New Address SAME

Subscribed and sworn to before me this 18th day of Oct, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-18-93 *, authorizing the marriage of* RICK KEVIN ROBERTSON *and* KAREN JOAN ELLIS *. I further certify that the following marriage certificate was filed in my office: I,* GEORGE F. KEHLER *(name), certify that on* OCTOBER 23, 1993 *(date), at* NEW WINCHESTER *in* HENDRICKS *County, Indiana,* _____ *(state), and* _____ *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-18-93 *. Signed by:* /s/ GEORGE F. KEHLER *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-27-93 *(date).*

RICK KEVIN ROBERTSON of HENDRICKS County IN
KAREN JOAN ELLIS of HENDRICKS County IN

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. 559

HENDRICKS County

File

10-19-93
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 ☐ 10-19-93
If No, Medical Examination or Report Dated
Name of Physician Jim Poe, M.D.

MALE APPLICANT

Name First Scott Middle Alan Last Larsen

Date of Birth Month 3 Day 4 Year 70

Place of Birth (State or foreign country) Danville, In.

Residence Address 421 S. Tennessee St. Danville, In.
Street or R.R. City County State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Larsen
   (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 Jean Owens
   (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 Scott A. Larsen Date 10-19-93

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 Scott A. Larsen

New Address SAME

Subscribed and sworn to before me this 19th day of Oct, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Leigh Last Arvin

Date of Birth Month 12 Day 28 Year 69

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address 9 Northridge Dr. Danville, In.
Street or R.R. City County State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Roger Arvin
   (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 Lou Craig
   (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 Shannon L Arvin Date 10/19/93

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 Shannon L Arvin

New Address 421 So. Tennessee St Danville

Subscribed and sworn to before me this 19th day of Oct, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-19-93 *, authorizing the marriage of* SCOTT ALAN LARSEN *and* SHANNON LEIGH ARVIN *. I further certify that the following marriage certificate was filed in my office: I,* REV. MAURO RODAS *(name), certify that on* OCTOBER 30, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* SCOTT ALAN LARSEN *of* HENDRICKS *County* IN *(state), and* SHANNON LEIGH ARVIN *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-19-93 *. Signed by:* /s/ REV. MAURO RODAS CATHOLIC PRIEST/PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 11-2-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

108

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 560

File

10-19-93
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. Thomas Jones

MALE APPLICANT

Name: First James Middle Corey Last White

Date of Birth: Month 11 Day 9 Year 70

Place of Birth (State or foreign country) OK

Residence Address: Street or R.R. 527 I Avenue #388 City Sheppard AFB County POLK State TX

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1992

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father James Clinton White
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) OK
   Birthplace of father (State or foreign country) OK
   (b) Full maiden name of applicant's mother Charlene Rhodes
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) OK
   Birthplace of mother (State or foreign country) OK

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant James C White Date 19Oct93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

X Signed James C White

New Address _____

Subscribed and sworn to before me this 19th day of October, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First April Middle L Last Fenley

Date of Birth: Month 4 Day 24 Year 74

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 123 N. meridian 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Terry B Fenley
   (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 Katherine L. Peters
   (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 April L. Fenley Date 19Oct93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk 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 April L. Fenley

New Address _____

Subscribed and sworn to before me this 19th day of October, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-19-93 *, authorizing the marriage of* JAMES COREY WHITE *and* APRIL LYNN FENLEY *. I further certify that the following marriage certificate was filed in my office: I,* WILLIAM J. BROWN *(name), certify that on* OCTOBER 23, 1993 *(date), at* PITTSBORO *in* HENDRICKS *County, Indiana,* JAMES COREY WHITE *of* MUSKOGEE *County* OK *(state), and* APRIL LYNN 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* 10-19-93 *. Signed by:* /s/ WM. J. BROWN *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-25-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

109

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 561

File

Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 10/8/93
Name of Physician Dr Keene

MALE APPLICANT

Name: First Ernest Middle J. Last Demott
Date of Birth: Month 3 Day 23 Year 39
Place of Birth (State or foreign country) Indpls
Residence Address: Street or R.R. 1828 Daily Rd City Mooresville County HENDRICKS State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1978
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 John J. Demott
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indpls, In
   (b) Full maiden name of applicant's mother Eleanor B. Speece
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   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 ☒ Ernest J. Demott Date 10/19/93

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 ☒ Ernest J. Demott
New Address _____
Subscribed and sworn to before me this 19 day of Oct, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 L. Last O'Brien
Date of Birth: Month 4 Day 8 Year 55
Place of Birth (State or foreign country) Seymour In.
Residence Address: Street or R.R. 1828 Daily Rd City Mooresville County Hend State In
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 1989
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☑ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. none

6. (a) Full name of applicant's father Raymond L Lynch
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indpls
   (b) Full maiden name of applicant's mother Barbara Jean Allen
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indpls.
   Birthplace of mother (State or foreign country) Seymour

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant ☒ Angela L. O'Brien Date 10/19/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed ☒ Angela L. O'Brien
New Address _____
Subscribed and sworn to before me this 19 day of Oct, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-19-93 *, authorizing the marriage of* ERNEST JAMES DEMOTT *and* ANGELA L. O'BRIEN *. I further certify that the following marriage certificate was filed in my office: I,* TERESE K. WAINSCOTT *(name), certify that on* OCTOBER 21, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* ERNEST JAMES DEMOTT *of* HENDRICKS *County* IN *(state), and* ANGELA L. 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* 10-19-93 *. Signed by:* /s/ TERESE K. WAINSCOTT *,* WAYNE TWP. JUDGE *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 11-5-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

110

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 562

HENDRICKS County

File

10-20-93
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 10-15-93
Name of Physician M. Benson, M.D.

MALE APPLICANT

Name: First Roy Middle Edward Last Arnold
Date of Birth: Month 3 Day 24 Year 70
Place of Birth (State or foreign country) Danville In.
Residence Address: Street or R.R. R R 2 Box 473 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 Charles A. Arnold
   (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 Frances Marie Strong
   (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 Roy E Arnold Date 10-20-93

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 Roy E Arnold
New Address _____

Subscribed and sworn to before me this 20th day of Oct, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Nicole Middle Renee Last Settles
Date of Birth: Month 2 Day 29 Year 76
Place of Birth (State or foreign country) Danville, In.
Residence Address: Street or R.R. Rt 2 Box 295-B City Clayton County State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Keith Lyle Settles
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Clayton, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Patricia Jean Ogle (Ogel)
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Clayton, In.
   Birthplace of mother (State or foreign country) Florida

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Nicole R. Settles Date 10-20-93

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 Nicole R. Settles
New Address _____

Subscribed and sworn to before me this 20th day of Oct, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-20-93, *authorizing the marriage of* ROY EDWARD ARNOLD *and* NICOLE RENEE' SETTLES. *I further certify that the following marriage certificate was filed in my office: I,* CINDY SPENCE *(name), certify that on* OCTOBER 20, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* ROY EDWARD ARNOLD *of* HENDRICKS *County* IN *(state), and* NICOLE RENEE' SETTLES *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-20-93. *Signed by:* /s/ CINDY SPENCE, 1ST DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-20-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

111

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 563

HENDRICKS County

File 10-20-93
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 10-7-93
Name of Physician D. Johnson, M.D.

MALE APPLICANT

Name: First Lonnie Middle Dean Last Richardson
Date of Birth: Month 1 Day 8 Year 62
Place of Birth (State or foreign country) Beech Grove, In.
Residence Address: Street or R.R. 2029 Hanna Rd. City Plainfield County 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) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☑
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Brandon Earl Richardson 7 yrs
   Danielle N. Richardson 2½ yrs
6. (a) Full name of applicant's father Loudy Richardson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Virginia
   (b) Full maiden name of applicant's mother Shelby Ruth Perkins
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Clayton, 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 Lonnie Richardson Date 10/20/93

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 Lonnie Richardson
New Address _____
Subscribed and sworn to before me this 20th day of Oct, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Balog
Date of Birth: Month 5 Day 2 Year 57
Place of Birth (State or foreign country) Gary, In.
Residence Address: Street or R.R. 2029 Hanna Rd City Plainfield County State In.
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) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☑
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Katrina Marie Balog 13 yrs
   Danielle Nicole Richardson 2½ yrs
   Charlotte Raforne Balog 16 yrs
   Derrick Scott Balog 14 yrs
6. (a) Full name of applicant's father Ernest Clyde Scott
   (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 Lois Mae Pierce
   (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 Patricia A Balog Date 10-20-93

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 Patricia A Balog
New Address SAME
Subscribed and sworn to before me this 20th day of Oct, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-20-93, *authorizing the marriage of* LONNIE DEAN RICHARDSON *and* PATRICIA ANN BALOG. *I further certify that the following marriage certificate was filed in my office: I,* CINDY SPENCE *(name), certify that on* OCTOBER 20, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* LONNIE DEAN RICHARDSON *of* HENDRICKS *County* IN *(state), and* PATRICIA ANN BALOG *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-20-93. *Signed by:* /s/ CINDY SPENCE, 1ST DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-20-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

112

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 564

HENDRICKS County

File

10-20-93
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 10-18-93
Name of Physician David Hadley, M.D.

MALE APPLICANT

Name: First David Middle Anthony Last Lanham
Date of Birth: Month 8 Day 20 Year 60
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R.R. 1860 N 600 E City Danville County, 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) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Larry Lanham
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Judith Ann Rednour
   (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 D. Lanham Date 10-20-93

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 D. Lanham
New Address 5a –
Subscribed and sworn to before me this 20th day of Oct, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Lynn Last Plummer
Date of Birth: Month 5 Day 16 Year 47
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R.R. 1860 N 600 E City Danville County State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3
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.
   Brady Bieghler 20 yrs.
   Jason Plummer 11 yrs.
6. (a) Full name of applicant's father Walter Ray Park
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Ill.
   (b) Full maiden name of applicant's mother Geneva Lois Thompson
   (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 Vicki L. Plummer Date 10-20-93

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 Vicki L. Plummer
New Address same
Subscribed and sworn to before me this 20th day of Oct, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-20-93 *, authorizing the marriage of* DAVID ANTHONY LANHAM *and* VICKI LYNN PLUMMER *. I further certify that the following marriage certificate was filed in my office: I,* MARK R. WALTERS *(name), certify that on* OCTOBER 25, 1993 *(date), at* INDIANAPOLIS *in* HENDRICKS *County, Indiana,* DAVID ANTHONY LANHAM *of* HENDRICKS *County* IN *(state), and* VICKI LYNN PLUMMER *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-20-93 *. Signed by:* /s/ MARK R. WALTERS *,* CHAPLAIN *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 11-10-93 *(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. 565

HENDRICKS County

File 10-21-93
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 9-15-93
Name of Physician Garth Long MD (?)

MALE APPLICANT

Name: First Shawn Middle E. Last Earl
Date of Birth: Month 7 Day 20 Year 65
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 17 Lincoln Ave. City Brownsburg County State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Charles Earl
   (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 Evelyn Basore
   (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 Shawn E. Earl Date 10-21-93

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.

X Signed Shawn E. Earl
New Address

Subscribed and sworn to before me this 21st day of October, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 D. Last Sherwood
Date of Birth: Month 7 Day 31 Year 66
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 17 Lincoln Ave. City Brownsburg County State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Charles Sherwood
   (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 Carolyn Sumwalt
   (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 Linda Sherwood Date 10-21-93

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.

X Signed Linda Sherwood
New Address

Subscribed and sworn to before me this 21st day of October, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-21-93 *, authorizing the marriage of* SHAWN ERNEST EARL *and* LINDA DENISE SHERWOOD *. I further certify that the following marriage certificate was filed in my office: I,* RICK GILLIAM *(name), certify that on* OCTOBER 23, 1993 *(date), at* CLERMONT *in* HENDRICKS *County, Indiana;* SHAWN ERNEST EARL *of* HENDRICKS *County* IN *(state), and* LINDA DENISE SHERWOOD *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-23-93 *. Signed by:* /s/ RICKY GILLIAM *,* CLERGY *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-27-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

114

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 566

File

10-22-93
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 8-18-93
Name of Physician Wm Chapman M.D.

MALE APPLICANT

Name: First David Middle Dwayne Last Riddle
Date of Birth: Month 9 Day 21 Year 72
Place of Birth (State or foreign country) Martinsville In.
Residence Address: Street or R.R. 865 Pine Wood Dr. Apt C City Plainfield County State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father William Sherman Riddle
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Mooresville, In.
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of applicant's mother Lucia Marie Hillman
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Monrovia In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 D Riddle Date 10-22-93

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 David D Riddle
New Address SAME
Subscribed and sworn to before me this 22nd day of Oct, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Dawn Last Cooney
Date of Birth: Month 1 Day 31 Year 73
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. 241 Judson Dr. City Mooresville, County State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Cooney
   (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 Teresa Jean Terrell
   (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 Jennifer D. Cooney Date 10-22-93

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 Jennifer D. Cooney
New Address 865 Pinewood Dr. Apt. C. Plainfield
Subscribed and sworn to before me this 22nd day of Oct, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-22-93, *authorizing the marriage of* DAVID DWAYNE RIDDLE *and* JENNIFER DAWN COONEY. *I further certify that the following marriage certificate was filed in my office: I,* REV. JOHN C. PARSLEY *(name), certify that on* NOVEMBER 6, 1993 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* DAVID DWAYNE RIDDLE *of* HENDRICKS *County* IN *(state), and* JENNIFER DAWN COONEY *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* 10-22-93. *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* 11-12-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

115

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 567

File

Oct. 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 Dr. Mark Stull (Westchester)

MALE APPLICANT

Name: First Mark Middle D. Last Akins

Date of Birth: Month 4 Day 9 Year 70

Place of Birth (State or foreign country) Indpls -

Residence Address: Street or R.R. 7353 N. 100 E 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) 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. - Whitney Akins 3yrs

6. (a) Full name of applicant's father Douglas Owen Akins
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Arizona
   Birthplace of father (State or foreign country) Evansville
   (b) Full maiden name of applicant's mother Barbara Ann Karn
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) - Arizona
   Birthplace of mother (State or foreign country) St-Louis MO.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant ☒ Mark Akins Date 10/21/93

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 Akins
New Address Same

Subscribed and sworn to before me this 21st day of Oct, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Ann Last Novreske

Date of Birth: Month 4 Day 27 Year 74

Place of Birth (State or foreign country) Indpls

Residence Address: Street or R.R. 6003 Brookshire Dr. City Pittsboro County Hend State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☒ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Daniel Alan Novreske
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Pittsboro
   Birthplace of father (State or foreign country) Michigan City In.
   (b) Full maiden name of applicant's mother Carolyn Ruth Dweight
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Pittsboro
   Birthplace of mother (State or foreign country) Webster S.D.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Novreske Date 10/21/93

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 ☒ Katherine Novreske
New Address _____

Subscribed and sworn to before me this 21st day of Oct, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-21-93 *, authorizing the marriage of* MARK DOUGLAS AKINS *and* KATHERINE ANN NOVRESKE *. I further certify that the following marriage certificate was filed in my office: I,* REV. WILLIAM H. STEINKE *(name), certify that on* DECEMBER 19, 1993 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* MARK DOUGLAS AKINS *of* HENDRICKS *County* IN *(state), and* KATHERINE ANN NOVRESKE *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-19-93 *. Signed by:* /s/ REV. WILLIAM H. STEINKE *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-23-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

116

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 568

File

10-25-93
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 3-31-93
Name of Physician Dan Meng

MALE APPLICANT

Name: First Jerry Middle Lee Last Strait

Date of Birth: Month 10 Day 16 Year 66

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. RR 1 Box 409 Lot 11 City Clayton County In State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1992

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Ermel Lee Strait
   (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 Arietta J. Welch
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Jerry L. Strait Date 10/25/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Jerry L Strait
New Address Same

Subscribed and sworn to before me this 25th day of Oct, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Renee Last Smith Criss

Date of Birth: Month 10 Day 16 Year 71

Place of Birth (State or foreign country) Martinsville In.

Residence Address: Street or R.R. RR 1 Box 409 Lot 11 City Clayton County 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Lee Criss
   (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 Paula Jo Kozderka
   (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 Angela R. Smith Date 10/25/93

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 Angela R. Smith
New Address Same

Subscribed and sworn to before me this 25th day of Oct, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-25-93 *, authorizing the marriage of* JERRY LEE STRAIT *and* ANGELA RENEE' CRISS *. I further certify that the following marriage certificate was filed in my office: I,* CINDY SPENCE *(name), certify that on* OCTOBER 25, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* JERRY LEE STRAIT *of* HENDRICKS *County* IN *(state), and* ANGELA RENEE' CRISS *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-25-93 *. Signed by:* /s/ CINDY SPENCE *,* 1ST DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-25-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

117

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 569

HENDRICKS County

File

10-27-93
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 10-26-93
Name of Physician Karen Johns M.D.

MALE APPLICANT

Name: First Antonio Middle Dominic Last Worley
Date of Birth: Month 7 Day 22 Year 72
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R.R. 7031 C. Mariners Lane City Indpls. County HARRIED State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Lawrence Worley
   (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 Diane Kinney
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Cicero, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Antonio D Worley Date 10/27/93

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 Antonio D. Worley
New Address Same
Subscribed and sworn to before me this 27 day of Oct, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Louise Last Mizell
Date of Birth: Month 9 Day 11 Year 72
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. 4105 N 575 E City Brownsburg County State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Carrine Mizell 4 yrs.
6. (a) Full name of applicant's father Robert Hughie Mizell
   (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 Denver Sue Niemeier
   (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 Amy L Mizell Date 10/27/93

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 Amy L Mizell
New Address 7031 C Mariners Ln.
Subscribed and sworn to before me this 27 day of Oct, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-27-93 *, authorizing the marriage of* ANTONIO DOMINIC WORLEY *and* AMY LOUISE MIZELL *. I further certify that the following marriage certificate was filed in my office: I,* DENVER J. NIEMEYER *(name), certify that on* NOVEMBER 6, 1993 *(date), at* GREENWOOD *in* JOHNSON *County, Indiana,* ANTONIO DOMINIC WORLEY *of* MARION *County* IN *(state), and* AMY LOUISE MIZELL *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-27-93 *. Signed by:* /s/ DENVER J. NIEMEIER *,* PREACHER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 11-8-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

118

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 570

File

10-27-93 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 10-6-93
Name of Physician Karen Johns, M.D.

MALE APPLICANT

Name: First Robert Middle Samuel Last Wheeler

Date of Birth: Month 6 Day 28 Year 49

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R.R. 4107 Colchester Dr. City Indpls. County MARION State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2

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 Clarence Robert Wheeler
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Nancy Garnett
   (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 R. Samuel Wheeler Date 10/27/93

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 R. Samuel Wheeler

New Address _____

Subscribed and sworn to before me this 27 day of OCTOBER, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Joanne Last Holmes

Date of Birth: Month 12 Day 22 Year 67

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R.R. 1613 N Rd 425 E City Danville County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Russell Holmes
   (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 Mary Alice Shelley
   (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 Elizabeth J. Holmes Date 10-27-93

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 Elizabeth J Holmes

New Address 1613 N. Rd 425E DANVILLE

Subscribed and sworn to before me this 27 day of OCTOBER, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* OCT. 27th, 1993 *, authorizing the marriage of* ROBERT SAMUEL WHEELER *and* ELIZABETH JOANNE HOLMES *. I further certify that the following marriage certificate was filed in my office: I,* FRANK GOODWIN *(name), certify that on* NOV. 11, 1993 *(date), at* CAMBY *in* MARION *County, Indiana,* ROBERT SAMUEL WHEELER *of* MARION *County* IN *(state), and* ELIZABETH JOANNE HOLMES *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* OCT. 27th, 1993 *Signed by:* /s/FRANK GOODWIN *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* NOV. 18th, 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. 571

File

10-27-93
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 10-25-93
Name of Physician David Hadley, M.D.

MALE APPLICANT

Name: First Robert Middle Mark Last Phillips
Date of Birth: Month 1 Day 6 Year 55
Place of Birth (State or foreign country): Bloomington Ill.
Residence Address: 889 N SR 267 Danville, 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.
   Robert Matthew Phillips 11 yrs
   Ashley Delaine Phillips 10 yrs
6. (a) Full name of applicant's father Robert Karl Phillips
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Champaign, Ill.
   Birthplace of father (State or foreign country) Ill.
   (b) Full maiden name of applicant's mother Joann Lee Williams
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Champaign, 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 Robert Mark Phillips Date 10-27-93

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 Mark Phillips
New Address _____
Subscribed and sworn to before me this 27th day of Oct., 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Jo Last Bachman
Date of Birth: Month 8 Day 10 Year 58
Place of Birth (State or foreign country): Portsmouth, Va.
Residence Address: 889 N SR 267 Danville, 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) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Anthony Bachman 14 yrs
   Joequelyn Nicole Bachman 11 yrs
   Jody Michael Bachman 7 yrs.
6. (a) Full name of applicant's father Ronald Lee Burton
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Washington, Ill.
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of applicant's mother June Kable
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Illinois

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Kathy Jo Bachman Date 10/27/93

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 Kathy Jo Bachman
New Address _____
Subscribed and sworn to before me this 27th day of Oct., 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-27-93 *, authorizing the marriage of* ROBERT MARK PHILLIPS *and* KATHY JO BACHMAN *. I further certify that the following marriage certificate was filed in my office: I,* JOHN CALDWELL *(name), certify that on* NOVEMBER 14, 1993 *(date), at* AVON *in* HENDRICKS *County, Indiana,* ROBERT MARK PHILLIPS *of* HENDRICKS *County* IN *(state), and* KATHY JO BACHMAN *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-27-93 *. Signed by:* /s/ JOHN CALDWELL *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 11-16-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

120

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 572

File

10-28-93
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 Hudson, Hobbs, M.D.

MALE APPLICANT

Name: First Matthew Middle Martin Last Shade

Date of Birth: Month 10 Day 27 Year 69

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 7688 Acre Lane City Brownsburg County Hendricks State Indiana

Previous Marital Status: Never Married ☑ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Richard K. Shade
   (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 Sarah A. Krumme
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Matthew M. Shade Date 10-28-93

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 Matthew M. Shade
New Address 2560 Arbor Lake Dr. Apt 1017, Indpls. IN 46268

Subscribed and sworn to before me this 28 day of October, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Douglas

Date of Birth: Month 6 Day 22 Year 70

Place of Birth (State or foreign country) Ohio

Residence Address: Street or R.R. 2560 Arbor Lake Dr. Apt 1017 City Indpls. County Marion State In 46268

Previous Marital Status: Never Married ☑ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) 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 Glenn W. Douglas
   (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 Gail A. Freiesleben
   (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 Beth A. Douglas Date 10-28-93

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 Beth A. Douglas
New Address 2560 Arbor Lake Dr. Apt. 1017 Indpls. In 46268

Subscribed and sworn to before me this 28 day of October, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-28-93 *, authorizing the marriage of* MATTHEW MARTIN SHADE *and* BETH ANN DOUGLAS *. I further certify that the following marriage certificate was filed in my office: I,* GARY A. DVORAK *(name), certify that on* NOVEMBER 6, 1993 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* MATTHEW MARTIN SHADE *of* HENDRICKS *County* IN *(state), and* BETH ANN DOUGLAS *of* MARION *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-28-93 *. Signed by:* /s/ GARY A. DVORAK *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 11-15-93 *(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. 573

File

10-28-93
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 9-24-93
Name of Physician The Medical Laboratory
Dr's name (?)

MALE APPLICANT

Name: First Bradley Middle George Last Johnson
Date of Birth: Month 6 Day 4 Year 66
Place of Birth (State or foreign country): Danville In.
Residence Address: Street or R.R. 125 W Tilden City Brownsburg County In. 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. Joshua Johnson 9 yrs.
   Zachary Johnson 6 yrs.
6. (a) Full name of applicant's father George 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 Mary Etta Campbell
   (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 [signature] Date 10-28-93

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 [signature]

New Address _____

Subscribed and sworn to before me this 28th day of Oct, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Lorraine Last Ripperger
Date of Birth: Month 5 Day 11 Year 66
Place of Birth (State or foreign country): Norwood, Ohio
Residence Address: Street or R.R. 125 W. Tilden 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 Dr. Steven Gregg Ripperger
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Greenville, In.
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of applicant's mother Mary Lorraine Gates
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Greenville, 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 Laura L. Ripperger Date Oct. 29, 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 Laura L. Ripperger

New Address 10702 E 106th Street Fishers In 46038

Subscribed and sworn to before me this 29th day of Oct, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-28-93 *, authorizing the marriage of* BRADLEY GEORGE JOHNSON *and* LAURA LORAINE RIPPERGER *. I further certify that the following marriage certificate was filed in my office: I,* REV. VINCENT P. LAMPERT *(name), certify that on* OCTOBER 30, 1993 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* BRADLEY GEORGE JOHNSON *of* HENDRICKS *County* IN *(state), and* LAURA LORAINE RIPPERGER *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-28-93 *. Signed by:* /s/ REV. VINCENT P. LAMPERT ROMAN CATHOLIC PRIEST *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 11-2-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

122

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 574

File

10-28-93
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 10-18-93
Name of Physician Richard Hannell, M.D.

MALE APPLICANT

Name: First Todd Middle Allen Last Clark

Date of Birth: Month 4 Day 3 Year 65

Place of Birth (State or foreign country) Greencastle, In.

Residence Address: Street or R.R. 3328 Main St. City Cartersburg 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. /
6. (a) Full name of applicant's father Hugh Welford Clark
   (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 Margaret Ann Warmoth
   (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 Todd G. Clark Date 11/1/93

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 Todd G. Clark

New Address _____

Subscribed and sworn to before me this 1st day of Nov., 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Louise Last Wycoff

Date of Birth: Month 10 Day 4 Year 65

Place of Birth (State or foreign country) Anderson, In.

Residence Address: Street or R.R. 3328 Main St. City Cartersburg County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Albert Wycoff
   (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 Shirley Gallagher
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Frankton, 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 Kimberly L. Wycoff Date 10-28-93

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 Kimberly L. Wycoff

New Address _____

Subscribed and sworn to before me this 28th day of Oct, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-1-93 *, authorizing the marriage of* TODD ALLEN CLARK *and* KIMBERLY LOUISE WYCOFF *. I further certify that the following marriage certificate was filed in my office: I,* STEPHEN WHITE *(name), certify that on* NOVEMBER 6, 1993 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* TODD ALLEN CLARK *of* HENDRICKS *County* IN *(state), and* KIMBERLY LOUISE WYCOFF *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-6-93 *. Signed by:* /s/ STEPHEN WHITE *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 11-10-93 *(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

HENDRICKS County

No. 575

File

10-29-93
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 Dr. Collicott, M.D.

MALE APPLICANT

Name: First STACY Middle LEE Last SMALLWOOD

Date of Birth: Month AUGUST Day 1, Year 1965

Place of Birth (State or foreign country): INDIANAPOLIS, IN, MARION CO.

Residence Address: Street or R.R. 1506 S. LAWNDALE, City INDIANAPOLIS, County, State IN 46241

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. ABIGAIL MICHELLE SMALLWOOD
6. (a) Full name of applicant's father JOHN SMALLWOOD, JR
   (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 NANCY FAYE SAMUELS
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X [signature] Date 10-29-93

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 [signature]

New Address _____

Subscribed and sworn to before me this 29th day of October, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 LOWRY

Date of Birth: Month DECEMBER Day 11, Year 1965

Place of Birth (State or foreign country): INDIANAPOLIS, MARION Co. IN.

Residence Address: Street or R.R. 10983 N 1000 E, City BROWNSBURG, County, State IN 46112

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. NONE
6. (a) Full name of applicant's father STANLEY ROGER FITE
   (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 DIANA AUDREY CHURCH
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) MO.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X [signature] Date 10/29/93

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 [signature]

New Address 1506 S. Lawndale INDPLS IN 46241

Subscribed and sworn to before me this 29th day of October, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-29-93 *, authorizing the marriage of* STACY LEE SMALLWOOD *and* DAWN MARIE LOWRY *. I further certify that the following marriage certificate was filed in my office: I,* THOMAS PAINO III *(name), certify that on* NOVEMBER 27, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* STACY LEE SMALLWOOD *of* MARION *County* IN *(state), and* DAWN MARIE LOWRY *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-27-93 *. Signed by:* /s/ THOMAS PAINO III *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-01-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

124

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 576

File

10-29-93
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 10-28-93
Name of Physician James B. Smithers M.D.

MALE APPLICANT

Name: First Harold Middle Wayne Last Fortner

Date of Birth: Month 8 Day 27 Year 56

Place of Birth (State or foreign country) Pennington Gap, Va

Residence Address: Street or R.R. PO Box 152 City Ames 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) Colorado Dr. Lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Marie Fortner 16 yrs.
6. (a) Full name of applicant's father Jesse Clay Fortner
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Rose Hill, Va.
   Birthplace of father (State or foreign country) Va.
   (b) Full maiden name of applicant's mother Barbara Bernice Brooks
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Ames, 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 Harold W. Fortner Date 10-29-93

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 Harold W. Fortner

New Address _____

Subscribed and sworn to before me this 29th day of Oct, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Louise Last Long

Date of Birth: Month 10 Day 18 Year 47

Place of Birth (State or foreign country) Fannetsburg, Pa. Franklin Co.

Residence Address: Street or R.R. 263 Birch St. City Chambersburg County State Pa.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1978

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Pa I.D.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Fisher Garner
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Chambersburg, Pa.
   Birthplace of father (State or foreign country) Pa.
   (b) Full maiden name of applicant's mother Mary Louise Briggs
   (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 Judy L. Long Date 10/29/93

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 Judy L. Long

New Address PO Box 152 Ames, In 46103

Subscribed and sworn to before me this 29th day of Oct, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-29-93 *, authorizing the marriage of* HAROLD WAYNE FORTNER *and* JUDY LOUISE LONG *. I further certify that the following marriage certificate was filed in my office: I,* CONNIE LAWSON *(name), certify that on* OCTOBER 29, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* HAROLD WAYNE FORTNER *of* HENDRICKS *County* IN *(state), and* JUDY LOUISE LONG *of* FRANKLIN *County* PA *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-29-93 *. Signed by:* /s/ CONNIE LAWSON *,* CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-29-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

125

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 577
File Oct 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 10-21-93
Name of Physician Dr. Hutchinson

MALE APPLICANT

Name: First David Middle Andrew Last Benslay
Date of Birth: Month 2 Day 21 Year 64
Place of Birth (State or foreign country) Indpls.
Residence Address: Street or R.R. 31 Burks Dr. S. 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 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. none
6. (a) Full name of applicant's father Don Nolan Benslay
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) 31 Burks Dr. Brownsburg
   Birthplace of father (State or foreign country) Cleveland Ohio
   (b) Full maiden name of applicant's mother Mary Lea Mullens
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same as
   Birthplace of mother (State or foreign country) Paris Island, S.Carol.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X David H. Benslay Date 10-29-93

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: 312-80-0453
I swear/affirm that the information given in this application is true and correct.
Signed X David H. Benslay
New Address _____
Subscribed and sworn to before me this 29 day of Oct. , 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Olsen
Date of Birth: Month 9 Day 10 Year 71
Place of Birth (State or foreign country) Chicago Ill
Residence Address: Street or R.R. 505 Wayne Town Rd Apt A City Montgomery County Crawfordsville State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Identification Card

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. none
6. (a) Full name of applicant's father Robert D Olsen
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Huntington W.Va.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of applicant's mother Alfread Loggins
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same as applicant
   Birthplace of mother (State or foreign country) W. Virginia

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Jennifer A Olsen Date 10-29-93

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: 354-56-2385
I swear/affirm that the information given in this application is true and correct.
Signed X Jennifer A Olsen
New Address _____
Subscribed and sworn to before me this 29 day of Oct , 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-29-93 *, authorizing the marriage of* DAVID ANDREW BENSLAY *and* JENNIFER ANN OLSEN *. I further certify that the following marriage certificate was filed in my office: I,* DAVID H. COLEMAN *(name), certify that on* OCTOBER 29, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* DAVID ANDREW BENSLAY *of* HENDRICKS *County* IN *(state), and* JENNIFER ANN OLSEN *of* MONTGOMERY *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-29-93 *.*
Signed by: /s/ DAVID H. COLEMAN JUDGE, SUPERIOR COURT NO. 2 *(official designation)*
Filed and recorded in accordance with the laws of the State of Indiana on 10-29-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

126

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 578

HENDRICKS County

File

10-29-93
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 10-18-93
Name of Physician J. Timothy Nichols, M.D.

MALE APPLICANT

Name: First Danny Middle Wade Last Clingan

Date of Birth: Month 3 Day 28 Year 55

Place of Birth (State or foreign country) Danville, Ill.

Residence Address: Street or R.R. 8 Wedding Lane 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 Freddy Shelton Clingan
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Kingman, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Genevieve Lee Curtis
   (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 Danny Wade Clingan Date 10/29/93

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 Danny Wade Clingan
New Address (SAME)

Subscribed and sworn to before me this 29th day of Oct, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Sharon Middle Laura Last Morris

Date of Birth: Month 3 Day 25 Year 55

Place of Birth (State or foreign country) Batesville In.

Residence Address: Street or R.R. 8 Wedding Lane City Plainfield County State In.

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.
   Carmen Prickel 19 yrs.
   Aaron Prickel 15 yrs.

6. (a) Full name of applicant's father Paul Peter Amberger
   (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 Alberta Rose Firsich
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Batesville, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Sharon L. Morris Date 10/29/93

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 Sharon L. Morris
New Address

Subscribed and sworn to before me this 29th day of Oct, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-29-93 *, authorizing the marriage of* DANNY WADE CLINGAN *and* SHARON LAURA MORRIS *. I further certify that the following marriage certificate was filed in my office: I,* SAM STOEHR *(name), certify that on* NOVEMBER 6, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* DANNY WADE CLINGAN *of* HENDRICKS *County* IN *(state), and* SHARON LAURA 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* 11-6-93 *. Signed by:* /s/ SAM STOEHR *,* JUDGE PRO-TEM *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 11-9-93 *(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. 579

HENDRICKS County

File 10-29-93
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 Dr. Reedesill

MALE APPLICANT

Name: First Samuel Middle R Last Jones Jr.
Date of Birth: Month 3 Day 13 Year 70
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 331/2 Pickett St. 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) Social Security Card

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 R Jones Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) California
   (b) Full maiden name of applicant's mother Shirley Ann Huff
   (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 Samuel R. Jones Jr. Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

X Signed Samuel R. Jones Jr.
New Address

Subscribed and sworn to before me this 29th day of Oct, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 K Last Koehler
Date of Birth: Month 11 Day 29 Year 74
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 331/2 Pickett 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 Howard Koehler
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Ohio
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of applicant's mother Sarah Lucille Roop
   (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).

X Signature of Applicant Mary Kay Koehler Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

X Signed Mary Kay Koehler
New Address

Subscribed and sworn to before me this 29th day of Oct, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-29-93 *, authorizing the marriage of* SAMUEL RAY JONES, JR. *and* MARY KAY KOEHLER *. I further certify that the following marriage certificate was filed in my office: I,* RODNEY D. GILLIAT *(name), certify that on* NOVEMBER 6, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* SAMUEL RAY JONES, JR. *of* HENDRICKS *County* IN *(state), and* MARY KAY KOEHLER *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-6-93 *. Signed by:* /s/ RODNEY D. GILLIAT *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-1-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

128

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 580

File

11-1-93 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☐ Yes ☒
If No, Medical Examination or Report Dated
Name of Physician

MALE APPLICANT

Name First Robert Middle E. Last McCann

Date of Birth Month 1 Day 27 Year 25

Place of Birth (State or foreign country) Jasonville In.

Residence Address Street or R.R. 4877 Carnoustie Circle 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.

6. (a) Full name of applicant's father Cecil A. McCann
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Alma B. Clark
   (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 E McCann Date 11-1-93

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 Robert E McCann

New Address

Subscribed and sworn to before me this 1st day of Nov, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name First Catherine Middle O. Last McDonald

Date of Birth Month 7 Day 6 Year 32

Place of Birth (State or foreign country) Monticella, Ky. Jackson Co.

Residence Address Street or R.R. 458 Parkview Dr. City New Whiteland County Johnson State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 1983

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father William J. Bryan Bell
   (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 Millie Pearl Caswell
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Atlanta, Ga.
   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 Catherine O. McDonald Date 11-1-93

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 Catherine O. McDonald

New Address 4877 Carnoustie Circle Plainfield, In.

Subscribed and sworn to before me this 1st day of Nov, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-1-93 *, authorizing the marriage of* ROBERT EUGENE McCANN *and* CATHERINE OMA McDONALD *. I further certify that the following marriage certificate was filed in my office: I,* S. V. STILES *(name), certify that on* NOVEMBER 29, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* ROBERT EUGENE McCANN *of* HENDRICKS *County* IN *(state), and* CATHERINE OMA McDONALD *of* JOHNSON *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-1-93 *. Signed by:* /s/ S. V. STILES *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-01-93 *(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. 581

HENDRICKS County

File

11-1-93
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 11-1-93
Name of Physician Andrea Hobbs, M.D.

MALE APPLICANT

Name: First Mark Middle Allen Last McMahon
Date of Birth: Month 8 Day 4 Year 63
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. 6722 Faffire Dr. 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 Joseph L McMahon
   (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 Jacqueline Wilson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Mark A. McMahon Date 11/1/93

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 Mark A. McMahon
New Address SAME
Subscribed and sworn to before me this 1st day of Nov, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Jennifer Middle Jo Last Marshall
Date of Birth: Month 1 Day 9 Year 68
Place of Birth (State or foreign country) Terre Haute, In.
Residence Address: Street or R.R. 518 Enderly Ave City Brownsburg 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 male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Candice Elise Marshall 3 yrs.
6. (a) Full name of applicant's father Robert David Nelson
   (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 Sue Richards
   (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 Marshall Date 11/1/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Jennifer Marshall
New Address 6722 FOXFIRE DRIVE INDPLS, 46214
Subscribed and sworn to before me this 1st day of Nov, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-1-93 *, authorizing the marriage of* MARK ALLEN McMAHON *and* JENNIFER JO MARSHALL *. I further certify that the following marriage certificate was filed in my office: I,* STEVEN T. REEVES *(name), certify that on* NOVEMBER 6, 1993 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* MARK ALLEN McMAHON *of* MARION *County* IN *(state), and* JENNIFER JO MARSHALL *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-1-93 *. Signed by:* /s/ STEVEN T. REEVES *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 11-9-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

130

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 582

HENDRICKS County

File

11-2-93
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 11-2-93
Name of Physician Dr. Ferrara, M.D.

MALE APPLICANT

Name First James Middle Paul Last Wilson

Date of Birth Month 12 Day 20 Year 59

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address 3257 Six Points Rd. Indpls., In.
Street or R.R. City County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 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.
   Brandi Nichole Wilson 11 yrs.
   James Paul Wilson II 10 yrs.
6. (a) Full name of applicant's father James Leland Wilson
   (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 Pauline Elizabeth Freeman
   (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 James P Wilson Date 11-2-93

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 P Wilson

New Address Same

Subscribed and sworn to before me this 2nd day of Nov, 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 Tambi Middle Lynn Last Stewart

Date of Birth Month 7 Day 26 Year 67

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address 3257 Six Points Rd. Indpls., In. Hendricks
Street or R.R. City County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1991

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Milowes Stewart 4 yrs.
6. (a) Full name of applicant's father Archer Lloyd Locke
   (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 Marla Gail Chrisman
   (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 Tambi L. Stewart Date 11-2-93

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 Tambi L. Stewart

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* 11-2-93 *, authorizing the marriage of* JAMES PAUL WILSON *and* TAMBI LYNN STEWART *. I further certify that the following marriage certificate was filed in my office: I,* REV. ROBERT M. HOOTEN *(name), certify that on* NOVEMBER 6, 1993 *(date), at* AVON *in* HENDRICKS *County, Indiana,* JAMES PAUL WILSON *of* HENDRICKS *County* IN *(state), and* TAMBI LYNN STEWART *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-2-93 *. Signed by:* /s/ REV. ROBERT M. HOOTEN *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 11-8-93 *(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. 583

HENDRICKS County

File

11-3-93
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 8-27-93
Name of Physician Dr. Theodore Bailey MD.

MALE APPLICANT

Name: First Philip Middle Edwin Last Perry
Date of Birth: Month 1 Day 24 Year 70
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. 3491 Woodfront Pl. 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 Philip Karl Perry
   (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 Mary Joyce Pence
   (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 ~~Tonya Maynard~~ Philip E. Perry Date 11/3/93

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: 310-96-0324
I swear/affirm that the information given in this application is true and correct.
Signed ~~Ton~~ Philip E. Perry
New Address _____
Subscribed and sworn to before me this 3rd day of Nov, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Annette Last Maynard
Date of Birth: Month 9 Day 1 Year 68
Place of Birth (State or foreign country) Sandusky, Ohio
Residence Address: Street or R.R. R1 Box 304 H City Pittsboro County In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Leonard Burke Maynard
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Pittsboro, In.
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of applicant's mother Barbara Ann Johnson
   (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 Tonya Maynard Date 11/3/93

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: 309-98-9163
I swear/affirm that the information given in this application is true and correct.
Signed Tonya Annette Maynard
New Address 3491 Woodfront Place Indpls In
Subscribed and sworn to before me this 3rd day of Nov, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-3-93 *, authorizing the marriage of* PHILIP EDWIN PERRY *and* TONYA ANNETTE MAYNARD *. I further certify that the following marriage certificate was filed in my office: I,* REV. LEONARD B. MAYNARD, JR. *(name), certify that on* NOVEMBER 13, 1993 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* PHILIP EDWIN PERRY *of* MARION *County* IN *(state), and* TONYA ANNETTE MAYNARD *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-13-93 *. Signed by:* /s/ REV. LEONARD B. MAYNARD, JR. *,* ASST. PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 11-18-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

132

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 584

File

11-3-93 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 10-29-93
Name of Physician J M McDaniel

MALE APPLICANT

Name: First David Middle Edward Last Payne

Date of Birth: Month 12 Day 6 Year 46

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R.R. 313 Donnelly Dr. City Brownsburg County (2) State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1987

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 David Payne 15 yrs.
   Julie Krystie Payne 13 yrs.
6. (a) Full name of applicant's father Porter Thomas Payne
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Hudson, Ill.
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of applicant's mother Leota Gertrude Farmer
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Hudson, 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 David E Payne Date 11/3/93

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 E. Payne
New Address SAME

Subscribed and sworn to before me this 3rd day of Nov, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Ann Last Fanto

Date of Birth: Month 9 Day 20 Year 52

Place of Birth (State or foreign country) Detroit, Mi

Residence Address: Street or R.R. 313 Donnelly Dr. City Brownsburg County State In.

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) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Alfred Bernard Fanto
   (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 Inise Karaine Coburn
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Vero Beach, Fla.
   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 Pamela C Fanto Date 11/3/93

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 Pamela C Fanto
New Address SAME

Subscribed and sworn to before me this 3rd day of Nov, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-3-93 *, authorizing the marriage of* DAVID EDWARD PAYNE *and* PAMELA ANN FANTO *. I further certify that the following marriage certificate was filed in my office: I,* CINDY SPENCE *(name), certify that on* NOVEMBER 14, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* DAVID EDWARD PAYNE *of* HENDRICKS *County* IN *(state), and* PAMELA ANN FANTO *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-14-93 *. Signed by:* /s/ CINDY SPENCE *,* 1ST DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 11-15-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

133

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 585

HENDRICKS County

File

11-3-93
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 11-3-93
Name of Physician D. Wright, M.D.

MALE APPLICANT

Name: First Perry Middle Allen Last Cook

Date of Birth: Month 1 Day 5 Year 69

Place of Birth (State or foreign country) Danville Ind.

Residence Address: Street or R.R. 8852 Wallstreet Dr. 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 Rex Dale Cook
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Judith Carolyn Searcy
   (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 Perry A Cook Date 11-3-93

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 Perry A Cook
New Address 3427 Willsey Rd, Plainfield, IN 46168
Subscribed and sworn to before me this 3rd day of Nov, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Marie Last Rahr

Date of Birth: Month 4 Day 13 Year 64

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R.R. 3427 Willsey Rd City Plainfield 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 male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children
   Kristina Rahr 9 yrs.
   Michael Rahr 8 yrs.
6. (a) Full name of applicant's father William Edward Gann
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Penn.
   (b) Full maiden name of applicant's mother Sandra Kay Hall
   (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 Tina M. Rahr Date 11-3-93

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 11-3-93

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Tina M. Rahr
New Address SAME
Subscribed and sworn to before me this 3rd day of Nov, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-3-93 *, authorizing the marriage of* PERRY ALLEN COOK *and* TINA MARIE RAHR *. I further certify that the following marriage certificate was filed in my office: I,* REV. PHIL MYERS *(name), certify that on* DECEMBER 3, 1993 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* PERRY ALLEN COOK *of* HENDRICKS *County* IN *(state), and* TINA MARIE RAHR *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-3-93 *. Signed by:* /s/ REV. PHIL MYERS *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-14-93 *(date).*

Signed Connie Lawson Clerk
HENDRICKS Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

134

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 586

HENDRICKS County

File

11-4-93
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. Lovell

MALE APPLICANT

Name First: Lawrence Middle: Frederick Last: Lucas

Date of Birth Month: 5 Day: 9 Year: 65

Place of Birth (State or foreign country): Indianapolis In.

Residence Address Street or R.R.: PO Box 124 City: Stilesville County: State: In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father: Robert Franklin Lucas
   (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: Geraldine Lawson
   (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: Lawrence F. Lucas Date: 11/4/93

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: Lawrence F. Lucas
New Address: SAME
Subscribed and sworn to before me this 4th day of Nov, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name First: Terace Middle: Ann Last: Ellison

Date of Birth Month: 8 Day: 17 Year: 72

Place of Birth (State or foreign country): Indianapolis In.

Residence Address Street or R.R.: PO Box 124 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: James David Ellison
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state): Clermont, In.
   Birthplace of father (State or foreign country): Indiana
   (b) Full maiden name of applicant's mother: Linda Denise Burks
   (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: Terace Ann Ellison Date: 11/4/93

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: Terace Ann Ellison
New Address: SAME
Subscribed and sworn to before me this 4th day of Nov, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11/4/93 *, authorizing the marriage of* Lawrence Frederick Lucas *and* Terace Ann Ellison *. I further certify that the following marriage certificate was filed in my office:*
I, DEBRA A HEDRICK *(name), certify that on* 11/4/93 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* LAWRENCE F. LUCAS *of* HENDRICKS *County* INDIANA *(state), and* TERACE A ELLISON *of* HENDRICKS *County* INDIANA *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11/4/93.
Signed by: DEBRA A HEDRICK 1ST DEPUTY CLERK *(official designation)*
Filed and recorded in accordance with the laws of the State of Indiana on 11/4/93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

135

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 587

HENDRICKS County

File 11-4-93
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 [X] Yes [ ]
If No, Medical Examination or Report Dated
Name of Physician Dr. Peagy

MALE APPLICANT

Name: First James Middle L Last Hassie

Date of Birth: Month 9 Day 14 Year 47

Place of Birth (State or foreign country) West Virginia

Residence Address: Street or R.R. R2 Box 70 City Coatesville County IN State

Previous Marital Status: Never Married [ ] OR No. of Previous Marriages 2

Last Marriage Ended By: Death [ ] Divorce [X] Annulment [ ] Date 1987

Date of birth verified by: [ ] Birth Certificate [X] Other (Specify) Drivers

1. Are you now or have you ever been adjudged to be of unsound mind? No [X] Yes [ ]
   If answer is "yes," has the adjudication been removed? No [X] Yes [ ]
2. Are you related to the female applicant closer than second cousin? No [X] Yes [ ]
3. Are you now under the influence of an alcoholic beverage? No [X] Yes [ ]
4. Are you now under the influence of a narcotic drug? No [X] Yes [ ]
5. List the full names of any dependent children.
6. (a) Full name of applicant's father James Joseph Hassie
   (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 Francis Joanne Thomas
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) West Virginia

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant James Hassie Date 11-4-93

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 James Hassie
New Address

Subscribed and sworn to before me this 4th day of November, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 D Last medley

Date of Birth: Month 1 Day 14 Year 48

Place of Birth (State or foreign country) Alabama

Residence Address: Street or R.R. R2 Box 70 City Coatesville County IN State

Previous Marital Status: Never Married [ ] OR No. of Previous Marriages 1

Last Marriage Ended By: Death [ ] Divorce [X] Annulment [ ] Date 1992

Date of birth verified by: [ ] Birth Certificate [X] Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No [X] Yes [ ]
   If answer is "yes," has the adjudication been removed? No [X] Yes [ ]
2. Are you related to the male applicant closer than second cousin? No [X] Yes [ ]
3. Are you now under the influence of an alcoholic beverage? No [X] Yes [ ]
4. Are you now under the influence of a narcotic drug? No [X] Yes [ ]
5. List the full names of any dependent children
6. (a) Full name of applicant's father Bernard Campbell
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Tennessee
   Birthplace of father (State or foreign country) Tennessee
   (b) Full maiden name of applicant's mother Mary Francis Vaughn
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Tennessee
   Birthplace of mother (State or foreign country) Tennessee

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Linda Medley Date 11-4-93

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 Linda Medley
New Address

Subscribed and sworn to before me this 4th day of November, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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

136

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 588

File

11-4-93 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 11-4-93
Name of Physician Wm A Edwards MD

MALE APPLICANT

Name First Jeffrey Middle Allen Last Beasley

Date of Birth Month 9 Day 10 Year 74

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address 231 avon ave apt 2 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

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 Edward Beasley
   (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 Cheryl Lynn Walker
   (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 Jeffrey Allen Beasley Date 11-4-93

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 Jeffrey Allen Beasley
New Address Same

Subscribed and sworn to before me this 4th day of November, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name First Nicole Middle Joann Last Tucek

Date of Birth Month 6 Day 25 Year 74

Place of Birth (State or foreign country) Danville In.

Residence Address 231 avon ave apt 2 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

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 Joseph Tucek
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield, In.
   Birthplace of father (State or foreign country) Delphi, In.
   (b) Full maiden name of applicant's mother Alice Ann Karl
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Cincinnati, Oh.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Nicole J. Tucek Date 11-4-93

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 Nicole J. Tucek
New Address same

Subscribed and sworn to before me this 4th day of November, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-4-93 *, authorizing the marriage of* JEFFREY ALLEN BEASLEY *and* NICOLE JOANN TUCEK *. I further certify that the following marriage certificate was filed in my office: I,* CHARLES ELSTON *(name), certify that on* NOVEMBER 20, 1993 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* JEFFREY ALLEN BEASLEY *of* HENDRICKS *County* IN *(state), and* NICOLE JOANN TUCEK *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-20-93 *. Signed by:* /s/ CHARLES ELSTON *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 11-23-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

137

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 589

HENDRICKS County

File

11-5-93
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 10-26-93
Name of Physician Robert Hessin MD.

MALE APPLICANT

Name: First Bobby Middle Joe Last Gilbrech

Date of Birth: Month 8 Day 21 Year 71

Place of Birth (State or foreign country) Danville, In

Residence Address: Street or R.R. 707 Spruce 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 Chester Gilbrech
   (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 Helen Louise Phillips
   (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 Bobby J. Gilbrech Date 11-5-93

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 Bobby J. Gilbrech

New Address _____

Subscribed and sworn to before me this 5th day of Nov, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Diane Middle Marie Last Knight

Date of Birth: Month 10 Day 15 Year 70

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. P O Box 61 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 male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Edward Knight
   (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 Joan Copeland
   (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 Diane M Knight Date 11-5-93

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 Diane M Knight

New Address _____

Subscribed and sworn to before me this 5th day of Nov, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-5-93 *, authorizing the marriage of* BOBBY JOE GILBRECH *and* DIANE MARIE KNIGHT *. I further certify that the following marriage certificate was filed in my office: I,* K. DALE FERGUSON *(name), certify that on* NOVEMBER 6, 1993 *(date), at* NEW WINCHESTER *in* HENDRICKS *County, Indiana,* BOBBY JOE GILBRECH *of* HENDRICKS *County* IN *(state), and* DIANE MARIE KNIGHT *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-6-93 *. Signed by:* /s/ K. DALE FERGUSON *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 11-19-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

138

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 590

HENDRICKS County

File 11-5-93 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Dr. Wierle

MALE APPLICANT

Name: First Jonas Middle K Last Fenicle

Date of Birth: Month Day Year

Place of Birth (State or foreign country) Pennsylvania

Residence Address: 1200 E 42nd St. 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

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 RONALD B. FENICLE SR
   (If adopted, list adoptive parents only) —
   Residence of father (if deceased, so state) — PENNSYLVANIA
   Birthplace of father (State or foreign country) PENNSYLVANIA
   (b) Full maiden name of applicant's mother JOAN C. THOMPSON
   (If adopted, list adoptive parents only) —
   Residence of mother (if deceased, so state) — PENNSYLVANIA
   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 Jonas R. Fenicle Date 11/5/93

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 Jonas R. Fenicle

New Address 125 S. MILL ST. PLAINFIELD, IN

Subscribed and sworn to before me this 5th day of NOV., 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Adreine Middle K Last Gore

Date of Birth: Month 5 Day 2 Year 69

Place of Birth (State or foreign country) Indiana

Residence Address: 8944 Camby Street or R.R. In City 46113 County State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☑ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father James Gore
   (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 Sharon Kay Bertram
   (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 Adreine Gore Date 11-5-93

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 Adreine Gore

New Address 125 S. mill St. Plnd, Ind 46168

Subscribed and sworn to before me this 5th day of Nov., 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-5-93 *, authorizing the marriage of* JONAS ROBERT FENICLE *and* ADRIENE KAY GORE *. I further certify that the following marriage certificate was filed in my office: I,* CHARLES M. SNYDER *(name), certify that on* NOVEMBER 6, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* JONAS ROBERT FENICLE *of* HENDRICKS *County* IN *(state), and* ADRIENE KAY GORE *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-5-93 *. Signed by:* /s/ CHARLES M. SNYDER *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 11-10-93 *(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

No. 591

HENDRICKS County

File 11-5-93
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Dr. Parr

MALE APPLICANT

Name: First Michael Middle D Last Johnson

Date of Birth: Month 1 Day 17 Year 70

Place of Birth (State or foreign country) Indiana

Residence Address: 3375 S Center St. Street or R.R. Plainfield 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 female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 R. Johnson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Shelia A. Harris
   (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 Michael D. Johnson Date 11-5-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

X Signed Michael D. Johnson
New Address

Subscribed and sworn to before me this 5th day of Nov, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 K Last Rouse

Date of Birth: Month 2 Day 3 Year 72

Place of Birth (State or foreign country)

Residence Address: 5170 N 1000 E. Street or R.R. Brownsburg 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 JOE Edwin Rouse.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Ind.
   Birthplace of father (State or foreign country) Kentucky.
   (b) Full maiden name of applicant's mother Gertrude Julia Woolbright
   (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 Tonya K Rouse Date 11/5/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

X Signed Tonya K Rouse
New Address

Subscribed and sworn to before me this 5th day of Nov, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-5-93 *, authorizing the marriage of* MICHAEL D. JOHNSON *and* TONYA K. ROUSE *. I further certify that the following marriage certificate was filed in my office: I,* EDWARD DEAN DICKINSON *(name), certify that on* NOVEMBER 27, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* MICHAEL D. JOHNSON *of* HENDRICKS *County* IN *(state), and* TONYA K. ROUSE *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-5-93 *. Signed by:* /s/ EDWARD DEAN DICKINSON *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-7-93 *(date).*

Signed Connie Lawson Clerk
HENDRICKS Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

140

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 592

File

11-5-93
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☐ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician

MALE APPLICANT

Name: First Riley Middle D Last Williamson
Date of Birth: Month 9 Day 27 Year 67
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 65 Cedar Run 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) 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. Sheanann Williamson
6. (a) Full name of applicant's father Riley D. Williamson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Kentucky
   Birthplace of father (State or foreign country)
   (b) Full maiden name of applicant's mother Rosalee Reavler
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Arkansas
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding 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 Riley D. Williamson Date 11-5-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

X Signed Riley D. Williamson
New Address Shore

Subscribed and sworn to before me this 10th day of Nov, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Belinda Middle Kay Last Ginn
Date of Birth: Month 1 Day 30 Year 65
Place of Birth (State or foreign country) Long Beach Ca.
Residence Address: Street or R.R. 65 Cedar Run 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. Tristan Ginn 11yrs.
   Rhea Ginn 9yrs.
6. (a) Full name of applicant's father Raymond Ernest Ginn
   (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 Mildred Louise Bear
   (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 Belinda Ginn Date 11/10/93 ✓

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 Belinda Ginn
New Address _____

Subscribed and sworn to before me this 10th day of Nov, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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. 593

HENDRICKS County

File 11-5-93 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 11-5-93
Name of Physician C Wills, M.D.

MALE APPLICANT

Name: First Allen Middle Wayne Last Kiger

Date of Birth: Month 6 Day 14 Year 69

Place of Birth (State or foreign country) Danville, In.

Residence Address: Street or R.R. 660 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 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 Mina 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 Allen Kiger Date 11/5/93

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 Allen Kiger

New Address 5115 Fairway Drive Plainfield

Subscribed and sworn to before me this 5th day of Nov, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Dawn Last Conder

Date of Birth: Month 3 Day 23 Year 71

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R.R. Rt 1 Box 132G 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. Morgan Danielle Conder 3 yrs.
6. (a) Full name of applicant's father Ronnie Dean Conder
   (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 Emma Jane Perry
   (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 Kelly Conder Date 11/5/93

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 Kelly Conder

New Address 5115 Fairway Drive Plainfield

Subscribed and sworn to before me this 5th day of Nov, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-5-93 *, authorizing the marriage of* ALLEN WAYNE KIGER *and* KELLY DAWN CONDER *. I further certify that the following marriage certificate was filed in my office: I,* JEFFREY V. BOLES *(name), certify that on* NOVEMBER 18, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* ALLEN WAYNE KIGER *of* HENDRICKS *County* IN *(state), and* KELLY DAWN CONDER *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-18-93 *. Signed by:* /s/ JEFFREY V. BOLES *,* CIRCUIT JUDGE *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 11-23-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

142

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 594

File

11-8-93
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 5-10-93
Name of Physician Richard Hassell, MD.

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: Street or R.R. 5474 Pleasant Hill Circle apt D City Indpls, 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. ashley—
6. (a) Full name of applicant's father Michael Dale Bemis
   (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 Katherine Rae Richmond
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, 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 Jason Bemis Date 11-8

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of 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 SAME

Subscribed and sworn to before me this 8th day of Nov, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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) Durham D.C.

Residence Address: Street or R.R. 1159 W. Lincoln Apt D-1 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. Ashley Nicole Cavett Bemis Twins.
6. (a) Full name of applicant's father Robert Larkin 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 Wynn
   (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 11-8

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of 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 CIR. #D

Subscribed and sworn to before me this 8th day of Nov, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-8-93 *, authorizing the marriage of* JASON TODD BEMIS *and* REBECCA LOUISE CAVETT *. I further certify that the following marriage certificate was filed in my office: I,* REV. ROBERT L. THOMPSON, SR. *(name), certify that on* NOVEMBER 12, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* JASON TODD BEMIS *of* MARION *County* IN *(state), and* REBECCA LOUISE CAVETT *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-8-93 *. Signed by:* /s/ ROBERT L. THOMPSON, SR. *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 11-17-93 *(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. 595

HENDRICKS County

File

11-9-93
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 10-22-93
Name of Physician B.B. Watanabe, M.D.

MALE APPLICANT TRITTIPO

Name: First Larry Middle Lee Last Trittipo

Date of Birth: Month 1 Day 2 Year 54

Place of Birth (State or foreign country) Greenfield, In.

Residence Address: Street or R.R. 542 Enderly Ave #1 City Brownsburg County 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 female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Bradley Wayne Trittipo 15yrs.
   Erika Brandette Trittipo 8 Yrs.
6. (a) Full name of applicant's father Bernie Dewe Trittipo
   (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 Catherine Kindaid
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Shelbyville, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Larry R Trittipo Date 10 Nov 93 / 11-9-93

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 Larry R Trittipo
New Address Same
Subscribed and sworn to before me this 9th day of Nov, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Barbra Middle Ann Last Bachmeier

Date of Birth: Month 11 Day 3 Year 62

Place of Birth (State or foreign country) Harvey, No. Dak.

Residence Address: Street or R.R. 542 Enderly Ave #1 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 Walter John Bachmeier
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Harvey, N. Dak.
   Birthplace of father (State or foreign country) North Dakota
   (b) Full maiden name of applicant's mother Eileen Grace Smith
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Harvey, N. Dak.
   Birthplace of mother (State or foreign country) North 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 Barbra A. Bachmeier Date 10 Nov 93 / 11-9-93

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 Barbra A. Bachmeier
New Address Same
Subscribed and sworn to before me this 9th day of Nov, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-9-93 *, authorizing the marriage of* LARRY LEE TRITTIPO *and* BARBRA ANN BACHMEIER *. I further certify that the following marriage certificate was filed in my office: I,* ROBERT W. FREESE *(name), certify that on* DECEMBER 23, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* LARRY LEE TRITTIPO *of* HENDRICKS *County* IN *(state), and* BARBRA ANN BACHMEIER *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-9-93 *. Signed by:* /s/ ROBERT W. FREESE JUDGE, BROWNSBURG TOWN COURT *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-29-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

144

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 596

File

11-10-93
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: Dale (First) Robert (Middle) Schildknecht (Last)
Date of Birth: Month 6 Day 20 Year 50
Place of Birth (State or foreign country): Belleville, Ill.
Residence Address: 507 Roosevelt (Street or R.R.) Plainfield (City) (County) In (State)
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1985
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Suzanne Schildknecht 12yrs
6. (a) Full name of applicant's father Robert Thomas Schildknecht
   (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 Shirley Ida Busch
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) O'Fallon, 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 Dale R Schildknecht Date 11-10-93

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 Dale R Schildknecht
New Address same
Subscribed and sworn to before me this 10th day of Nov, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: Betty (First) Jo (Middle) W haley (Last)
Date of Birth: Month 2 Day 12 Year 65
Place of Birth (State or foreign country): Princeton, Ill.
Residence Address: 507 Roosevelt St. (Street or R.R.) Plainfield (City) (County) In (State)
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1988
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Franklin Leroy Jones
   (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 Ruby Jean Elliott
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Streator, 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 Betty Jo W haley Date 11-10-93

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 Betty Jo W haley
New Address same
Subscribed and sworn to before me this 10th day of Nov, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* Nov. 10, 1993 *, authorizing the marriage of* DALE ROBERT SCHILDKNECHT *and* BETTY JO WHALEY *. I further certify that the following marriage certificate was filed in my office: I,* CINDY SPENCE *(name), certify that on* Nov. 12, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* DALE ROBERT SCHILDKNECHT *of* HENDRICKS *County* IN *(state), and* BETTY JO WHALEY *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* NOV. 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 Nov. 12, 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. 597

HENDRICKS County

File

11-10-93
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 Linda Thompson

MALE APPLICANT

Name: First Thomas Middle Joseph Last Kanakis
Date of Birth: Month 3 Day 2 Year 42
Place of Birth (State or foreign country) Bedford In.
Residence Address: Street or R.R. 2028 Stafford Rd. City Plainfield County State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 5
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1982
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Thomas Elbert Kanakis
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Greece (?)
   (b) Full maiden name of applicant's mother Roberta J. Earl
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Mitchell In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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. Kanakis Date 11-10-93

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 Thomas J. Kanakis
New Address _____
Subscribed and sworn to before me this 10th day of Nov, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Allen
Date of Birth: Month 11 Day 10 Year 58
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. 315 Welcome Way Blvd Apt 106-B City Indianapolis 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. /
6. (a) Full name of applicant's father William K. Agal
   (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 Susie V. Hatton
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, 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 Kathy L. Allen Date 11-10-93

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 Kathy L. Allen
New Address 2028 Stafford Rd
Subscribed and sworn to before me this 10th day of Nov, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-15-93 *, authorizing the marriage of* THOMAS JOSEPH KANAKIS *and* KATHY LYNN ALLEN *. I further certify that the following marriage certificate was filed in my office: I,* REV. ROBERT W. LUNDY *(name), certify that on* DECEMBER 11, 1993 *(date), at* MOORESVILLE *in* HENDRICKS *County, Indiana,* THOMAS JOSEPH KANAKIS *of* HENDRICKS *County* IN *(state), and* KATHY LYNN ALLEN *of* MARION *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-11-93 *. Signed by:* /s/ REV. ROBERT W. LUNDY, JR. *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-14-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

146

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 598

File

11-12-93
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 11-8-93
Name of Physician Robert A McCardle, M.D.

MALE APPLICANT

Name: First Randy Middle Lee Last Cummings

Date of Birth: Month 2 Day 9 Year 60

Place of Birth (State or foreign country) Greencastle, In.

Residence Address: Street or R.R. 932-D Pinewood 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 1983

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Frank Edsel Cummings
   (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 Laurra Halton
   (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 Randy Cummings Date 11/12/93

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 Randy Cummings

New Address _____

Subscribed and sworn to before me this 12th day of Nov, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Joyce Middle Ellen Last Marr

Date of Birth: Month 11 Day 21 Year 58

Place of Birth (State or foreign country) Greencastle In.

Residence Address: Street or R.R. 932-D Pinewood 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 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.
   Taylor Marr 10 yrs
   Sarah Marr 7 yrs.
6. (a) Full name of applicant's father Jack Kelvin Swope
   (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 Thelma Roslyn Guery
   (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 Joyce E. Marr Date 11-12-93

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 Joyce E. Marr

New Address _____

Subscribed and sworn to before me this 12th day of Nov, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-12-93 *, authorizing the marriage of* RANDY LEE CUMMINGS *and* JOYCE ELLEN MARR *. I further certify that the following marriage certificate was filed in my office: I,* CINDY SPENCE *(name), certify that on* NOVEMBER 12, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* RANDY LEE CUMMINGS *of* HENDRICKS *County* IN *(state), and* JOYCE ELLEN MARR *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-12-93 *. Signed by:* /s/ CINDY SPENCE *,* 1ST DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 11-12-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

147

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 599

HENDRICKS County

File 11-12-93
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 11-12-93
Name of Physician Jon Fisch, M.D.

MALE APPLICANT

Name: First Steven Middle Duane Last Beck
Date of Birth: Month 8 Day 12 Year 56
Place of Birth (State or foreign country) Seymour In.
Residence Address: Street or R.R. 10202 Pataka Dr. City Indpls. 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.
   Jasha Beck 11 yrs.
   Jamie Beck 8 yrs.
6. (a) Full name of applicant's father Nilson Belding
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Betty Juanita Nicholson
   (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 Steven Beck Date 11-12-93

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 Steven Beck
New Address Same
Subscribed and sworn to before me this 12th day of Nov, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Lea Last Bogard
Date of Birth: Month 9 Day 15 Year 58
Place of Birth (State or foreign country) Lebanon In.
Residence Address: Street or R.R. 10202 Pataka Dr. City Indpls. 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. Heather Bogard 11 yrs
   Denise Bogard 9 yrs.
   Brian Bogard 8 yrs.
6. (a) Full name of applicant's father James Arthur Coons
   (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 Berthella Lusk
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg, 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 Kim Lea Bogard Date 11-16-93

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 Kim Lea Bogard
New Address Same
Subscribed and sworn to before me this 16th day of Nov. 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____
Mother _____
Subscribed and sworn to before me this _____ day
_____ Clerk

Count this on 11-16-93 date

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-16-93 *, authorizing the marriage of* STEVEN DUANE BECK *and* KIM LEA BOGARD *. I further certify that the following marriage certificate was filed in my office: I,* LARRY L. BELLVILLE *(name), certify that on* NOVEMBER 20, 1993 *(date), at* INDIANAPOLIS *in* HENDRICKS *County, Indiana,* STEVEN DUANE BECK *of* HENDRICKS *County* IN *(state), and* KIM LEA BOGARD *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-16-93 *. Signed by:* /s/ LARRY L. BELLVILLE *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 11-23-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

148

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 600

File

11-12-93 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 11-12-93
Name of Physician ? Beason O.D.

MALE APPLICANT

Name: First David Middle Walter Last Nierman

Date of Birth: Month 10 Day 9 Year 43

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R.R. 11 Petree Ct. City Danville County 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) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children. Monica Dione Nierman 15yrs.
6. (a) Full name of applicant's father Walter Alvin Nierman
   (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 Evelyn Long Spangler
   (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 David W. Nierman Date 11-12-93

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 W. Nierman
New Address 3736 N ST RD 39 DANVILLE IND.
Subscribed and sworn to before me this 12th day of Nov, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Louise Last Mood

Date of Birth: Month 10 Day 12 Year 51

Place of Birth (State or foreign country) Lebanon In.

Residence Address: Street or R.R. 3736 N St Rd 39 N City Danville 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 male applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Mood 17yrs.
6. (a) Full name of applicant's father Fred Leon Hadley
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Mildred Louise Helm
   (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 Alice L Mood Date 11-12-93

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 Alice L Mood
New Address _____
Subscribed and sworn to before me this 12th day of Nov, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-12-93 *, authorizing the marriage of* DAVID WALTER NIERMAN *and* ALICE LOUISE MOOD *. I further certify that the following marriage certificate was filed in my office: I,* ANDREW J. SIMKINS *(name), certify that on* NOVEMBER 28, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* DAVID WALTER NIERMAN *of* HENDRICKS *County* IN *(state), and* ALICE LOUISE MOOD *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-28-93 *. Signed by:* /s/ ANDREW J. SIMKINS *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 11-29-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

149

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 601

HENDRICKS County

File

11-15-93
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 11-12-93
Name of Physician Linda Leedia, M.D.

MALE APPLICANT

Name First Roger Middle Kenneth Last Dohm
Date of Birth Month 5 Day 23 Year 47
Place of Birth (State or foreign country) Niles, Mi.
Residence Address Street or R.R. PO Box 382 City Brownsburg, In. County State
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. —
6. (a) Full name of applicant's father Kenneth Charles Dohm
   (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 Helen Louise Barton
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Niles, Mi
   Birthplace of mother (State or foreign country) Michigan

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Roger K. Dohm Date 11-15-93

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 Roger K Dohm
New Address 507 Enderly Ave #1 Brownsburg
Subscribed and sworn to before me this 15th day of Nov, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Bea Last Turner
Date of Birth Month 12 Day 10 Year 48
Place of Birth (State or foreign country) 507 Enderly Ave Brownsburg, In.
Residence Address Street or R.R. City Indianapolis, In. County State
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 male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Turner 18 yrs.
   Ryan Turner 14 yrs.
6. (a) Full name of applicant's father Otis Franklin Buchanan
   (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 Ellen Louise Looney
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg, 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 Barbara Bea Turner Date 11/15/93

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 Barbara Bea Turner
New Address same
Subscribed and sworn to before me this 15th day of Nov, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-15-93 *, authorizing the marriage of* ROGER KENNETH DOHM *and* BARBARA BEA TURNER *. I further certify that the following marriage certificate was filed in my office: I,* STEVEN T. REEVES *(name), certify that on* DECEMBER 4, 1993 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* ROGER KENNETH DOHM *of* HENDRICKS *County* IN *(state), and* BARBARA BEA TURNER *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-15-93 *. Signed by:* /s/ STEVEN T. REEVES *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-8-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

150

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 602

File

11-15-93 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 Philip Batista, MD

MALE APPLICANT

Name: First Joseph Middle Edward Last Champe

Date of Birth: Month 6 Day 3 Year 71

Place of Birth (State or foreign country) Ohio

Residence Address: Street or R.R. Rt. 8 Box 236C City Greeneville County Greene State TN

Previous Marital Status: Never Married ☑ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. none
6. (a) Full name of applicant's father William Edward Champe
   (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 Linda A. Stilles
   (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 Joseph E Champe Date 11/15/93

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 Joseph E Champe
New Address Unknown

Subscribed and sworn to before me this 15th day of Nov., 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Jennifer Middle Christine Last Emmert

Date of Birth: Month 10 Day 12 Year 70

Place of Birth (State or foreign country) Anderson, In.

Residence Address: Street or R.R. Rt. 1, Box 78C 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 A. Emmert
   (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 Marjorie E. Hines
   (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 Jennifer C. Emmert Date 11/15/93

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 Jennifer C. Emmert
New Address

Subscribed and sworn to before me this 15th day of Nov., 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-15-93 *, authorizing the marriage of* JOSEPH EDWARD CHAMPE *and* JENNIFER CHRISTINE EMMERT *. I further certify that the following marriage certificate was filed in my office: I,* JOHN M. NOLAN *(name), certify that on* NOVEMBER 27, 1993 *(date), at* JAMESTOWN *in* BOONE *County, Indiana,* JOSEPH EDWARD CHAMPE *of* GREENE *County* TN *(state), and* JENNIFER CHRISTINE EMMERT *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-15-93 *. Signed by:* /s/ JOHN M. NOLAN *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-5-94 *(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. 603

HENDRICKS County

File

11-15-93
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 10-21-93
Name of Physician Mark Stine M.D.

MALE APPLICANT

Name: First James Middle Allen Last Patrick
Date of Birth: Month 11 Day 30 Year 56
Place of Birth (State or foreign country) Sharon, Pa.
Residence Address: Street or R.R. RR 1 Box 71 City Clayton County 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) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Richard Patrick 18 yrs.
6. (a) Full name of applicant's father Joseph Louis Patrick
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) N/A
   (b) Full maiden name of applicant's mother Emily Marie Palmer
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brookville, 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 [signature] Date 11-15-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed [signature]
New Address 8367 W Morris INDPLS IN
Subscribed and sworn to before me this 15th day of Nov, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the ... only one parent signs, state facts ...
State of In...
County of ...
Father ...
Mother ...
Subscribe... , 19 ...
... Clerk

Ck bounced for Marr. Lic. Cheryl Walker Do not give out Copy. Jan

FEMALE APPLICANT

Name: First Cheryl Middle Ella Last Wallen
Date of Birth: Month 4 Day 5 Year 56
Place of Birth (State or foreign country) New Castle In.
Residence Address: Street or R.R. 8367 W Morris St City Indpls. County Marion State In.
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) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Swaila 16 yrs
6. (a) Full name of applicant's father Logan Franklin Blevins
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Middletown, In.
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of applicant's mother Barbara Ann Jones
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) New Castle, In
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Cheryl E. Wallen Date 11-15-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Cheryl E. Wallen Date 11-15-93

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Cheryl E. Wallen
New Address Same
Subscribed and sworn to before me this 15th day of Nov, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMP... ER OF COURT. A marriage license having been refused to the above named parties, the _____ Court, by written order issued _____ and fil... _____, authorizes and directs the issuance of a marriage license to the above named parties.

...RRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certi... ... issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated ... 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

152

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 604

HENDRICKS County

File

11-16-93
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 11-8-93
Name of Physician Dr. Black M.D.

MALE APPLICANT

Name: First Stephen Middle Dale Last McDonald Jr.
Date of Birth: Month 11 Day 16 Year 68
Place of Birth (State or foreign country) Greenfield, In.
Residence Address: Street or R.R. 441 Murphy Ln City Brownsburg County In. State
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Stephen Dale McDonald
   (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 Bovie Irene Browning
   (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 Stph D McDonald Date 11-16-93

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 Stph D McDonald
New Address same
Subscribed and sworn to before me this 16 day of Nov. , 1993
Connie Dawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19____
_____ Clerk

FEMALE APPLICANT

Name: First Carol Middle Elaine Last Miller
Date of Birth: Month 5 Day 9 Year 60
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R.R. 441 Murphy Ln City Brownsburg County State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1986
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Kurt Miller 15 yrs.
6. (a) Full name of applicant's father Joseph Francis Brickler
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Jean Pearl
   (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 Carol E. Miller Date 11/16/93

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 Carol E. Miller
New Address same
Subscribed and sworn to before me this 16 day of Nov. , 1993
Connie Dawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-16-93 *, authorizing the marriage of* STEPHEN D. MCDONALD JR *and* CAROL ELAINE MILLER *. I further certify that the following marriage certificate was filed in my office: I,* CINDY SPENCE *(name), certify that on* Nov. 16, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* STEPHEN DALE MCDONALD JR *of* HENDRICKS *County* IN *(state), and* CAROL ELAINE 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* 11-16-93 *. Signed by:* /s/ CINDY SPENCE, 1ST DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* HENDRICKS *(date).*

Signed Connie Dawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

153

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 605

HENDRICKS County

File

11-16-93
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. David Hadley

MALE APPLICANT

Name: First Paul Middle A Last KUHN
Date of Birth: Month 7 Day 24 Year 58
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 423 William Dr. City Brownsburg County IN State 46112
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 10-92
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. Amber, Andy, Allen Kuhn
6. (a) Full name of applicant's father Charles Francis KUHN
   (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 Carol Louise Jones
   (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 ✗ Paul Kuhn Date 11-15-93

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 ✗ Paul Kuhn
New Address _____
Subscribed and sworn to before me this 16th day of Nov, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Donette Middle R Last Kuhn
Date of Birth: Month 7 Day 8 Year 58
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 423 William Drive 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 10-92
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. Amber, Andy, Allen Kuhn
6. (a) Full name of applicant's father Donald Eugene Vernick
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Velma Hinman
   (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 ✗ Donette R Kuhn Date 11-15-93

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 ✗ Donette R Kuhn
New Address _____
Subscribed and sworn to before me this 16th day of Nov, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-16-93 *, authorizing the marriage of* PAUL A. KUHN *and* DONETTE R. KUHN *. I further certify that the following marriage certificate was filed in my office: I,* REV. DENNIS L. DODSON *(name), certify that on* DECEMBER 4, 1993 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* PAUL A. KUHN *of* HENDRICKS *County* IN *(state), and* DONETTE R. KUHN *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-16-93 *. Signed by:* /s/ REV. DENNIS L. DODSON *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-6-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

154

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 606

HENDRICKS County

File

11-16-93
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 11-11-93
Name of Physician Ward Poulos, M.D.

MALE APPLICANT

Name: First Ronald Middle Henry Last Corradini

Date of Birth: Month 11 Day 27 Year 69

Place of Birth (State or foreign country) Cincinnati, Oh.

Residence Address: Street or R.R. 9486 Hopewell Rd. City Cincinnati County Hamilton State Oh.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) College I D w/ Birthdate.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Hugh Corradini
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Cincinnati, Ohio
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of applicant's mother Karen Rae Kennison
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Cincinnati, 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 Ronald H. Corradini Date 11/16/93

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 Ronald H. Corradini
New Address 2209 Arrowhead Trails Loveland OH 45140

Subscribed and sworn to before me this 16th day of Nov, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Roberta Last Watson

Date of Birth: Month 6 Day 11 Year 70

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. 885 Springhollow 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. —

6. (a) Full name of applicant's father Stephen Claire Watson
   (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 Linda Christine Hanson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Colorado

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Stephanie R Watson Date 11/16/93

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 Stephanie R Watson
New Address 2209 Arrowhead Trails Loveland OH 45140

Subscribed and sworn to before me this 16th day of Nov, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-16-93 *, authorizing the marriage of* RONALD HENRY CORRADINI *and* STEPHANIE ROBERTA WATSON *. I further certify that the following marriage certificate was filed in my office: I,* JOHN CALDWELL *(name), certify that on* DECEMBER 18, 1993 *(date), at* AVON *in* HENDRICKS *County, Indiana,* RONALD HENRY CORRADINI *of* HAMILTON *County* OHIO *(state), and* STEPHANIE ROBERTA WATSON *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-16-93 *. Signed by:* /s/ JOHN CALDWELL *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-22-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

155

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 607

HENDRICKS County

File

11-17-93
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 of Report Dated 10-5-93
Name of Physician Robert D. Aiello, M.D.

MALE APPLICANT

Name: First Kurt Middle William Last Kiesel

Date of Birth: Month 6 Day 16 Year 1967

Place of Birth (State or foreign country) Ohio

Residence Address: Street or R.R. 12 Twin Oaks Dr. City Belleville County St. Clair 62221

Previous Marital Status: 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 Gerald Kiesel
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Ohio
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of applicant's mother Marie Hellman
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Ohio
   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 ☒ Kurt L. Kiesel Date 11-22-93

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 ☒ Kurt L. Kiesel
New Address Same as Above

Subscribed and sworn to before me this 22 day of Nov. , 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____ , 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Lisa Middle Kay Last Kruger

Date of Birth: Month 10 Day 22 Year 65

Place of Birth (State or foreign country) Winamac, In.

Residence Address: Street or R.R. 2 Acre Lane 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 Larry Raymond Kruger
   (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 Karen Sue Williamson
   (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 Kay Kruger Date Nov 17, 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 Lisa Kay Kruger
New Address 12 Twin Oaks Dr, Belleville, IL 62221

Subscribed and sworn to before me this 17th day of Nov , 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____ , 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* NOVL. 22, 1993 *, authorizing the marriage of* KURT WILLIAM KIESEL *and* LISA KAY KRUGER *. I further certify that the following marriage certificate was filed in my office: I,* WILFRED E. DAY *(name), certify that on* NOVEMBER 27th, 1993 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* KURT WILLIAM KIESEL *of* ST. CLAIR *County* IL *(state), and* LISA KAY KRUGER *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* NOV. 22, 1993 *Signed by:* /s/ WILFRED E. DAY *,* CATHOLIC PRIEST *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* NOV. 30th, 1993 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

156

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 608

HENDRICKS County

File

11-17-93
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Dr. Poe

MALE APPLICANT

Name: First Michael Middle David Last Yeary
Date of Birth: Month 12 Day 6 Year 64
Place of Birth (State or foreign country) Bedford, In.
Residence Address: Street or R.R. 1179 E 100 N City Danville 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. —
6. (a) Full name of applicant's father Condy Wayne Yeary
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Bedford, In.
   Birthplace of father (State or foreign country)
   (b) Full maiden name of applicant's mother Jane Ellen Hudson
   (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 Michael David Yeary Date 11-17-93

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 Michael David Yeary
New Address Same
Subscribed and sworn to before me this 17th day of Nov, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Sue Last Deckard
Date of Birth: Month 5 Day 11 Year 62
Place of Birth (State or foreign country) Beech Grove, In.
Residence Address: Street or R.R. 309 N. Indiana City St. Danville County State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1991
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Allen Jones 11 yrs.
   Emily Anne Jones 10 yrs.
6. (a) Full name of applicant's father Larry Keith Deckard
   (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 Edna Mae Dillard
   (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 Pamela Sue Deckard Date 11/17/93

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 Pamela Sue Deckard
New Address 1179 E. 100 N. Danville, In 46122
Subscribed and sworn to before me this 17th day of Nov, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-17-93 *, authorizing the marriage of* MICHAEL DAVID YEARY *and* PAMELA SUE DECKARD *. I further certify that the following marriage certificate was filed in my office: I,* JOHN ROOF *(name), certify that on* DECEMBER 18, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* MICHAEL DAVID YEARY *of* HENDRICKS *County* IN *(state), and* PAMELA SUE DECKARD *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-17-93. *Signed by:* /s/ JOHN P. ROOF *,* EPISCOPAL PRIEST *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-21-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

157

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 609

File

11-19-93
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. Haak

MALE APPLICANT

Name: First Andrew Middle W Last Cripe
Date of Birth: Month 8 Day 7 Year 52
Place of Birth (State or foreign country) Montana
Residence Address: Street or R.R. 7838 Island Club DR City Indpls 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) 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 Charles W. Cripe
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Washington
   Birthplace of father (State or foreign country) Montana
   (b) Full maiden name of applicant's mother Joan L. Larsen
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Washington
   Birthplace of mother (State or foreign country) Montana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding 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 Andrew W Cripe Date 11-19-93

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.

X Signed Andrew W Cripe
New Address 7123 Sandalwood Dr, Danville, IN

Subscribed and sworn to before me this 19th day of Nov, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 A Last Huber
Date of Birth: Month 5 Day 21 Year 48
Place of Birth (State or foreign country) Penn.
Residence Address: Street or R.R. 7123 Sandalwood Dr. City Danville County State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 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 male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Carisa, Robert Huber
6. (a) Full name of applicant's father Robert John Hoover
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) Penn.
   (b) Full maiden name of applicant's mother Pearl Amelia Kramer
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Penn
   Birthplace of mother (State or foreign country) Penn

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Patricia A. Huber Date 11/19/93

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.

X Signed Patricia A. Huber
New Address same as above

Subscribed and sworn to before me this 19th day of Nov, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-19-93 *, authorizing the marriage of* ANDREW W. CRIPE *and* PATRICIA ANN HUBER *. I further certify that the following marriage certificate was filed in my office: I,* J. RICHARD HUNT *(name), certify that on* DECEMBER 4, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* ANDREW W. CRIPE *of* MARION *County* IN *(state), and* PATRICIA ANN 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* 12-6-93 *. Signed by:* /s/ J. RICHARD HUNT *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-7-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

158

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 610

File

11-22-93
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 C. Lowrey

MALE APPLICANT

Name: First John Middle Terrance Last Schultheis

Date of Birth: Month 5 Day 22 Year 43

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 7777 W. Washington St. City INDPL. County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 6-93'

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. —
6. (a) Full name of applicant's father Carl Peter Schultheis
   (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 Marguerite Esther
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Encino CA.
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant ✕John T. Schultheis Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.
Signed ✕John T. Schultheis
New Address
Subscribed and sworn to before me this 22 day of Nov., 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

FEMALE APPLICANT

Name: First Marsha Middle Ann Last Klier

Date of Birth: Month 12 Day 11 Year 54

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 9716 W. Washington City Indpls. County State 46231

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 6-91'

Date of birth verified by: ☒ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Noel Huntsworth
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Greenfield IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Georgia Ina Fitzpatrick
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Greenfield 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 ✕Marsha A. Klier Date 11-22-93

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 ✕Marsha A. Klier
New Address Same as above
Subscribed and sworn to before me this 22 day of Nov., 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-22-93 *, authorizing the marriage of* JOHN TERRENCE SCHULTHEIS *and* MARSHA ANN KLIER *. I further certify that the following marriage certificate was filed in my office: I,* DWIGHT BRADFORD *(name), certify that on* NOVEMBER 30, 1993 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* JOHN TERRENCE SCHULTHEIS *of* MARION *County* IN *(state), and* MARSHA ANN KLIER *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-22-93 *. Signed by:* /s/ DWIGHT S. BRADFORD , PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-2-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

159

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 611

HENDRICKS County

File 11-23-93
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 11-11-93
Name of Physician R. Stegemoller, M.D.

MALE APPLICANT

Name: First Shawn Middle Gregary William Last Jones

Date of Birth: Month 4 Day 13 Year 73

Place of Birth (State or foreign country): Nuernberg Bavaria Germany

Residence Address: Street or R.R. 298 Cedar Glen 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Dale Jones
   (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 Angela Jane Rolens
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Ohio

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Shawn G.W Jones Date 11/23/93

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 Shawn G.W Jones
New Address SAME
Subscribed and sworn to before me this 23rd day of Nov, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Nicole Middle Ann Last Crager

Date of Birth: Month 6 Day 16 Year 70

Place of Birth (State or foreign country): Danville In.

Residence Address: Street or R.R. 298 Cedar Glen 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 Bruce Crager
   (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 Martine Cleo Siebenaler
   (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 Nicole A Crager Date 11/23/93

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 Nicole A Crager
New Address SAME
Subscribed and sworn to before me this 23rd day of Nov, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-23-93 *, authorizing the marriage of* SHAWN GREGORY WILLIAM JONES *and* NICOLE ANN CRAGER *. I further certify that the following marriage certificate was filed in my office: I,* TED D. STEPHENSON *(name), certify that on* DECEMBER 4, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* SHAWN GREGORY WILLIAM JONES *of* HENDRICKS *County* IN *(state), and* NICOLE ANN CRAGER *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-23-93 *. Signed by:* /s/ TED. D. STEPHENSON *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-09-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

160

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 612

HENDRICKS County

File

11-23-93
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 10-1-93
Name of Physician L. Trammell, M.D.

MALE APPLICANT

Name: First Frederick Middle Walter Last Zilke
Date of Birth: Month 5 Day 1 Year 42
Place of Birth (State or foreign country): St. Joseph, Mi
Residence Address: Street or R.R. 3260 E. Napier City Benton Harbor County Berrien State Mi
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) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☑
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Zilke 14 yrs.
6. (a) Full name of applicant's father Frederick Walter Zilke
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Oxnard, Calif.
   Birthplace of father (State or foreign country) Michigan
   (b) Full maiden name of applicant's mother Frances Roberta Piggott
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Benton Harbor, Mi.
   Birthplace of mother (State or foreign country) Michigan

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Frederick W Zilke Date 11-23-93

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 Frederick W Zilke
New Address 1734 Beech Circle Plainfield IN
Subscribed and sworn to before me this 23rd day of Nov, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Sharon Middle Louise Last Rhoades
Date of Birth: Month 8 Day 4 Year 53
Place of Birth (State or foreign country) Forest Hills N. Y.
Residence Address: Street or R.R. 1734 Beech Circle City Plainfield County Hendricks 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) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Clifford Jennings Adams
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Huntington Station, N. Y.
   Birthplace of father (State or foreign country) Pa.
   (b) Full maiden name of applicant's mother Barbara Ann Burnelli
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Huntington Station, N. Y.
   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 Sharon L Rhoades Date 11/23/93

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 Sharon L Rhoades
New Address same
Subscribed and sworn to before me this 23rd day of Nov, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* Nov. 23, 1993 *, authorizing the marriage of* FREDERICK WALTER ZILKE *and* SHARON LOUISE RHOADES *. I further certify that the following marriage certificate was filed in my office: I,* CINDY SPENCE *(name), certify that on* JAN. 14, 1994 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* FREDERICK WALTER ZILKE *of* BERRIEN *County* MICHIGAN *(state), and* SHARON LOUISE RHOADES *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* Nov. 23, 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 JAN. 14, 1994 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

161

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 613

HENDRICKS County

File

11-23-93
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 Gregory Oliver Speedway Family Physicians

MALE APPLICANT

Name: First Larry Middle Gilbert Last Truesdale
Date of Birth: Month 10 Day 5 Year 49
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 2335 E. Main City Plfd. County IN State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 5-91
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Harold F. Truesdale
   (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 Jessie M. Bentry
   (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 Larry G. Truesdale Date 11/23/93

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 X Larry G. Truesdale
New Address same
Subscribed and sworn to before me this 23rd day of November, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Robin Middle M Last Vandivier
Date of Birth: Month 4 Day 26 Year 59
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 2335 E. Main City Plfd. County State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 84'
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 N.
6. (a) Full name of applicant's father Robert N. Vandivier
   (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 Jeanne Marie Broce
   (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 Robin M. Vandivier Date 11/23/93

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 X Robin M. Vandivier
New Address same
Subscribed and sworn to before me this 23rd day of Nov, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-23-93 *, authorizing the marriage of* LARRY G. TRUESDALE *and* ROBIN M. VANDIVIER *. I further certify that the following marriage certificate was filed in my office: I,* CINDY SPENCE *(name), certify that on* NOVEMBER 23, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* LARRY G. TRUESDALE *of* HENDRICKS *County* IN *(state), and* ROBIN M. VANDIVIER *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-23-93 *. Signed by:* /s/ CINDY SPENCE *,* 1ST DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 11-23-93 *(date).*

Signed Connie Lawson Clerk
HENDRICKS Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

162

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 614

File

11-23-93 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 11-20-93
Name of Physician Dr. A. Seeger D.O.

MALE APPLICANT

Name: First Richard Middle Wayne Last Breeding

Date of Birth: Month 7 Day 10 Year 64

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R.R. 247 York St. 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 Richard Arlen Breeding
   (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 Marion Frances Day
   (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 Richard W. Breeding Date 11-23-93

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 Richard W. Breeding
New Address Same

Subscribed and sworn to before me this 23rd day of Nov, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Lynn Last St John

Date of Birth: Month 3 Day 24 Year 69

Place of Birth (State or foreign country) Danville In

Residence Address: Street or R.R. 247 York St. 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 Timothy Alan St. John
   (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 Sue McTigue
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Broad Ripple, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 L. St John Date 11-23-93

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 Kristina L. St John
New Address SAME

Subscribed and sworn to before me this 23rd day of Nov, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-23-93 *, authorizing the marriage of* RICHARD WAYNE BREEDING *and* KRISTINA LYNN ST. JOHN *. I further certify that the following marriage certificate was filed in my office: I,* PAUL E. BLEDSOE *(name), certify that on* DECEMBER 4, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* RICHARD WAYNE BREEDING *of* HENDRICKS *County* IN *(state), and* KRISTINA LYNN ST. JOHN *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-23-93 *. Signed by:* /s/ PAUL E. BLEDSOE *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-7-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 615

HENDRICKS County

File 11-24-93
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 Kenneth Middle Elliott Last Warner
Date of Birth Month 7 Day 28 Year 38
Place of Birth (State or foreign country) Indianapolis In.
Residence Address Street or R.R. RR #1 Box 182 City Greencastle County Putnam State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1990
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 A. Warner
   (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 Virginia Catherine Elliott
   (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 Kenneth E Warner Date 11-24-93

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 Kenneth E Warner
New Address 611 S Green St Brownsburg In 46112
Subscribed and sworn to before me this 24th day of Nov, 19 93
Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Rose Last Warner
Date of Birth Month 9 Day 22 Year 35
Place of Birth (State or foreign country) Clinton In.
Residence Address Street or R.R. 611 S. Green St. City Brownsburg County State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 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 T. Cashner
   (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 Henrietta Albright Setree
   (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 Beverly R Warner Date 11/24/93

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 Beverly R Warner
New Address same
Subscribed and sworn to before me this 24th day of Nov, 19 93
Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-24-93 *, authorizing the marriage of* KENNETH ELLIOTT WARNER *and* BEVERLY ROSE WARNER *. I further certify that the following marriage certificate was filed in my office: I,* CINDY SPENCE *(name), certify that on* NOVEMBER 24, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* KENNETH ELLIOTT WARNER *of* PUTNAM *County* IN *(state), and* BEVERLY ROSE WARNER *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-24-93 *. Signed by:* /s/ CINDY SPENCE *,* 1ST DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 11-24-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

164

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 616

HENDRICKS County

File

11-24-93
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 7-9-93
Name of Physician L. Degan, M.D.

MALE APPLICANT

Name: First Dennis Middle Michael Last Cranor

Date of Birth: Month 12 Day 15 Year 74

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R.R. 1022 Rockfield Ln City Danville County Hendricks State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Britney Cranor 17 days
6. (a) Full name of applicant's father Rusty Byron Cranor
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville In.
   Birthplace of father (State or foreign country) Florida
   (b) Full maiden name of applicant's mother Dixna Kay Smith
   (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 Dennis Cranor Date 11-24-93

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 Dennis Cranor

New Address Same

Subscribed and sworn to before me this 24th day of Nov, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Robin Middle Kay Last Harrell

Date of Birth: Month 8 Day 27 Year 74

Place of Birth (State or foreign country) Frankfort In.

Residence Address: Street or R.R. 1022 Rockfield Ln City Danville County Hendricks State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Britney Nicole Cranor 17 days
6. (a) Full name of applicant's father James Harrell
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield, In.
   Birthplace of father (State or foreign country) Georgia
   (b) Full maiden name of applicant's mother Ruth Ann Miller
   (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 Robin Harrell Date 11-24-93

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 Robin Harrell

New Address Same

Subscribed and sworn to before me this 24th day of Nov, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 1-800-382-6702 1477

165

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 617

HENDRICKS County

File

11-24-93
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 11-24-93
Name of Physician Lowell, M.D.

MALE APPLICANT

Name: First Jason Middle Eugene Last Walls
Date of Birth: Month 4 Day 16 Year 63
Place of Birth (State or foreign country) Danville, In.
Residence Address: Street or R.R. 418 Cedar Glen Dr. City Danville County State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 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.
   Tracy Walls 13 yrs.
   Mark Walls 11 yrs.
6. (a) Full name of applicant's father Harry Eugene Walls
   (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 Teale
   (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 Jason E. Walls Date 11-24-93

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 Jason E. Walls
New Address 3Am E
Subscribed and sworn to before me this 24th day of Nov, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Renee Last Wineman
Date of Birth: Month 3 Day 5 Year 64
Place of Birth (State or foreign country) Lafayette In.
Residence Address: Street or R.R. 418 Cedar Glen Dr. City Danville County State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 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.
   Chelsie Renee Wineman 3 yrs.
6. (a) Full name of applicant's father John Andrew McCarthy Jr.
   (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 Joyce Jeanette Harris
   (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 Tammy R. Wineman Date 11-24-93

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 Tammy R. Wineman
New Address Same
Subscribed and sworn to before me this 24th day of Nov, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-24-93 *, authorizing the marriage of* JASON EUGENE WALLS *and* TAMMY RENEE WINEMAN *. I further certify that the following marriage certificate was filed in my office: I,* REV. EVERETT W. PUGH *(name), certify that on* DECEMBER 18, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* JASON EUGENE WALLS *of* HENDRICKS *County* IN *(state), and* TAMMY RENEE WINEMAN *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-18-93 *. Signed by:* /s/ REV. EVERETT W. PUGH *,* REVEREND *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-22-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-362-8702 1477

166

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 618

File

11-24-93
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 11-22-93
Name of Physician S. Heeger, M.D.

MALE APPLICANT

Name First: Daniel Middle: Paul Last: Lowry

Date of Birth Month: 4 Day: 23 Year: 57

Place of Birth (State or foreign country): Indianapolis, In.

Residence Address Street or R.R.: 510 S. Center Apt B City: Plainfield County: H 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) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Shanna Lowry 16 yrs.
6. (a) Full name of applicant's father Warren Ross Lowry
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Inglis, Fla.
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of applicant's mother Marilyn Faye Whitley
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Illinois

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Daniel Paul Lowry Date 11-24-93

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 Daniel Paul Lowry
New Address same

Subscribed and sworn to before me this 24th day of Nov, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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: Ann Last: Taylor

Date of Birth Month: 5 Day: 3 Year: 55

Place of Birth (State or foreign country): Indianapolis, In.

Residence Address Street or R.R.: 510 S. Center Apt B City: Plainfield County: 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) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Charlotte Taylor 16 yrs.
   Josie Taylor 12 yrs.
6. (a) Full name of applicant's father Joseph H. Poole
   (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 A. Walden
   (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 Rita Ann Taylor Date 11-24-93

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 Rita Ann Taylor
New Address same

Subscribed and sworn to before me this 24th day of Nov, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-24-93 *, authorizing the marriage of* DANIEL PAUL LOWRY *and* RITA ANN TAYLOR *. I further certify that the following marriage certificate was filed in my office: I,* EARL S. CUMMINGS *(name), certify that on* NOVEMBER 26, 1993 *(date), at* COATESVILLE *in* HENDRICKS *County, Indiana,* DANIEL PAUL LOWRY *of* HENDRICKS *County* IN *(state), and* RITA ANN TAYLOR *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-24-93 *. Signed by:* /s/ EARL S. CUMMINGS *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 11-29-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 619

File

11-24-93
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 11-24-93
Name of Physician Dr. P. Foley M.D.

MALE APPLICANT

Name First Mark Middle Richard Last Freije
Date of Birth Month 11 Day 14 Year 57
Place of Birth (State or foreign country) Indianapolis In.
Residence Address Street or R.R. 930 Ridgeview Dr. City Plainfield County Hen. 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.
6. (a) Full name of applicant's father Carl Edward Freije
   (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 Beauly Rose Hayes
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Mark Freije Date 11-24-93

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 Mark Freije
New Address Same
Subscribed and sworn to before me this 24 day of Nov., 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Kay Last Merritt
Date of Birth Month 9 Day 20 Year 63
Place of Birth (State or foreign country) Indianapolis In.
Residence Address Street or R.R. 930 Ridgeview Dr. City Plainfield County Hen. State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
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. Joshua Merritt 10 yrs.
6. (a) Full name of applicant's father William Joseph Maxwell 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 Linda Lee Carlise
   (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 Rhonda Merritt Date 11-24-93

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 Rhonda Merritt
New Address Same
Subscribed and sworn to before me this 24 day of Nov., 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-24-93 *, authorizing the marriage of* MARK RICHARD FREIJE *and* RHONDA KAY MERRITT *. I further certify that the following marriage certificate was filed in my office: I,* REV. JOHN T. RYAN *(name), certify that on* DECEMBER 4, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* MARK RICHARD FREIJE *of* HENDRICKS *County* IN *(state), and* RHONDA KAY MERRITT *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-24-93 *. Signed by:* /s/ REV. JOHN T. RYAN *,* CATHOLIC PRIEST *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-11-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

168

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 620

HENDRICKS County

File 11-24-93
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under 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. Schopper MD.

MALE APPLICANT

Name: First Fred Middle A Last Correia
Date of Birth: Month 11 Day 4 Year 71
Place of Birth (State or foreign country) Mass.
Residence Address: Street or R.R. 701-1 Tallman Circle City Midway County RK 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) Drivers License & Military I.D.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Antonio Joseph Correia
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Mass
   Birthplace of father (State or foreign country) Portugal
   (b) Full maiden name of applicant's mother Maria Constance Viera
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Mass
   Birthplace of mother (State or foreign country) Portugal

ACKNOWLEDGMENT

I acknowledge that I have received information regarding 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 24 Nov 93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

X Signed [signature]
New Address Same

Subscribed and sworn to before me this 24th day of November, 19 93
Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Dinah Middle L Last O'Neill
Date of Birth: Month 8 Day 5 Year 73
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. RR1 Box 23A City Pittsboro County IN State 46167
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Jerry L. O'Neill
   (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 Jodi A. Hassfurther
   (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 Dinah L. O'Neill Date 24 Nov 93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk 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 Dinah L. O'Neill
New Address 701-1 Tallman Cr. Midway RK, NC 28544

Subscribed and sworn to before me this 24th day of November, 19 93
Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of *HENDRICKS* *County, Indiana, dated* 11-24-93 *, authorizing the marriage of* FRED A. CORREIA *and* DINAH L. O'NEILL *. I further certify that the following marriage certificate was filed in my office: I,* REV, VINCENT P. LAMPERT *(name), certify that on* NOVEMBER 27, 1993 *(date), at* BROWNSBURT *in* HENDRICKS *County, Indiana,* FRED A. CORREIA *of* ONSLOW *County* NORTH CAROLINA *(state), and* DINAH L. O'NEILL *of* HENDRICKS *County* INDIANA *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* *HENDRICKS* *County, Indiana, dated* 11-24-93 *. Signed by:* /s/ REV. VINCENT P. LAMPERT *,* PRIEST *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 11-30-93 *(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. 621

File

11.29.93
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 Harold Middle Martin Last Thompson

Date of Birth: Month 9 Day 1 Year 19

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 1360 W Co. Rd. 200 S 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 2-86

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.
6. (a) Full name of applicant's father Ernest Thompson
   (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 Vesta Carrell
   (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 Harold Martin Thompson Date 11-29-93

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 Harold Martin Thompson
New Address (Same as above)
Subscribed and sworn to before me this 29 day of November, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Helen Middle Louise Last Blum

Date of Birth: Month 7 Day 8 Year 21

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 1360 W. Co. Rd. 200 S. 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 1969

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 Harold Overton
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Ethel Mae Burton
   (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 Helen Louise Blum Date 11-29-93

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 Helen Louise Blum
New Address (Same as above)
Subscribed and sworn to before me this 29 day of November, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-29-93 *, authorizing the marriage of* HAROLD MARTIN THOMPSON *and* HELEN LOUISE BLUM *. I further certify that the following marriage certificate was filed in my office: I,* S. V. STILES *(name), certify that on* DECEMBER 2, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* HAROLD MARTIN THOMPSON *of* HENDRICKS *County* IN *(state), and* HELEN LOUISE BLUM *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-29-93 *. Signed by:* /s/ J. V. STILES *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-6-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

170

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 622

HENDRICKS County

File

11-29-93
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 8-25-93
Name of Physician Philip Batista M.D.

MALE APPLICANT

Name First: Kenneth Middle: Lynn Last: Urban

Date of Birth Month: 12 Day: 22 Year: 56

Place of Birth (State or foreign country): Lebanon, In.

Residence Address Street or R.R.: 2805 N 575 E City: Danville County: State: In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1973

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Jennifer Urban 12yrs
   Sherry Urban 10 yrs
   Jacob Urban 6 yrs.
6. (a) Full name of applicant's father Donald Paul Urban
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Phoenix, Az.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Oline Yvonne Brodsaw
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Lebanon, 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 Kenneth Urban Date 11-29-93

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 Kenneth Urban
New Address Same
Subscribed and sworn to before me this 29th day of Nov, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name First: Patsy Middle: Jean Last: Plott

Date of Birth Month: 3 Day: 19 Year: 71

Place of Birth (State or foreign country): Lebanon, In.

Residence Address Street or R.R.: 2805 N 575 E 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 male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Platt
   (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 Patsy Delores Sutton
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg, 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 Patsy J. Plott Date 11-29-93

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 Patsy J. Plott
New Address Same
Subscribed and sworn to before me this 29th day of Nov, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-29-93 *, authorizing the marriage of* KENNETH LYNN URBAN *and* PATSY JEAN PLOTT *. I further certify that the following marriage certificate was filed in my office: I,* CINDY SPENCE *(name), certify that on* NOVEMBER 29, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* KENNETH LYNN URBAN *of* HENDRICKS *County* IN *(state), and* PATSY JEAN PLOTT *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-29-93 *. Signed by:* /s/ CINDY SPENCE *,* 1ST DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 11-29-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

171

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 623

HENDRICKS County

File

11-29-93
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 11/22/93
Name of Physician Karen Johns, M.D.

MALE APPLICANT

Name: First Anthony Middle Wayne Last Brown
Date of Birth: Month 11 Day 17 Year 68
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 3907 E 100 N City Danville County State In 46122
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) 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. Joel Dalton Brown
6. (a) Full name of applicant's father John David Brown
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville, Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Mary Katherine Stigall
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville 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 Anthony Brown Date 11-29-93

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 Anthony Brown
New Address _____
Subscribed and sworn to before me this 29 day of November, 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 Evelyn Middle Norene Last Smith
Date of Birth: Month 06 Day 13 Year 71
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 3803 N. State Road 39 City Danville, County State In 46122
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) 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 Marvin Gene Smith, Sr.
   (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 Carol Darlene Mallicoat
   (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 Evelyn N. Smith Date 11-29-93

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 Evelyn N. Smith
New Address _____
Subscribed and sworn to before me this 29 day of November, 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* 11-29-93 *, authorizing the marriage of* ANTHONY WAYNE BROWN *and* EVELYN NORENE SMITH *. I further certify that the following marriage certificate was filed in my office: I,* REV. JOHN C. PARSLEY *(name), certify that on* DECEMBER 10, 1993 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* ANTHONY WAYNE BROWN *of* HENDRICKS *County* IN *(state), and* EVELYN NORENE 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* 11-29-93 *. Signed by:* /s/ REV. JOHN C. PARSLEY *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-13-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

172

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 624

HENDRICKS County

File 11-30-93
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 7-13-92
Name of Physician R. Sparks, M.D.

MALE APPLICANT

Name: First Steven Middle Ray Last Moore
Date of Birth: Month 9 Day 9 Year 64
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. 1005 W. Main 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 Girth Alexander Moore
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville, In.
   Birthplace of father (State or foreign country) Texas
   (b) Full maiden name of applicant's mother Wilma Irene Burdine
   (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 Steven R. Moore Date 11/30/93

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 Steven R. Moore
New Address 5329 Holly Springs Dr. E. Indpls. In. 46
Subscribed and sworn to before me this Nov day of 11, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Jane Last Carpenter
Date of Birth: Month 5 Day 29 Year 66
Place of Birth (State or foreign country) Rushville, In.
Residence Address: Street or R.R. 5329 Holly Springs Dr. E. 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 male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Jerry Maurice Carpenter
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Connersville, In.
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Susan Leita Rees
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Connersville, In
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Sarah J. Carpenter Date 11-30-93

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 Sarah J. Carpenter
New Address ~~Same~~
Subscribed and sworn to before me this 30th day of Nov, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-30-93 *, authorizing the marriage of* STEVEN RAY MOORE *and* SARAH JANE CARPENTER *. I further certify that the following marriage certificate was filed in my office: I,* FATHER CHARLES SEAN CHESEBROUGH *(name), certify that on* DECEMBER 4, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* STEVEN RAY MOORE *of* HENDRICKS *County* IN *(state), and* SARAH JANE CARPENTER *of* MARION *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-4-93 *. Signed by:* /s/ FATHER CHARLES SEAN CHESEBROUGH *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-7-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

173

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 625

File

11-30-93
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 Davis Brown

MALE APPLICANT

Name: First Edward Middle Earl Last Dailey
Date of Birth: Month 8 Day 15 Year 43
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R.R. 7806 Westerville Dr. City Clayton County State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
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 Woodrow Wilson Dailey
   (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 Cecelia Mae Young
   (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 Edward E. Dailey Date 11-30-93

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 E. Dailey
New Address same
Subscribed and sworn to before me this 30 day of 11, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Mary Last Pallin
Date of Birth: Month 3 Day 4 Year 49
Place of Birth (State or foreign country) Terre Haute In.
Residence Address: Street or R.R. 9184 Tansel Circle City Indpls. County Marion State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1982
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Angel Ann Pallin 14 yrs.
   Travis Curtis Pallin 12 yrs.
6. (a) Full name of applicant's father Fred Joseph Ball
   (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 Cleta May Mattick
   (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 Regina M Pallin Date 11-30-93

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 Regina M Pallin
New Address 7806 Westerville Dr Clayton
Subscribed and sworn to before me this 30 day of Nov, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-1-93 *, authorizing the marriage of* EDWARD EARL DAILEY *and* REGINA MARY PALLIN *. I further certify that the following marriage certificate was filed in my office: I,* JAMES D. CAIN *(name), certify that on* DECEMBER 4, 1993 *(date), at* CLAYTON *in* HENDRICKS *County, Indiana,* EDWARD EARL DAILEY *of* HENDRICKS *County* IN *(state), and* REGINA MARY PALLIN *of* MARION *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-4-93 *. Signed by:* /s/ JAMES D. CAIN *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-8-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

174

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 626

HENDRICKS County

File

12-2-93
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 Richard Hassell

MALE APPLICANT

Name First: Rick Middle: Alan Last: Harvey
Date of Birth Month: 4 Day: 8 Year: 64
Place of Birth (State or foreign country): IN
Residence Address Street or R.R.: 816 W Kentucky St. City: Clayton 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. Liu.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Noel E. Harvey
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Amo IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Wanda Alice Miller
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) ?
   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 Rick A. Harvey 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 Rick A. Harvey
New Address
Subscribed and sworn to before me this 2 day of Dec., 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

FEMALE APPLICANT

Name First: Veronica Middle: Lynn Last: Downing
Date of Birth Month: 12 Day: 2 Year: 75
Place of Birth (State or foreign country): OHIO
Residence Address Street or R.R.: 816 W Kentucky St. City: Clayton 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 Ross Downing Jr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) OH
   Birthplace of father (State or foreign country) OH
   (b) Full maiden name of applicant's mother Grace Esther Whitlatch
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Greencastle 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 Veronica L. Downing 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 Veronica L. Downing
New Address
Subscribed and sworn to before me this 2 day of Dec., 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-2-93 *, authorizing the marriage of* RICK A. HARVEY *and* VERONICA L. DOWNING *. I further certify that the following marriage certificate was filed in my office: I,* CINDY SPENCE *(name), certify that on* DECEMBER 2, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* RICK A. HARVEY *of* HENDRICKS *County* IN *(state), and* VERONICA L. DOWNING *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-2-93 *. Signed by:* /s/ CINDY SPENCE *,* 1ST DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-2-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

175

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 627

File

12-2-93
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 12-6-93
Name of Physician Dr signature ? M.D.

MALE APPLICANT

Name: First Christopher Middle Neal Last Barrett
Date of Birth: Month 9 Day 2 Year 1972
Place of Birth (State or foreign country) Nevada
Residence Address: Street or R.R. 6355 Monarch Dr. Apt. A. City Indianapolis County ~~Marion~~ State In 46224
Current: 937 Lakeridge Ct. Plainfield, Hendricks 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) 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 Ray S. Barrett
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Nevada
   (b) Full maiden name of applicant's mother M. Kathleen Copas
   (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 Christopher N Barrett Date 12-2-93

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 Christopher N Barrett
New Address (Same as Above)
Subscribed and sworn to before me this 2 day of December, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Annette Middle Sue Last Watson
Date of Birth: Month 9 Day 21 Year 1968
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 6355 Monarch Dr. Apt. A. City Indianapolis County ~~Marion~~ State In 46224
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) 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 Ralph L. Watson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Martina Snow
   (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 Annette Sue Watson Date 12-2-93

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 Annette Sue Watson
New Address (Same as Above)
Subscribed and sworn to before me this 2 day of December, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-7-93 *, authorizing the marriage of* CHRISTOPHER NEAL BARRETT *and* ANNETTE SUE WATSON *. I further certify that the following marriage certificate was filed in my office: I,* KEVIN D. GLOVER *(name), certify that on* DECEMBER 18, 1993 *(date), at* CARMEL *in* HAMILTON *County, Indiana,* CHRISTOPHER NEAL BARRETT *of* HENDRICKS *County* IN *(state), and* ANNETTE 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* 12-7-93 *. Signed by:* /s/ KEVIN D. GLOVER *,* BISHOP *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-21-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

176

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 628

File

12-2-93
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 12-2-93
Name of Physician Dr. Galinos

MALE APPLICANT

Name: First Scott Middle M. Last Thompson

Date of Birth: Month 11 Day 16 Year 65

Place of Birth (State or foreign country) Ill

Residence Address: Street or R.R. 1652 E. Cold 200S. City Demotte County Jasper State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1992

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Frank Christ Thompson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Elgin, Ill.
   Birthplace of father (State or foreign country) Chicago Ill
   (b) Full maiden name of applicant's mother Becky Ann Keller Thompson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Elgin Ill
   Birthplace of mother (State or foreign country) Elgin 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 Scott M Thompson Date 12/2/93

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 Scott M Thompson

New Address _____

Subscribed and sworn to before me this 2nd day of Dec, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 L. Last Piotrowski

Date of Birth: Month 12 Day 20 Year 65

Place of Birth (State or foreign country) Michigan City In.

Residence Address: Street or R.R. Same as above 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 Richard Lee Piotrowski
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Michigan City Ind
   Birthplace of father (State or foreign country) Same
   (b) Full maiden name of applicant's mother Patricia Valorie Rebich, Babcock
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Chesterton, In.
   Birthplace of mother (State or foreign country) Michigan City, 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 Laura L. Piotrowski Date 12-2-93

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 Laura L. Piotrowski

New Address _____

Subscribed and sworn to before me this 2nd day of Dec, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-2-93 *, authorizing the marriage of* SCOTT M. THOMPSON *and* LAURA LYNN PIOTROWSKI *. I further certify that the following marriage certificate was filed in my office: I,* MARWOOD RETTIS *(name), certify that on* DECEMBER 11, 1993 *(date), at* MICHIGAN CITY *in* LAPORTE *County, Indiana,* SCOTT M. THOMPSON *of* HENDRICKS *County* IN *(state), and* LAURA LYNN PIOTROWSKI *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-11-93 *. Signed by:* /s/ MARWOOD RETTIG *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-16-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

177

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 629

HENDRICKS County

File 12-3-93
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 *James* Middle *Robert* Last *Andrews*
Date of Birth: Month 10 Day 20 Year 1932
Place of Birth (State or foreign country) *Indiana*
Residence Address: Street or R.R. *9739 Harmony Dr.* City *Indpls.* County *Hendricks* State *In* *46231*
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages *5*
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date *1991*
Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) *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 *Raymond V. Andrews*
   (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 *Viola M. Earl*
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) *Deceased*
   Birthplace of mother (State or foreign country) *Indiana*

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant *X James R Andrews* Date *12 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 James R Andrews*
New Address *(Same as above)*
Subscribed and sworn to before me this *3* day of *December*, 19 *93*
Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of *HENDRICKS*) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First *Delores* Middle *Allen* Last *Reed*
Date of Birth: Month 12 Day 17 Year 1933
Place of Birth (State or foreign country) *Indiana*
Residence Address: Street or R.R. *9739 Harmony Dr.* City *Indpls.* County *Hendricks* State *In* *46231*
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages *1*
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐ Date *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.
6. (a) Full name of applicant's father *Albert Norris*
   (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 Hoagland*
   (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 Delores Allen Reed* Date *12 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 Delores Allen Reed*
New Address *(Same as above)*
Subscribed and sworn to before me this *3* day of *December*, 19 *93*
Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of *HENDRICKS*) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-3-93 *, authorizing the marriage of* JAMES ROBERT ANDREWS *and* DELORES ALLEN REED *. I further certify that the following marriage certificate was filed in my office: I,* REV. KENNETH SMITH *(name), certify that on* JANUARY 15, 1994 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* JAMES ROBERT ANDREWS *of* HENDRICKS *County* IN *(state), and* DELORES ALLEN 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* 12-3-93 *. Signed by:* /s/ REV. KENNETH SMITH *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-20-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

178

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 630

HENDRICKS County

File

12-3-93
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 12-3-93
Name of Physician Stegemoller, M.D.

MALE APPLICANT

Name: First Gary Middle Scott Last New

Date of Birth: Month 5 Day 14 Year 68

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. 907 N. Meridian St. City Pittsboro County 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) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Dean New
   (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 Sue Ann Staley
   (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 Gary S. New Date 12-3-93

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 Gary S. New

New Address SAME

Subscribed and sworn to before me this 3rd day of Dec., 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Jean Last Haymaker

Date of Birth: Month 2 Day 17 Year 68

Place of Birth (State or foreign country) Danville, In.

Residence Address: Street or R.R. 907 N. Meridian St. City Pittsboro 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 male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Haymaker 4 yrs.
   Haley Haymaker 2 yrs.

6. (a) Full name of applicant's father William Joseph Brown
   (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 Diana Jean Chambers
   (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 Jennifer J. Haymaker Date 12-3-93

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 Jennifer J. Haymaker

New Address SAME

Subscribed and sworn to before me this 3rd day of Dec., 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-3-93, *authorizing the marriage of* GARY SCOTT NEW *and* JENNIFER JEAN HAYMAKER. *I further certify that the following marriage certificate was filed in my office: I,* WM. J. BROWN *(name), certify that on* DECEMBER 11, 1993 *(date), at* PITTSBORO *in* HENDRICKS *County, Indiana,* GARY SCOTT NEW *of* HENDRICKS *County* IN *(state), and* JENNIFER JEAN HAYMAKER *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-3-93. *Signed by:* /s/ WM. J. BROWN, MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-21-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

179

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 631

HENDRICKS County

File

12-3-93
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 11-23-93
Name of Physician Dr. Daggard, M.D.

MALE APPLICANT

Name: First David Middle Kimberly Last Durell
Date of Birth: Month 11 Day 10 Year 64
Place of Birth (State or foreign country) Danville, In.
Residence Address: Street or R.R. 1022 Hess St. City Plainfield County State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father James Reed Durell
   (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 Suzanne Griffin Spear
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, 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 D.K. Durell Date 12/3/93

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 D.K. Durell
New Address _____
Subscribed and sworn to before me this 3rd day of Dec., 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Laura Middle Lee Last Hicks
Date of Birth: Month 7 Day 16 Year 65
Place of Birth (State or foreign country) Cass City, Mi.
Residence Address: Street or R.R. 2225 Keglerville City Rd. City Speedway 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. /
6. (a) Full name of applicant's father Howard Francis Hicks
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Pontiac, Mi.
   Birthplace of father (State or foreign country) Michigan
   (b) Full maiden name of applicant's mother Lillian Witkoski
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Decker, Mi.
   Birthplace of mother (State or foreign country) Michigan

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Laura Lee Hicks Date 12/3/93

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 Laura Lee Hicks
New Address 1022 Hess St. Plainfield, IN 46168
Subscribed and sworn to before me this 3rd day of Dec., 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-3-93 *, authorizing the marriage of* DAVID KIMBERLY DURELL *and* LAURA LEE HICKS *. I further certify that the following marriage certificate was filed in my office: I,* WILLIAM R. CLAYTON *(name), certify that on* DECEMBER 11, 1993 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* DAVID KIMBERLY DURELL *of* HENDRICKS *County* IN *(state), and* LAURA LEE HICKS *of* MARION *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-11-93 *. Signed by:* /s/ WILLIAM R. CLAYTON *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-14-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

180

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 632

HENDRICKS County

File

12.3.93
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Dallas Coate

MALE APPLICANT

Name: First Joshua Middle Allen Last Irelan

Date of Birth: Month 8 Day 7 Year 77

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. RR 2 Box 137 City Rockville County State IN

Previous Marital Status: 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 S. Johnathan Horton
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Michigan ?
   Birthplace of father (State or foreign country) ?
   (b) Full maiden name of applicant's mother Christine Faye Williams
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Rockville IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I have received information regarding dangerous communicable diseases that 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

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court 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

Subscribed and sworn to before me this 3 day of Dec., 19 93

[signature] Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Angela Middle Ann Last Ramsey

Date of Birth: Month 8 Day 11 Year 48

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 212 N. Sylvan St. 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the 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 Edward Ramsey I
   (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 Elizabeth Ann Neely
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Lizton
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Angela A. Ramsey 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 Angela A. Ramsey

New Address

Subscribed and sworn to before me this 3 day of Dec., 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-3-93 *, authorizing the marriage of* JOSHUA ALLEN IRELAN *and* ANGELA ANN RAMSEY *. I further certify that the following marriage certificate was filed in my office: I,* REV. DENNIS L. DODSON *(name), certify that on* DECEMBER 18, 1993 *(date), at* LIZTON *in* HENDRICKS *County, Indiana,* JOSHUA ALLEN IRELAN *of* PARKE *County* IN *(state), and* ANGELA ANN RAMSEY *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-3-93 *. Signed by:* /s/ REV. DENNIS L. DODSON *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-21-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-362-8702 1477

180

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 632

HENDRICKS County

File

12.3.93
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Dallas Coats

MALE APPLICANT

Name First: Joshua Middle: Allen Last: Irelan

Date of Birth Month: 8 Day: 7 Year: 77

Place of Birth (State or foreign country): IN

Residence Address Street or R.R.: RR2 Box 137 City: Rockville 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 S. Johnathan Horton
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Michigan ?
   Birthplace of father (State or foreign country) ?

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of 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: Ann Last: Ramsey

Date of Birth Month: 8 Day: 11 Year: 48

Place of Birth (State or foreign country): IN

Residence Address Street or R.R.: 212 N. Sylvan St. City: Lizton 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 Paul Edward Ramsey I
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Lizton, IN
   Birthplace of father (State or foreign country) IN
   Elizabeth Ann Noel[illegible]

...rous communicable diseases
...that causes AIDS (acquired
...Date
...or signature to the above
...Date
...affirm that the information given
...his application is true and correct.
...Dec, 19 93
...Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of *HENDRICKS*) ss:

Father ID #
Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

20th day of November, 1993.

State of
County of

Vickie J. [illegible] Notary Public

My Commission Expires June 24, 1998

Residence of Parke County

11/26/93

To Whom It May Concern:

I, Christine Irelan Williams
give my son, Joshua A. Irelan (age 16)
my permission to wed Angela

...y Public Nancy L. Gro...

...before me on the

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-3-93 *, authorizing the marriage of* JOSHUA ALLEN IRELAN *and* ANGELA ANN RAMSEY *. I further certify that the following marriage certificate was filed in my office: I,* REV. DENNIS L. DODSON *(name), certify that on* DECEMBER 18, 1993 *(date), at* LIZTON *in* HENDRICKS *County, Indiana,* JOSHUA ALLEN IRELAN *of* PARKE *County* IN *(state), and* ANGELA ANN RAMSEY *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-3-93 *. Signed by:* /s/ REV. DENNIS L. DODSON *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-21-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

180

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 632

File

12-3-93
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 Dallas Coate

MALE APPLICANT

Name: First Joshua Middle Allen Last Irelan

Date of Birth: Month 8 Day 7 Year 77

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. RR2 Box 137 City Rockville County State IN

Previous Marital Status: 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 B. Johnathan Horton
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Michigan ?
   Birthplace of father (State or foreign country) ?

FEMALE APPLICANT

Name: First Angela Middle Ann Last Ramsey

Date of Birth: Month 8 Day 11 Year 78

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 212 N. Sylvan St. 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the 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 Edward Ramsey I
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Lizton, IN
   Birthplace of father (State or foreign country) IN

28th day of November, 1993.

Elizabeth Ann Noel

I'm Minister ORDINED 1-X-91

To Whom It May Concern:

I, Paul Edward Ramsey give my consent for my daughter Angela Ann Ramsey to marry Joshua Allen Irelan

Paul E Ramsey
11-23-93

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for
state facts which make the consent of the other parent unnec

State of Indiana)
County of *HENDRICKS*) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

We, the parents of this applicant, hereby give consent for ... only one parent signs,
state facts which make the consent of the other parent unnecessary

State of Indiana)
County of *HENDRICKS*) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-3-93 *, authorizing the marriage of* JOSHUA ALLEN IRELAN *and* ANGELA ANN RAMSEY *. I further certify that the following marriage certificate was filed in my office: I,* REV. DENNIS L. DODSON *(name), certify that on* DECEMBER 18, 1993 *(date), at* LIZTON *in* HENDRICKS *County, Indiana,* JOSHUA ALLEN IRELAN *of* PARKE *County* IN *(state), and* ANGELA ANN RAMSEY *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-3-93. *Signed by:* /s/ REV. DENNIS L. DODSON *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-21-93 *(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. 633

File

12.2.93
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. Wooten

MALE APPLICANT

Name: First Matthew Middle Steven Last Zehr
Date of Birth: Month 9 Day 6 Year 69
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 4130 E Main St 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 Steven Terry Zehr
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Evansville, IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Phyllis Montgomery Downs
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Evansville 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 Matthew S Zehr Date 12/6/93

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 Matthew S Zehr
New Address Same as above
Subscribed and sworn to before me this 6 day of Dec, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Hevron
Date of Birth: Month 11 Day 19 Year 71
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 5388 Rosalie Ct City Newburgh County IN State 47630
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Ray Hevron
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Newburgh IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Barbara Sue Michel
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Newburgh IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Julie Marie Hevron Date 12-6-93

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 Julie Marie Hevron
New Address _____
Subscribed and sworn to before me this 6 day of Dec, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-6-93 *, authorizing the marriage of* MATTHEW STEVEN ZEHR *and* JULIE MARIE HEVRON *. I further certify that the following marriage certificate was filed in my office: I,* DR. R. WAYNE PERKINS *(name), certify that on* DECEMBER 11, 1993 *(date), at* EVANSVILLE *in* VANDERBURGH *County, Indiana,* MATTHEW STEVEN ZEHR *of* HENDRICKS *County* IN *(state), and* JULIE MARIE HEVRON *of* WARRICK *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-6-93 *. Signed by:* /s/ R. WAYNE PERKINS *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-16-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

182

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 634

File 12.6.93 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 11-22-93
Name of Physician David Hadley, MD.

MALE APPLICANT

Name: First Casey Middle Edward Last Cornett

Date of Birth: Month 1 Day 17 Year 71

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. 718 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

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 Roger Eugene Cornett
   (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 Pamela Almajean Hackleback
   (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 Casey Cornett 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 Casey Cornett
New Address SAME

Subscribed and sworn to before me this 6th day of Dec, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of 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 Sue Last Ogden

Date of Birth: Month 12 Day 22 Year 58

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. 718 S. Kentucky City Danville 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. Stephanie Ogden 18 yrs.

6. (a) Full name of applicant's father Robert Dean Thompson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Ft. Lauderdale, Fl.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Sue Ann Kaertge
   (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 Kelli S. Ogden 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 Kelli S. Ogden
New Address Same

Subscribed and sworn to before me this 6th day of Dec, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #
Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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

183

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 635

HENDRICKS County

File 12-7-93
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 12-2-93
Name of Physician D. Thomas Kuehler

MALE APPLICANT

Name First Loren Middle Douglas Last Johnson

Date of Birth Month 9 Day 2 Year 62

Place of Birth (State or foreign country) Indianapolis In.

Residence Address 131 Street or R.R. Spring Dr. City Plainfield County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Ronald Mack 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 Louise Campbell
   (If adopted, list adoptive parents only) —
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Ref.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Loren Douglas Johnson Date 12/7/93

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 Loren Douglas Johnson
New Address same
Subscribed and sworn to before me this 7th day of Dec, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary —

State of Indiana)
County of HENDRICKS) ss:
Father — ID # —
Mother — ID # —
Subscribed and sworn to before me this — day of —, 19 —
— Clerk

FEMALE APPLICANT

Name First Dana Middle Lynn Last Anderson

Date of Birth Month 5 Day 19 Year 69

Place of Birth (State or foreign country) Pittsburgh Pa.

Residence Address 3133 Street or R.R. Merrick Ln. City #3-B 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) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Ernest Anderson
   (If adopted, list adoptive parents only) —
   Residence of father (if deceased, so state) Tuscaloosa, Ala.
   Birthplace of father (State or foreign country) Pa.
   (b) Full maiden name of applicant's mother Dee Ann Mihalov
   (If adopted, list adoptive parents only) —
   Residence of mother (if deceased, so state) Fairland, 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 Dana L Anderson Date 12/7/93

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 Dana L Anderson
New Address 131 Spring Drive, Plainfield
Subscribed and sworn to before me this 7th day of Dec., 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary —

State of Indiana)
County of HENDRICKS) ss:
Father — ID # —
Mother — ID # —
Subscribed and sworn to before me this — day of —, 19 —
— Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the — County — Court, by written order issued — and filed in —, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-7-93 *, authorizing the marriage of* LOREN DOUGLAS JOHNSON *and* DANA LYNN ANDERSON *. I further certify that the following marriage certificate was filed in my office: I,* RONALD M. JOHNSON *(name), certify that on* DECEMBER 25, 1993 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* — LOREN DOUGLAS JOHNSON *of* HENDRICKS *County* IN *(state), and* — DANA LYNN ANDERSON *of* MARION *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-25-93 *. Signed by:* /s/ RONALD M. JOHNSON *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-3-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

184

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 636

File

12-7-93
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 Benson Family Med Center

MALE APPLICANT

Name: First Marc Middle Alan Last Dowler
Date of Birth: Month 4 Day 24 Year 72
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R.R. 4954 Brock St apt 210 City Indpls County MARION State In 46254
Previous Marital Status: 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 Roger Lee Dowler
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Loveland, OH.
   Birthplace of father (State or foreign country) Michigan
   (b) Full maiden name of applicant's mother Lois Lardine Hammerick
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Boca Raton, Fl.
   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 Marc Dowler Date 12/7/93

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 Marc Dowler
New Address same
Subscribed and sworn to before me this 7th day of Dec. , 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____ , 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Tricia Middle Suzanne Last Voegele
Date of Birth: Month 7 Day 24 Year 75
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. 9734 Linda Court City Indpls. County State In. 46234
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Ronald Lawrence Voegele
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Martinsville In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Paula Suzanne Harrington
   (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 Tricia S. Voegele Date 12/7/93

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 Tricia S. Voegele
New Address 4954 Brock St APT 210 Indpls, IN 46254
Subscribed and sworn to before me this 7th day of Dec , 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____ , 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-7-93 *, authorizing the marriage of* MARC ALAN DOWLER *and* TRICIA SUZANNE VOEGELE *. I further certify that the following marriage certificate was filed in my office: I,* EDWIN J. PHILLIPS *(name), certify that on* DECEMBER 11, 1993 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* MARC ALAN DOWLER *of* MARION *County* IN *(state), and* TRICIA SUZANNE VOEGELE *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-7-93 *. Signed by:* /s/ EDWIN J. PHILLIPS *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-14-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

185

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 637

HENDRICKS County

File

12-8-93
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 11-15-93
Name of Physician Cindy Wells, M.D.

MALE APPLICANT

Name: First Jeffry Middle Lane Last Haviza
Date of Birth: Month 10 Day 24 Year 52
Place of Birth (State or foreign country) Modoc, In.
Residence Address: Street or R.R. 6608 Kings Court 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 Vincent Robert Haviza
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Winchester, In.
   Birthplace of father (State or foreign country) In Ukraine
   (b) Full maiden name of applicant's mother Anna Fortucsna
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Winchester, In.
   Birthplace of mother (State or foreign country) Ukraine

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Jeffry Haviza Date 12-8-93

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 Jeffry Haviza
New Address _____

Subscribed and sworn to before me this 8th day of Dec, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Kay Last Fisbeck
Date of Birth: Month 8 Day 17 Year 61
Place of Birth (State or foreign country) Conway, Ark.
Residence Address: Street or R.R. 10 Kings Court City Danville County 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) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Wayne Fisbeck 5 yrs. Travis Scott Fisbeck, 4 yrs.
6. (a) Full name of applicant's father Hugh Wayne Scott
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Kokomo, In.
   Birthplace of father (State or foreign country) Arkansas
   (b) Full maiden name of applicant's mother Mona Karen Sutton
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Kokomo, In.
   Birthplace of mother (State or foreign country) Arkansas

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Kathy Fisbeck Date 12-8-93

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 Kathy K. Fisbeck
New Address _____

Subscribed and sworn to before me this 8th day of Dec., 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-8-94 *, authorizing the marriage of* JEFFRY LANE HAVIZA *and* KATHY KAY FISBECK *. I further certify that the following marriage certificate was filed in my office: I,* MARY JO MOSS *(name), certify that on* DECEMBER 11, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* JEFFRY LANE HAVIZA *of* HENDRICKS *County* IN *(state), and* KATHY KAY FISBECK *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated _____. Signed by:* /s/ MARY JO MOSS *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-10-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

186

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 638

File

12-9-93 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 12-10-93
Name of Physician J. Steinbergen M.D.

MALE APPLICANT

Name: First Brett Middle Lee Last Stark

Date of Birth: Month 6 Day 9 Year 66

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R.R. 651 Simmons 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 John Samuel Stark
   (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 Rose Husk
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: First Laura Middle Ann Last Reid

Date of Birth: Month 7 Day 4 Year 71

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. 1213 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. /
6. (a) Full name of applicant's father John Allen Reid
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield, In.
   Birthplace of father (State or foreign country) Michigan
   (b) Full maiden name of applicant's mother Betty Ann Hill
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, 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 Brett L. Stark Date 12-9-93

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 Brett L. Stark

New Address same

Subscribed and sworn to before me this 10th day of Dec, 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 Laura A. Reid Date _____

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Laura A. Reid

New Address 651 Simmons St Plainfield, In 46168

Subscribed and sworn to before me this 10th day of Dec, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other 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* 12-10-93 *, authorizing the marriage of* BRETT LEE STARK *and* LAURA ANN REID *. I further certify that the following marriage certificate was filed in my office: I,* KELLY S. INGERSOLL *(name), certify that on* DECEMBER 18, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* BRETT LEE STARK *of* HENDRICKS *County* IN *(state), and* LAURA ANN REID *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-10-93 *. Signed by:* /s/ KELLY INGERSOLL *,* CLERGY *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-21-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

187

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 639

HENDRICKS County

File

12-9-93
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 11-29-93
Name of Physician Burkholder, M.D.

MALE APPLICANT

Name: First Stephen Middle DeWayne Last Luckett

Date of Birth: Month 10 Day 15 Year 57

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. 1139 Hacienda Dr. City Danville, County, State In

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1991

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Eli Nicholas Luckett 2yrs.
6. (a) Full name of applicant's father Jessie Ray Luckett
   (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 Hattie Pearl 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 [signature] Date 12-9-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed [signature]

New Address _____

Subscribed and sworn to before me this 9th day of Dec. , 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Leigh Last Tryon

Date of Birth: Month 7 Day 22 Year 72

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. 1139 Hacienda 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. Eli Nicholas Luckett 2yrs.
6. (a) Full name of applicant's father Gordon Lee Tryon
   (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 Louise Jorgman
   (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 Jennifer L. Tryon Date 12-9-93

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 L. Tryon

New Address _____

Subscribed and sworn to before me this 9th day of Dec. , 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____ , 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-9-93, *authorizing the marriage of* STEPHEN DEWAYNE LUCKETT *and* JENNIFER LEIGH TRYON. *I further certify that the following marriage certificate was filed in my office: I,* J. RICHARD HUNT *(name), certify that on* JANUARY 15, 1994 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* STEPHEN DEWAYNE LUCKETT *of* HENDRICKS *County* IN *(state), and* JENNIFER LEIGH TRYON *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 1-15-94. *Signed by:* /s/ J. RICHARD HUNT, PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-20-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

188

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 640

File

12-10-93 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 12-6-93
Name of Physician Karen Jenkins, M.D.

MALE APPLICANT

Name: First Dennis Middle Lee Last Brown

Date of Birth: Month 6 Day 14 Year 42

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. 1074 Clifford Rd. City Brownsburg County In. State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1984

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Merrill Raymond 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 Mary Laurie Wilson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Centerville, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Dennis L Brown Date 12/10/93

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 Dennis L Brown

New Address _____

Subscribed and sworn to before me this 10th day of Dec, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Carole Middle Ann Last Fiste

Date of Birth: Month 3 Day 2 Year 44

Place of Birth (State or foreign country) Wildwood, N. J.

Residence Address: Street or R.R. 1074 Clifford City Brownsburg County In. State

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 male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Schwartz
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield, In.
   Birthplace of father (State or foreign country) Pa.
   (b) Full maiden name of applicant's mother Mildred Morehouse
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) N.Y.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Carole A. Fiste Date 12-10-93

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 Carole A. Fiste

New Address _____

Subscribed and sworn to before me this 10th day of Dec., 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-10-93 *, authorizing the marriage of* DENNIS LEE BROWN *and* CAROLE ANN FISTE *. I further certify that the following marriage certificate was filed in my office: I,* REV. VERNON J. STOVER, JR. *(name), certify that on* DECEMBER 14, 1993 *(date), at* LIZTON *in* HENDRICKS *County, Indiana,* DENNIS LEE BROWN *of* HENDRICKS *County* IN *(state), and* CAROLE ANN FISTE *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-10-93 *. Signed by:* /s/ VERNON J. STOVER, JR. *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-20-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

189

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 641

HENDRICKS County

File

12-10-93
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 12/30/91
Name of Physician Mary Soper, M.D.

MALE APPLICANT

Name: First David Middle Eugene Last Barnett
Date of Birth: Month April Day 7 Year 1970
Place of Birth (State or foreign country): Indianapolis Marion, In.
Residence Address: Street or R.R. 303 Duffey St. City Plainfield County Hendricks 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 Licirse

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Kyle Thomas Barnett, Jenna Christine Callahan
6. (a) Full name of applicant's father Lowell Bere Barnett
   (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 Elizabeth Jane Wekner
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) In
   Birthplace of mother (State or foreign country) In

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X [signature] Date 12-10-93

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 [signature] 12-10-93
New Address _____
Subscribed and sworn to before me this 10th day of Dec, 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 Gail Middle Christine Last Callahan
Date of Birth: Month November Day 30, Year 1972
Place of Birth (State or foreign country): Indianapolis Marion, In.
Residence Address: Street or R.R. 303 Duffey St. City Plainfield County Hendricks 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 Licirse

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Kyle Thomas Barnett, Jenna Christine Callahan
6. (a) Full name of applicant's father Thomas Michael Callahan
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) In
   Birthplace of father (State or foreign country) Oh
   (b) Full maiden name of applicant's mother Patricia Gail Daxxan
   (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 Gail Christine Callahan Date 12-10-93

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 Gail Christine Callahan
New Address _____
Subscribed and sworn to before me this 10th day of Dec., 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* 12-10-93 *, authorizing the marriage of* DAVID EUGENE BARNETT *and* GAIL CHRISTINE CALLAHAN *. I further certify that the following marriage certificate was filed in my office: I,* JOHN W. IRWIN *(name), certify that on* DECEMBER 17, 1993 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* DAVID EUGENE BARNETT *of* HENDRICKS *County* IN *(state), and* GAIL CHRISTINE CALLAHAN *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-17-93 *. Signed by:* /s/ JOHN W. IRWIN *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-20-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

190

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 642

HENDRICKS County

File

12-13-93
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 12-1-93
Name of Physician Judith A. Robinson

MALE APPLICANT

Name: First Karl Middle C. Last Hamm

Date of Birth: Month 8 Day 6 Year 53

Place of Birth (State or foreign country) Louisville Ky.

Residence Address: Street or R.R. RR 18 Box 343 City Indianapolis County Hend. 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 female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 C. Hamm
   (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 C. Christensen
   (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 _____ Date 12/13/93

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 _____

New Address _____

Subscribed and sworn to before me this 13th day of Dec, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Guerra

Date of Birth: Month 6 Day 10 Year 68

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R.R. RR 18 Box 343 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 Reynaldo Ray Guerra
   (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 Linda Kay Wyatt
   (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 Michelle C. Guerra Date 12/13/93

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 Michelle C. Guerra

New Address _____

Subscribed and sworn to before me this 13th day of Dec, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-13-93 *, authorizing the marriage of* EARL E. HAMM *and* MICHELLE ELAINE GUERRA *. I further certify that the following marriage certificate was filed in my office: I,* KEVIN R. ARMSTRONG *(name), certify that on* DECEMBER 18, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* EARL E. HAMM *of* HENDRICKS *County* IN *(state), and* MICHELLE ELAINE GUERRA *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-13-93 *. Signed by:* /s/ KEVIN R. ARMSTRONG *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-21-93 *(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. 643

File

12-13-93
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 10-22-93
Name of Physician Hendricks Co. Health Dept.

MALE APPLICANT

Name: First Kirt Middle A. Last Daniels

Date of Birth: Month 1 Day 2 Year 64

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. R#1 Box 243 AB City Pittsboro County, State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1986

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Lee Daniels
   (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 Clarella Long
   (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 Kirt alan Daniels Date 12/13/93

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 Kirt alan Daniels
New Address _____
Subscribed and sworn to before me this 13th day of Dec, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Althoff

Date of Birth: Month 7 Day 16 Year 56

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. R#1 Box 243 AB City Pittsboro County, 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) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Ray Soots
   (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 Carine Laffel Haynes
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Naples, 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 Deborah S Althoff Date 12-13-93

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 Deborah S Althoff
New Address _____
Subscribed and sworn to before me this 13th day of Dec., 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-13-93 *, authorizing the marriage of* KIRT A. DANIELS *and* DEBORAH SUE ALTHOFF *. I further certify that the following marriage certificate was filed in my office: I,* EARL W. CHESTNUT *(name), certify that on* DECEMBER 18, 1993 *(date), at* GREENWOOD *in* JOHNSON *County, Indiana,* KIRT A. DANIELS *of* HENDRICKS *County* IN *(state), and* DEBORAH SUE ALTHOFF *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-13-93 *. Signed by:* /s/ EARL W. CHESTNUT *,* PASTOR-MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-28-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

192

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 644

File

12-13-93 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

MALE APPLICANT

Name: First Frank Middle Thomas Last Priller

Date of Birth: Month 9 Day 2 Year 1936

Place of Birth (State or foreign country) Chicago, Illinois

Residence Address: Street or R.R. P.O. Box 1003 City Carmel County Hamilton 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) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Frank Thomas Priller
   (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 Ruth Elizabeth Westervelt
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Illinois

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Frank T. Priller Date 12/13/93

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 Frank T. Priller

New Address 9406 N. Co. Rd 75W Leyton In

Subscribed and sworn to before me this 13th day of Dec, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Bailey

Date of Birth: Month 8 Day 25 Year 43

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R.R. 9406 N. Co. Rd. 75 W City Leyton County 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) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Melford Jewell Merritt
   (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 Leanne Maxine Greeson
   (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 Elizabeth Ann Bailey Date 12/13/93

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 Elizabeth Ann Bailey

New Address same

Subscribed and sworn to before me this 13th day of Dec., 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-13-93 *, authorizing the marriage of* FRANK THOMAS PRILLER *and* ELIZABETH ANN BAILEY *. I further certify that the following marriage certificate was filed in my office: I,* REVEREND ROBERT D. WELLING *(name), certify that on* DECEMBER 18, 1993 *(date), at* LEBANON *in* BOONE *County, Indiana,* FRANK THOMAS PRILLER *of* HAMILTON *County* IN *(state), and* ELIZABETH ANN BAILEY *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-13-93 *. Signed by:* /s/ REV. ROBERT D. WELLING *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-26-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

193

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 645

HENDRICKS County

File

12-14-93
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 Family Medical Center

MALE APPLICANT

Name: First Thomas Middle Michael Last Ballman
Date of Birth: Month 9 Day 10 Year 68
Place of Birth (State or foreign country): Danville In.
Residence Address: Street or R.R. 1116 E. Markwood ave. 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 Robert V. Ballman
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville, In.
   Birthplace of father (State or foreign country) Iowa
   (b) Full maiden name of applicant's mother Carolyn Jane Whitsel
   (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 Thomas M. Bollman Date 12/14/93

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 Thomas M. Bollman
New Address SAME AS ABOVE
Subscribed and sworn to before me this 14th day of Dec, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Monica Middle Jo Last Morton
Date of Birth: Month 3 Day 9 Year 74
Place of Birth (State or foreign country): Indianapolis, In.
Residence Address: Street or R.R. 396 E. Mill St. City Danville County State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☑ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Morton
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis In.
   Birthplace of father (State or foreign country) Missouri
   (b) Full maiden name of applicant's mother JoAnn Koeberlein
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville, In.
   Birthplace of mother (State or foreign country) Illinois

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Monica J Morton Date 12/14/93

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 Monica J Morton
New Address 1116 East Markwood Ave Indpls IN
Subscribed and sworn to before me this 14th day of Dec, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-12-94 *, authorizing the marriage of* THOMAS MICHAEL BOLLMAN *and* MONICA JO MORTON *. I further certify that the following marriage certificate was filed in my office: I,* FR. C. S. CHESEBROUGH *(name), certify that on* JANUARY 15, 1994 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* THOMAS MICHAEL BOLLMAN *of* MARION *County* IN *(state), and* MONICA JO MORTON *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 1-15-94 *. Signed by:* /s/ FR. C. S. CHESEBROUGH *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-20-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

194

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 646

File

12-15-93
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 Deborah L. Williams

MALE APPLICANT

Name First: David Middle: Arthur Last: Beightol

Date of Birth Month: 10 Day: 7 Year: 63

Place of Birth (State or foreign country): IN

Residence Address Street or R.R.: 1284 Sycamore Ln City: Danville County: State:

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages: 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date: 10-29-93

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: Jerome E. Beightol
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state): Deceased
   Birthplace of father (State or foreign country): PA
   (b) Full maiden name of applicant's mother: Mary M. Fisman
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state): Danville
   Birthplace of mother (State or foreign country): PA

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X [signature] Date 12-15-93

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 [signature]

New Address _____

Subscribed and sworn to before me this 15 day of Dec., 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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: Gee Last: Egan

Date of Birth Month: 10 Day: 3 Year: 57

Place of Birth (State or foreign country): IN

Residence Address Street or R.R.: 1284 Sycamore Ln City: Danville County: State:

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages: 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date: 4-13-92

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. Zachariah, ~~Cassey~~ Casey

6. (a) Full name of applicant's father: Raymond Irvin Gee
   (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: Doris Marie Pearson
   (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 [signature] Date 12/15/93

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 [signature]

New Address 1284 Sycamore Ln Danville

Subscribed and sworn to before me this 15 day of Dec., 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-15-93 *, authorizing the marriage of* DAVID ARTHUR BEIGHTOL *and* KAREN GEE EGAN *. I further certify that the following marriage certificate was filed in my office: I,* CINDY SPENCE *(name), certify that on* DECEMBER 15, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* DAVID ARTHUR BEIGHTOL *of* HENDRICKS *County* IN *(state), and* KAREN GEE EGAN *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-15-93 *. Signed by:* /s/ CINDY SPENCE *,* 1ST DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-15-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

195

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 647

HENDRICKS County

File

12-16-93
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Ronald Stezemoller

MALE APPLICANT

Name: First CHARLES Middle JOSEPH Last MURPHY, JR

Date of Birth: Month APRIL Day 7 Year 1931

Place of Birth (State or foreign country) INDIANAPOLIS MARION CO. IN

Residence Address: Street or R.R. 1209 VESTAL RD, 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 female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 JOSEPH MURPHY, SR
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) MARYLAND
   (b) Full maiden name of applicant's mother FRANCIS JUNE HESLER
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) 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 Charles J Murphy Jr Date 12/16/93

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 Charles J Murphy Jr

New Address

Subscribed and sworn to before me this 16th day of December, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of 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 FORD

Date of Birth: Month MAY Day 14 Year 1952

Place of Birth (State or foreign country) INDIANAPOLIS, MARION CO. IN

Residence Address: Street or R.R. 30 N 300 E, City DANVILLE, County , State IN 46122

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. WILLIAM ANDREW FORD

6. (a) Full name of applicant's father FRANKLIN HENRY MYERS
   (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 LOUISE THARP
   (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 Barbara L Ford Date 12-16-93

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 Barbara L Ford

New Address

Subscribed and sworn to before me this 16th day of December, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #

Mother ID #

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-16-93 *, authorizing the marriage of* CHARLES JOSEPH MURPHY, JR. *and* BARBARA LYNN FORD *. I further certify that the following marriage certificate was filed in my office: I,* JEFFREY V. BOLES *(name), certify that on* DECEMBER 19, 1993 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* CHARLES JOSEPH MURPHY, JR. *of* HENDRICKS *County* IN *(state), and* BARBARA LYNN FORD *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-19-93 *. Signed by:* /s/ JEFFREY V. BOLES *,* CIRCUIT JUDGE *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-28-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

196

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 648

HENDRICKS County

File

12-17-93
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Dr. John T. Pickerill

MALE APPLICANT

Name: First Ronald Middle E Last Crowe

Date of Birth: Month 1 Day 27 Year 58

Place of Birth (State or foreign country) Alaska

Residence Address: Street or R.R. 33 Lincoln Ave City Brownsburg County State IN

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 female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Crowe
   Michelle Crowe, Cory Crowe
6. (a) Full name of applicant's father Donald Lee Crowe
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Florida
   Birthplace of father (State or foreign country) Illinois.
   (b) Full maiden name of applicant's mother Elbertina Rose Berkett
   (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 Ronald E Crowe Date 12-17-93

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.

X Signed Ronald E Crowe
New Address

Subscribed and sworn to before me this 17 day of Dec., 19 93

Lonnie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Tracy Middle L Last Cope

Date of Birth: Month 11 Day 7 Year 64

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. RR1 Box 540 City Greencastle 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) 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 Bill Lee Cope
   (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 Sandra Lee Ingram
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana (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).

X Signature of Applicant Tracy L. Cope Date 12-17-93

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.

X Signed Tracy L. Cope
New Address

Subscribed and sworn to before me this 17 day of Dec., 19 93

Lonnie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* DEC. 17th, 1993 *, authorizing the marriage of* RONALD E. CROWE *and* TRACY L. COPE *. I further certify that the following marriage certificate was filed in my office: I,* CINDY SPENCE *(name), certify that on* 12th OF DEC. 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* RONALD E. CROWE *of* HENDRICKS *County* IN *(state), and* TRACY L. COPE *of* PUTNAM *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-17-93. *Signed by:* /s/ CINDY SPENCE *,* 1ST DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* HENDRICKS *(date).*

Signed Lonnie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

197

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 649

File

12-20-93
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 12-20-93
Name of Physician A. H. Suddleby, M.D.

MALE APPLICANT

Name First Michael Middle David Last Clayton Jr.
Date of Birth Month 7 Day 11 Year 47
Place of Birth (State or foreign country) Indianapolis In.
Residence Address Street or R.R. 22 Acre Ln. City Brownsburg County Hendricks State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 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 Robert F. Clayton, Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) St. Petersburg, Fl.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Vivian Eileen Stiffler
   (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 Clayton Sr Date 12-20-93

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 Michael D Clayton Sr.
New Address _____
Subscribed and sworn to before me this 20th day of Dec., 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 Jane Last Jones Skinner
Date of Birth Month 10 Day 1 Year 56
Place of Birth (State or foreign country) Lebanon, In.
Residence Address Street or R.R. 5330 E 450 N 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 Ray Eugene Jones
   (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 Eloise Crabtree
   (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 Cynthia J. Skinner Date 12-20-93

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 Cynthia J. Skinner
New Address _____
Subscribed and sworn to before me this 20th day of Dec, 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* 12-20-93 *, authorizing the marriage of* MICHAEL DAVID CLAYTON, SR. *and* CYNTHIA JANE JONES SKINNER *. I further certify that the following marriage certificate was filed in my office: I,* ELIZABETH J. SPURLOCK *(name), certify that on* DECEMBER 28, 1993 *(date), at* JAMESTOWN *in* BOONE *County, Indiana,* MICHAEL DAVID CLAYTON, SR. *of* HENDRICKS *County* IN *(state), and* CYNTHIA JANE JONES SKINNER *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-28-93 *.*
Signed by: /s/ ELIZABETH J. SPURLOCK, JAMESTOWN TOWN JUDGE *(official designation)*
Filed and recorded in accordance with the laws of the State of Indiana on 1-4-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

198

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 650

File

12-21-93 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 12-20-93
Name of Physician Cindy Mills, M.D.

MALE APPLICANT

Name: First Bradley Middle Aaron Last Long

Date of Birth: Month 7 Day 11 Year 70

Place of Birth (State or foreign country) Huntingburg In.

Residence Address: Street or R.R. 439 Duncan Dr. City Camby County Morgan State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Lee Long
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Camby In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Carol Ann Huff
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Camby In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Bradley A. Long Date 12-21-93

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 Bradley A. Long

New Address _____

Subscribed and sworn to before me this 21st day of Dec, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Deanna Middle Michelle Last Wiggam

Date of Birth: Month 10 Day 25 Year 71

Place of Birth (State or foreign country) Danville, In.

Residence Address: Street or R.R. 401 N. Indiana 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 Arthur E. Wiggam Jr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Linda L. Rutledge
   (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 Deanna M. Wiggam Date 12-21-93

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 Deanna M. Wiggam

New Address _____

Subscribed and sworn to before me this 21st day of Dec, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-21-93 *, authorizing the marriage of* BRADLEY AARON LONG *and* DEANNA MICHELLE WIGGAM *. I further certify that the following marriage certificate was filed in my office: I,* LARRY D. MEDCALFE *(name), certify that on* JANUARY 8, 1994 *(date), at* MARSHALL *in* PARKE *County, Indiana,* BRADLEY AARON LONG *of* MORGAN *County* IN *(state), and* DEANNA MICHELLE WIGGAM *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-21-93 *. Signed by:* /s/ LARRY D. MEDCALFE *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-20-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

199

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 651

HENDRICKS County

File

12-21-93
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 12-21-93
Name of Physician T. Coleman, M.D.

MALE APPLICANT

Name: First Mark Middle John Last Schapker

Date of Birth: Month 3 Day 11 Year 73

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. 5870 N 901 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. Mark John Schapker Jr. 2 yrs.
6. (a) Full name of applicant's father William H. Schapker
   (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 Christine Lee
   (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 Mark Schapker Date 12-21-93

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 Schapker

New Address 3549 Willsee Ln. Plnfld, IN 46168

Subscribed and sworn to before me this Dec day of 21, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Dawn Last Lawver

Date of Birth: Month 6 Day 11 Year 74

Place of Birth (State or foreign country) Beech Grove In.

Residence Address: Street or R.R. 3549 Willsee 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 Steven G. Lawver
   (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 K Stinger
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, 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 Michelle Lawver Date 12-21-93

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 Michelle Lawver

New Address Same

Subscribed and sworn to before me this Dec day of 21, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-21-93 *, authorizing the marriage of* MARK JOHN SCHAPKER *and* MICHELLE DAWN LAWVER *. I further certify that the following marriage certificate was filed in my office: I,* CINDY SPENCE *(name), certify that on* DECEMBER 21, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* MARK JOHN SCHAPKER *of* HENDRICKS *County* IN *(state), and* MICHELLE DAWN LAWVER *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-21-93 *Signed by:* /s/ CINDY SPENCE *,* 1ST DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-22-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS + SYSTEMS 1-800-382-6702 1477

200

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 652

HENDRICKS County

File

12-21-93
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 9-21-93
Name of Physician Phillip Bruner M.D.

MALE APPLICANT

Name: First Jeffrey Middle Joe Last Rance

Date of Birth: Month 10 Day 3 Year 54

Place of Birth (State or foreign country) E Lebanon In.

Residence Address: Street or R.R. 2656 E. Venus St. City Inverness County Citrus State Fl.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1982

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Guy Clifford Rance
   (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 Juanita Jean Spurlock
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Inverness 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 Jeffrey J. Rance Date 12-21-93

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 Jeffrey J. Rance
New Address Same

Subscribed and sworn to before me this 21st day of Dec, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Robbins

Date of Birth: Month 9 Day 1 Year 65

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R.R. 2656 E. Venus St. City Inverness County Citrus State Fl. 32650

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages ☒

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 William Robbins
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Nashville In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Phyllis Mae Seely
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Nashville, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Melinda Jo Robbins Date 12-21-93

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 Melinda Jo Robbins
New Address Same

Subscribed and sworn to before me this 21st day of Dec, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-21-93 *, authorizing the marriage of* JEFFREY JOE RANCE *and* MELINDA JO ROBBINS *. I further certify that the following marriage certificate was filed in my office: I,* TED A. MILLER *(name), certify that on* JANUARY 1, 1994 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* JEFFREY JOE RANCE *of* CITRUS *County* FL *(state), and* MELINDA JO ROBB *of* CITRUS *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* 12-21-93 *. Signed by:* /s/ TED A. MILLER *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-7-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

201

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 653

HENDRICKS County

File

12-22-93
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 12-22-93
Name of Physician Robert Ciella, M.D.

MALE APPLICANT

Name: First Jett Middle — Last Wells

Date of Birth: Month 7 Day 16 Year 59

Place of Birth (State or foreign country) Fairfield, Illinois

Residence Address: Street or R.R. RR#1 Box 96 City Pittsboro County, 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) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Elmo Gene Wells
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Mt. Vernon, Ill.
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of applicant's mother Evelyn Jean McKean
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Illinois

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Jett Wells Date 12/22/93

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 Jett Wells

New Address 293 - Bridlewood Tr Danville

Subscribed and sworn to before me this 22nd day of Dec, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Joy Last Coyle

Date of Birth: Month 12 Day 2 Year 59

Place of Birth (State or foreign country) Lebanon, Indiana

Residence Address: Street or R.R. 293 Bridlewood Tr. City Danville County, State In.

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. James Henry Coyle 11 yrs.
   Jared Heath Coyle 20 mo.
6. (a) Full name of applicant's father William C. Wilson
   (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 Erma Virginia L'Homme
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Pittsboro, In.
   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 Kathy J Coyle Date 12-22-93

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 J Coyle

New Address SAME

Subscribed and sworn to before me this 22nd day of Dec, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-22-93 *, authorizing the marriage of* JETT WELLS *and* KATHY JOY COYLE *. I further certify that the following marriage certificate was filed in my office: I,* REV. ALAN MOODY *(name), certify that on* JANUARY 1, 1994 *(date), at* THORNTOWN *in* BOONE *County, Indiana,* JETT WELLS *of* HENDRICKS *County* IN *(state), and* KATHY JOY COYLE *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-22-93 *. Signed by:* /s/ REV. ALAN MOODY *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-5-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

202

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 654

File

12-23-93
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 11-4-92
Name of Physician Dr. Timothy Nichols, D.O.

MALE APPLICANT

Name: First Carl Middle Leo Last Dawes
Date of Birth: Month 8 Day / Year 55
Place of Birth (State or foreign country) Greencastle, In.
Residence Address: Street or R.R. 310 Janet Dr. City Brownsburg County / 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) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Claude Leo Dawes
   (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 Clara Mae Elliott
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Ft. Myers, 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 Carl L. Dawes Date 12-23-93

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 L. Dawes
New Address Same
Subscribed and sworn to before me this 23rd day of Dec., 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Kay Last Sanders
Date of Birth: Month 3 Day 2 Year 62
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. 310 Janet Dr. City Brownsburg County / 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) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Kricy Kay Sanders 10 yrs.
   Mark Thomas Sanders 8 yrs.
6. (a) Full name of applicant's father George Michael Wood
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Judith Kay Bowman
   (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 Ginger K Sanders Date 12-23-93

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 Ginger K Sanders
New Address Same
Subscribed and sworn to before me this 23rd day of Dec., 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-28-93 *, authorizing the marriage of* CARL LEO DAWES *and* GINGER KAY SANDERS *. I further certify that the following marriage certificate was filed in my office: I,* REV. JACK L. McINTOSH *(name), certify that on* JANUARY 1, 1994 *(date), at* LIZTON *in* HENDRICKS *County, Indiana,* CARL LEO DAWES *of* HENDRICKS *County* IN *(state), and* GINGER KAY SANDERS *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 1-1-94 *. Signed by:* /s/ REV. JACK L. McINTOSH *,* PASTOR/CLERGY *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-10-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-362-6702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 655

HENDRICKS County

File

12-23-93
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 12-15-93
Name of Physician Karen Johns, M.D.

MALE APPLICANT

Name First: Thomas Middle: David Last: Stempson

Date of Birth Month: 12 Day: 4 Year: 51

Place of Birth (State or foreign country) Moscow Idaho

Residence Address Street or R.R.: 43 Lake Dr. S. City: Brownsburg County: In. State:

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.
   Kristine L. Stempson 19 yrs.
   Karen L. Stempson 13 yrs.
6. (a) Full name of applicant's father Kenneth Duane Stempson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) No Dakota
   (b) Full maiden name of applicant's mother Elizabeth Helen Hale
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Scottsdale, Az.
   Birthplace of mother (State or foreign country) Washington

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 D Stempson Date 12/23/93

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 Thomas D Stempson
New Address Same
Subscribed and sworn to before me this 23rd day of Dec, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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: June Last: Smith

Date of Birth Month: 2 Day: 3 Year: 54

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address Street or R.R.: 43 Lake Dr. S. City: Brownsburg County: In. State:

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 male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Bradley Smith 8 yrs
6. (a) Full name of applicant's father George William Scott
   (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 Shirley Rose Vernon
   (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 Shirley J. Smith Date 12-23-93

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 Shirley J Smith
New Address Same
Subscribed and sworn to before me this 23rd day of Dec, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-23-93, *authorizing the marriage of* THOMAS DAVID STEMPSON *and* SHIRLEY JUNE SMITH. *I further certify that the following marriage certificate was filed in my office: I,* CINDY SPENCE *(name), certify that on* DECEMBER 29, 1993 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* THOMAS DAVID STEMPSON *of* HENDRICKS *County* IN *(state), and* SHIRLEY JUNE 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* 12-29-93. *Signed by:* /s/ CINDY SPENCE, 1ST DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-29-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

204

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 656

HENDRICKS County

File

12-23-93
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 Tom Priest, M.D.

MALE APPLICANT

Name: First Richard Middle Dustin Last Moss

Date of Birth: Month 10 Day 27 Year 51

Place of Birth (State or foreign country) Terre Haute, In.

Residence Address: Street or R.R. 2007 N 600 E City Danville County State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1990

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Richard Jason Moss 14 yrs. Sara Katie Moss 10 yrs.
6. (a) Full name of applicant's father Richard Moss
   (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 Olga Augustine Dumas
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) France

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 D. Moss 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 Richard D. Moss

New Address SAME

Subscribed and sworn to before me this 23rd day of Dec, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Leann Middle Kay Last Welty

Date of Birth: Month 1 Day 13 Year 58

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. 441 Halsted Ct. City Indianapolis County Marion 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. Jason Welty 14 yrs; Jennifer Welty 12 yrs & Janelle Welty 9 yrs.
6. (a) Full name of applicant's father William M. Stevens
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Sandra Lee Moore
   (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 Leann K. Welty Date 12-23-93

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 Leann K. Welty

New Address Same

Subscribed and sworn to before me this 23rd day of Dec., 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-23-93 *, authorizing the marriage of* RICHARD DUSTIN MOSS *and* LEANN KAY WELTY *. I further certify that the following marriage certificate was filed in my office: I,* TONY JOHNSON *(name), certify that on* DECEMBER 31, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* RICHARD DUSTIN MOSS *of* HENDRICKS *County* IN *(state), and* LEANN KAY WELTY *of* MARION *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-23-93 *. Signed by:* /s/ TONY JOHNSON *,* ASSOCIATE MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-4-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

205

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 657

HENDRICKS County

File

12-28-93
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 TRINA CHAPMAN-SMITH

MALE APPLICANT

Name: First JOHN Middle DOUGLAS Last HALL II

Date of Birth: Month APRIL Day 8 Year 1944

Place of Birth (State or foreign country): MARION COUNTY, IN

Residence Address: Street or R.R. 1502 W CO RD 800N City LIZTON County State IN 46149

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. DOUGLAS KENNEDY HALL
6. (a) Full name of applicant's father JOHN DOUGLAS HALL
   (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 JULIA CAROL BROWN
   (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 John Douglas Hall II Date 12/28/93

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 John Douglas Hall II
New Address X
Subscribed and sworn to before me this 28th day of Dec., 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 MAXINE Last TIMBROOK

Date of Birth: Month JANUARY Day 25, Year 1956

Place of Birth (State or foreign country): OHIO - DEFIANCE COUNTY

Residence Address: Street or R.R. 109 N IVY LANE City BUTLER County State IN 46721

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. CARRIE ANN TIMBROOK
   ALLEN RAY TIMBROOK
6. (a) Full name of applicant's father LAVON H KLINE
   (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 DORIS BERNICE DONAT
   (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 Kathryn M. Timbrook Date 12-2893

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Kathryn M. Timbrook
New Address 1502 W. CR Rd. 800 N. LIZTON
Subscribed and sworn to before me this 28th day of Dec., 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-28-93 *, authorizing the marriage of* JOHN DOUGLAS HALL II *and* KATHRYN MAXINE TIMBROOK *. I further certify that the following marriage certificate was filed in my office: I,* VERNON J. STOVER, JR. *(name), certify that on* DECEMBER 31, 1993 *(date), at* LIZTON *in* HENDRICKS *County, Indiana,* JOHN DOUGLAS HALL II *of* HENDRICKS *County* IN *(state), and* KATHRYN MAXINE TIMBROOK *of* DEKALB *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-28-93 *. Signed by:* /s/ VERNON J. STOVER, JR. *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-4-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

206

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 658

File

12/28/93
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 12/20/93
Name of Physician Charles Hasbrook M.D.

MALE APPLICANT

Name: First Joseph Middle H Last Schuhler
Date of Birth: Month 7 Day 4 Year 63
Place of Birth (State or foreign country) INDIANA
Residence Address: Street or R.R. 414 Western Drive City Danville County Hendricks State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's Licence

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Henry Richard Schuhler
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Ft. Wayne, Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Barbara Ann Brake
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Ft. Wayne, Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [signature] Date 12-27-93

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 [signature]
New Address Same as above
Subscribed and sworn to before me this 28 day of December, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 H. Last Shultz
Date of Birth: Month 4 Day 4 Year 60
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 414 Western Dr. City Danville County Hendricks State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) 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. Elliott James Shultz
6. (a) Full name of applicant's father James Harold Shultz
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Zionsville, Indiana
   Birthplace of father (State or foreign country) Michigan
   (b) Full maiden name of applicant's mother Betty Fleen Snyder
   (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 Mary H. Shultz Date 12-28-93

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 Mary H. Shultz
New Address Same as Above
Subscribed and sworn to before me this 28 day of December, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-28-93 *, authorizing the marriage of* JOSEPH H. SCHUHLER *and* MARY H. SHULTZ *. I further certify that the following marriage certificate was filed in my office: I,* FR. C. S. CHESEBROUGH *(name), certify that on* _____ *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* _____ JOSEPH H. SCHUHLER *of* HENDRICKS *County* IN *(state), and* _____ MARY H. SHULTZ *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-29-93 *. Signed by:* /s/ FR. C. S. CHESEBROUGH *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-24-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

207

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 659

HENDRICKS County

File 12-28-93
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 12-28-93
Name of Physician Dr. David Kealey

MALE APPLICANT

Name: First Benny Middle Eugene Last Dewitt

Date of Birth: Month 9 Day 5 Year 42

Place of Birth (State or foreign country) Crawfordsville In.

Residence Address: Street or R.R. 9655 N Co. Rd 750 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 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 William Paul Dewitt
   (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 Waneta Louise McIntyre
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Oldsmar, 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 Benny E Dewitt Date 12-28-93

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 Benny E Dewitt
New Address _____
Subscribed and sworn to before me this 28th day of Dec., 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Candace Middle Marie Last Hookey

Date of Birth: Month 12 Day 23 Year 48

Place of Birth (State or foreign country) Parris Island, So. Car.

Residence Address: Street or R.R. 29778 67 Way N. City Clearwater County Pinellas State Fl.

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) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Hookey 18 yrs.
   Julie Hookey 13 yrs.
6. (a) Full name of applicant's father Arden Leroy Wedmore
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of applicant's mother Helen Margaret Couch
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Noblesville, 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 Candace M. Hookey Date 12-28-93

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 Candace M. Hookey
New Address 9655 N. Co. Rd 750E Brownsburg, In
Subscribed and sworn to before me this 28th day of Dec., 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-28-93 *, authorizing the marriage of* BENNY EUGENE DEWITT *and* CANDACE MARIE HOOKEY *. I further certify that the following marriage certificate was filed in my office: I,* MARK A. WINGLER *(name), certify that on* DECEMBER 31, 1993 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* _____ *(state), and* _____ *BENNY EUGENE DEWITT of* HENDRICKS *County* IN *(state) and* _____ *CANDACE MARIE HOOKEY of* PINELLAS *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* 12-28-93 *Signed by:* /s/ MARK A. WINGLER *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-5-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS + SYSTEMS 1-800-382-8702 1477

208

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 660

HENDRICKS County

File

12-29-93
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 11-23-93
Name of Physician Dr Heavin

MALE APPLICANT

Name: First Darrell Middle R. Last Waskom
Date of Birth: Month 2 Day 12 Year 69
Place of Birth (State or foreign country) Hend Co. Danville In.
Residence Address: Street or R.R. R#1 Box 215 City Coatesville 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) 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 Ralph Edwin Waskom
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) same as above
   Birthplace of father (State or foreign country) Morgan Co
   (b) Full maiden name of applicant's mother Nancy Jo Johnson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) same
   Birthplace of mother (State or foreign country) Hend. 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 [signature] Date 12-29-93

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 [signature]
New Address 7107 Antler Way 3A
Subscribed and sworn to before me this 29 day of 12, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Lachelle Middle M. Last Davis
Date of Birth: Month 1 Day 13 Year 74
Place of Birth (State or foreign country) Hend Co Danville In.
Residence Address: Street or R.R. 335 W. Broadway City Danville County Hend State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. none
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
   Birthplace of father (State or foreign country) Hend. Co.
   (b) Full maiden name of applicant's mother Carol Louise Russell
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville - Same as above
   Birthplace of mother (State or foreign country) Hancock 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 Lachelle M Davis Date 12-29-93

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 Lachelle M Davis
New Address same as across
Subscribed and sworn to before me this 29 day of 12, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-29-93 *, authorizing the marriage of* DARRELL RAY WASKOM *and* LACHELLE MARIE DAVIS *. I further certify that the following marriage certificate was filed in my office: I,* STEVEN T. REEVES *(name), certify that on* JANUARY 8, 1994 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* DARRELL RAY WASKOM *of* HENDRICKS *County* IN *(state), and* LACHELLE MARIE 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* 12-29-93 *. Signed by:* /s/ STEVEN T. REEVES *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-11-94 *(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. 661

HENDRICKS County

File 12-29-93
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 ☐ 12-27-93
If No, Medical Examination or Report Dated
Name of Physician R. Colenaur, M.D.

MALE APPLICANT

Name: First James Middle Richard Last DeMoss
Date of Birth: Month 10 Day 16 Year 74
Place of Birth (State or foreign country): Muncie, Indiana
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 female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 DeMoss
   (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 Pamela Jo Potts
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant James DeMoss Date 12-29-93

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 DeMoss
New Address Same
Subscribed and sworn to before me this 29th day of Dec., 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Kaelyn Middle Marie Last Owens
Date of Birth: Month 1 Day 30 Year 75
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 Christopher James Kyre 2 yrs
6. (a) Full name of applicant's father Willard Eugene Maynard
   (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 Connie Carol Owens
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis,
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Evelyn Owens Date 12-29-93.

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 Evelyn Owens
New Address ~~300~~ Same
Subscribed and sworn to before me this 29th day of Dec., 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-29-93 *, authorizing the marriage of* JAMES RICHARD DEMOSS *and* EVELYN MARIE OWENS *. I further certify that the following marriage certificate was filed in my office: I,* JOHN HESSELDENZ *(name), certify that on* DECEMBER 31, 1993 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* JAMES RICHARD DEMOSS *of* HENDRICKS *County* IN *(state), and* EVELYN MARIE OWENS *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-29-93 *. Signed by:* /s/ JOHN HESSELDENZ JUDGE, MARION CO. SMALL CLAIMS *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-6-94 *(date).* COURT

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

210

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 6662

File

12-30-93
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. Floyd M.D.

MALE APPLICANT

Name: First Ronald Middle K Last Garceau

Date of Birth: Month 11 Day 4 Year 47

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 1913 Hoadley Rd City Plainfield County State IN

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1988

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Bernard J Garceau
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Michigan
   (b) Full maiden name of applicant's mother Betty J Brewster
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana (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).

X Signature of Applicant Ronald Garceau Date 12/30/93

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 Ronald Garceau

New Address

Subscribed and sworn to before me this 30 day of Dec., 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Marcia Middle K Last Bumb

Date of Birth: Month 8 Day 5 Year 58

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 4738 Stoughton Ct City Indpls County State IN

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1989

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Walter E. Fritz
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Missouri
   (b) Full maiden name of applicant's mother Sylvia (Last name available)
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) deceased
   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).

X Signature of Applicant Marcia K Bumb Date 12/30/93

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 Marcia K Bumb

New Address

Subscribed and sworn to before me this 30 day of Dec, 19 93

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-30-93 *, authorizing the marriage of* RONALD KENT GARCEAU *and* MARCIA K. BUMB *. I further certify that the following marriage certificate was filed in my office: I,* ANTHONY M. BENEDICT *(name), certify that on* JANUARY 1, 1994 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* RONALD KENT GARCEAU *of* HENDRICKS *County* IN *(state), and* MARCIA K. BUMB *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* 1-1-94 *. Signed by:* /s/ ANTHONY M. BENEDICT *,* JUDGE PRO-TEM *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-14-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

211

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 663

HENDRICKS County

File

12-30-93
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 ☐ 1-4-94
If No, Medical Examination or Report Dated
Name of Physician Robert S. Howell M.D.

MALE APPLICANT

Name First: John Middle: Relman Last: Bohlen

Date of Birth Month: 8 Day: 17 Year: 70

Place of Birth (State or foreign country): Winston-Salem N.C.

Residence Address Street or R.R.: 7615 Mill Run Dr. City: Ft. Wayne County: Allen State: In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Herald Glenn Bohlen
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis In.
   Birthplace of father (State or foreign country) No. Carolina
   (b) Full maiden name of applicant's mother Loresa Somers
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield 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 John R. Bohlen Date 12/30/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed John R. Bohlen
New Address SAME
Subscribed and sworn to before me this 30th day of Dec., 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name First: Diane Middle: Lynne Last: Bennett

Date of Birth Month: 7 Day: 3 Year: 70

Place of Birth (State or foreign country): Doraville In.

Residence Address Street or R.R.: 1941 N Rd. 600 E City: Doraville County: State: In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Maurice Ray Bennett
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Doraville, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Lynne Taylor
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Doraville 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 Diane L. Bennett Date 12/30/93

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 Diane L. Bennett
New Address 7615 Mill Run Drive Ft. Wayne, IN
Subscribed and sworn to before me this 30th day of Dec., 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-4-94, *authorizing the marriage of* JOHN RELMAN BOHLEN *and* DIANE LYNNE BENNETT. *I further certify that the following marriage certificate was filed in my office: I,* JAMES P. GRIMSHAW *(name), certify that on* FEBRUARY 12, 1994 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* JOHN RELMAN BOHLEN *of* ALLEN *County* IN *(state), and* DIANE LYNNE BENNETT *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 1-4-94. *Signed by:* /s/ JAMES P. GRIMSHAW, MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-14-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

212

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 1

File

1-5-94
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under 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 Gaylord MD.

MALE APPLICANT

Name: First George Middle Albert Last Ross
Date of Birth: Month 5 Day 2 Year 64
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R.R. 5220 W Co Rd 150 S. City Danville County State In
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Frederick Allen 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 Shirley Jean Bredlove
   (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 George A. Ross Date 1-5-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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. Ross
New Address SAME
Subscribed and sworn to before me this 5th day of Jan, 19 94
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana
County of HENDRICKS
Father _____
Mother _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Peggy Middle Joanne Last Urick
Date of Birth: Month 2 Day 8 Year 66
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R.R. 5220 W Co Rd 150 S City Danville County 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) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Todd Edward Smith 9 yrs.
6. (a) Full name of applicant's father Charles Ralph Urick
   (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 Roberta Judy Browser
   (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 Peggy J. Urick Date 1-5-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Peggy J Urick
New Address Same
Subscribed and sworn to before me this 5th day of Jan, 19 94
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

Do Not Publish
Thanks

COMPLETE IF MARRIAGE … F COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-5-94 *, authorizing the marriage of* GEORGE ALBERT ROSS *and* PEGGY JEANNE URICK *. I further certify that the following marriage certificate was filed in my office: I,* CINDY SPENCE *(name), certify that on* JANUARY 5, 1994 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* GEORGE ALBERT ROSS *of* HENDRICKS *County* IN *(state), and* PEGGY JEANNE URICK *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 1-5-94 *. Signed by:* /s/ CINDY SPENCE *,* 1ST DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-5-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

213

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 2

HENDRICKS County

File

1-5-94
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 1-5-94
Name of Physician Philip Batista, M.D.

MALE APPLICANT

Name: First Michael Middle Harold Last Thomas

Date of Birth: Month 5 Day 24 Year 54

Place of Birth (State or foreign country) Veedersburg, In.

Residence Address: Street or R.R. 208 Home St. City Veedersburg County Fountain State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1988

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Harold Arthur Thomas
   (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 Rovene Rhodenbough
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Veedersburg, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Michael H Thomas Date 1-5-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Michael H Thomas

New Address Same

Subscribed and sworn to before me this 5th day of Jan., 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Jean Last Brown

Date of Birth: Month 6 Day 14 Year 60

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. 15 William Dr. City Brownsburg County Hendricks State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 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 Robert C. Mabbitt
   (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 Norma Jean Phillips
   (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 Barbara Brown Date 1-5-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of 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 Brown

New Address Same

Subscribed and sworn to before me this 5th day of Jan, 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-5-94 *, authorizing the marriage of* MICHAEL HAROLD THOMAS *and* BARBARA JEAN BROWN *. I further certify that the following marriage certificate was filed in my office: I,* CINDY SPENCE *(name), certify that on* JANUARY 5, 1994 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* MICHAEL HAROLD THOMAS *of* FOUNTAIN *County* IN *(state), and* BARBARA JEAN BROWN *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 1-5-94 *. Signed by:* /s/ CINDY SPENCE *,* 1ST DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-5-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

214

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 3

HENDRICKS County

File

1-6-94 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under 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 Boothe, M.D.

MALE APPLICANT

Name: First William Middle Dwayne Last Skelton
Date of Birth: Month 3 Day 02 Year 1948
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 479 S. State Rd. 267 City Plainfield County Hendricks State In 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 1991
Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father James O. Skelton
   (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 Eleanor L. Skinner
   (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 William D. Skelton Date 1-6-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ 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. Skelton
New Address Same as Above

Subscribed and sworn to before me this 6 day of January 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Sue Last Duggins
Date of Birth: Month 5 Day 22 Year 1957
Place of Birth (State or foreign country) Tennessee
Residence Address: Street or R.R. 479 S State Rd 267 City Plainfield County Hendricks State In 46168
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) 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 Hubert L. Bailey
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Tennessee
   Birthplace of father (State or foreign country) Tennessee
   (b) Full maiden name of applicant's mother Betty J. Moore
   (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 Katherine S. Duggins Date 1-6-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed x Katherine S. Duggins
New Address Same As Above

Subscribed and sworn to before me this 6 day of January 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-6-94 *, authorizing the marriage of* WILLIAM DWAYNE SKELTON *and* KATHERINE SUE DUGGINS *. I further certify that the following marriage certificate was filed in my office: I,* MYRON BARNARD *(name), certify that on* JANUARY 15, 1994 *(date), at* AVON *in* HENDRICKS *County, Indiana,* WILLIAM DWAYNE SKELTON *of* HENDRICKS *County* IN *(state), and* KATHERINE SUE DUGGINS *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 1-15-94 *Signed by:* /s/ MYRON BARNARD *,* JUDGE *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-24-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

215

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 4

HENDRICKS County

File

1-6-94
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under 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 Donald Middle John Last Maw

Date of Birth: Month 6 Day 11 Year 48

Place of Birth (State or foreign country) IL

Residence Address: Street or R.R. 1196 E 500 N City Danville County Hend State IN.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 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. Jonathon
6. (a) Full name of applicant's father Robert J. Maw
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of applicant's mother Emily Ashes
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Minnesota

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant ✓ D J M Date 1-6-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of 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 J M

New Address _____

Subscribed and sworn to before me this 6th day of January, 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Marialisa Middle V Last Dugan

Date of Birth: Month 3 Day 4 Year 54

Place of Birth (State or foreign country) CA

Residence Address: Street or R.R. 1196 E 500 N City Danville County Hend State IN

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 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. Marcus, Jennette Russell
6. (a) Full name of applicant's father Raymond Louis Ford
   (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 Betty Gene Zander
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN deceased
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant ✓ Marialisa Dugan Date 1/6/94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed ✓ Marialisa Dugan

New Address _____

Subscribed and sworn to before me this 6th day of January, 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-6-94 *, authorizing the marriage of* DONALD JOHN MAW *and* MARIALISA VIVIAN DUGAN *. I further certify that the following marriage certificate was filed in my office: I,* RAYMOND H. DUFF *(name), certify that on* JANUARY 6, 1994 *(date), at* MAPLEWOOD *in* HENDRICKS *County, Indiana,* DONALD JOHN MAW *of* HENDRICKS *County* IN *(state), and* MARIALISA VIVIAN DUGAN *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 1-6-94 *. Signed by:* /s/ RAYMOND H. DUFF *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-20-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

216

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 5

File

1-6-94 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Roche Biomedical Lab

MALE APPLICANT

Name: First Steven Middle T Last Whicker

Date of Birth: Month 10 Day 23 Year 69

Place of Birth (State or foreign country) Indiana

Residence Address: 7248 N Street or R.R. Maple 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 Robert L. Whicker
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Shirley Marsh
   (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 Steven T Whicker Date 1-6-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk 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 Steven T Whicker

New Address _____

Subscribed and sworn to before me this 6th day of Jan, 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Ronda Middle J Last Jenkins

Date of Birth: Month 2 Day 27 Year 75

Place of Birth (State or foreign country) Indiana

Residence Address: 1712 E Street or R.R. Prospect 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) Birth Certificate 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 Ronald E Jenkins
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Diana L. Thomas
   (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 Ronda Jenkins Date 1-6-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk 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 Ronda Jenkins

New Address _____

Subscribed and sworn to before me this 6th day of Jan, 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-6-94 *, authorizing the marriage of* STEVEN T. WHICKER *and* RHONDA J. JENKINS *. I further certify that the following marriage certificate was filed in my office: I,* GEORGE MONDAY *(name), certify that on* JANUARY 15, 1994 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* STEVEN T. WHICKER *of* HENDRICKS *County* IN *(state), and* RHONDA J. JENKINS *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 1-6-94 *. Signed by:* /s/ GEORGE MONDAY *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-21-94 *(date).*

Signed Connie Lawson Clerk

HENDRICKS Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

217

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 6

HENDRICKS County

File 1-10-94 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 1-3-94
Name of Physician J. M. Black, M.D.

MALE APPLICANT

Name: First Scott Middle Bradley Last Brown

Date of Birth: Month 4 Day 10 Year 58

Place of Birth (State or foreign country) Providence R. Island

Residence Address: Street or R.R. 44 N Green St. City Brownsburg County State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 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.
   Brandon S. Brown 12 yrs.
   Christina M. Brown 10 yrs
6. (a) Full name of applicant's father Leland Earl Brown
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Virginia Beach, Va.
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of applicant's mother Cynthia Ann Quartaro
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Virginia Beach Va.
   Birthplace of mother (State or foreign country) Bristol, 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 Scott B. Brown Date 1-10-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of 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 B. Brown

New Address 58 Cedar Run Dr. Brownsburg, In 46112

Subscribed and sworn to before me this 10th day of Jan, 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Lynn Last Sprinkles

Date of Birth: Month 11 Day 11 Year 71

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. 58 Cedar Run 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 James Edward Sprinkles
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Mary Alice Steinwalt
   (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 Rebekah L Sprinkles Date 1-10-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Rebekah L Sprinkles

New Address Same

Subscribed and sworn to before me this 10th day of Jan, 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-10-94 *, authorizing the marriage of* SCOTT BRADLEY BROWN *and* REBEKAH LYNN SPRINKLES *. I further certify that the following marriage certificate was filed in my office: I,* R. FRED RODKEY *(name), certify that on* JANUARY 15, 1994 *(date), at* AVON *in* HENDRICKS *County, Indiana,* SCOTT BRADLEY BROWN *of* HENDRICKS *County* IN *(state), and* REBEKAH LYNN SPRINKLES *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 1-10-94 *. Signed by:* /s/ R. FRED RODKEY *,* ASSOCIATE PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-20-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

218

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 7

HENDRICKS County

File

1-10-94 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 1-10-94
Name of Physician Robert D. Aiello, M.D.

MALE APPLICANT

Name: First Martin Middle Thaddeus Last Summers Jr.
Date of Birth: Month 10 Day 30 Year 62
Place of Birth (State or foreign country) Danville In.
Residence Address: Street or R.R. 8015 N 400 W City North Salem County State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 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. Jason Wayne Summers 12 yrs.
6. (a) Full name of applicant's father Martin T. Summers Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Pittsboro, In.
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of applicant's mother Mary Katherine Woods
   (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 Martin T. Summers Jr. Date 1-10-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 T. Summers Jr.
New Address Same
Subscribed and sworn to before me this 10th day of Jan, 19 94
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Lee Middle Alice Last Davidson
Date of Birth: Month 4 Day 7 Year 68
Place of Birth (State or foreign country) Danville In.
Residence Address: Street or R.R. 8015 N 400 W City N. Salem 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 male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Keith Davidson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) N. Salem, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Geneva Joyce Wright
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) N. 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 Lee Alice Davidson Date 1-10-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Lee Alice Davidson
New Address SAME
Subscribed and sworn to before me this 10th day of Jan, 19 94
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-10-94 *, authorizing the marriage of* MARTIN THADDEUS SUMMERS, JR. *and* LEE ALICE DAVIDSON *. I further certify that the following marriage certificate was filed in my office: I,* LEANNE CLAMPITT *(name), certify that on* FEBRUARY 14, 1994 *(date), at* NORTH SALEM *in* HENDRICKS *County, Indiana,* MARTIN THADDEUS SUMMERS, JR. *of* HENDRICKS *County* IN *(state), and* LEE ALICE DAVIDSON *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 1-10-94 *. Signed by:* /s/ LEANNE CLAMPITT *,* CLERK-TREASURER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-16-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

219

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 8

HENDRICKS County

File

1-10-74
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a 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 J. Timothy Nichols, D.O.

MALE APPLICANT

Name: First Richard Middle Anthony Last Mosier

Date of Birth: Month 3 Day 21 Year 63

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: 3228 Street or R.R. S. West Dr. City Indianapolis County Marion State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 W. Mosier
   (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 Joanne Ford
   (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 Richard A. Mosier Date 1-10-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of 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. Mosier
New Address 10411 Countryside Court 46234
Subscribed and sworn to before me this 10th day of Jan, 19 94
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Ann Last Newport

Date of Birth: Month 2 Day 4 Year 54

Place of Birth (State or foreign country) Logansport In

Residence Address: 10411 Street or R.R. Countryside Ct. City Indpls County Hendricks, In. 46234

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 male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Mary Megan Newport 17 yrs.
   Angela Nicole Newport - 14 yrs.
6. (a) Full name of applicant's father Charles W. Siddall
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Logansport, In.
   Birthplace of father (State or foreign country) Michigan
   (b) Full maiden name of applicant's mother Mary Lou Cramer
   (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 Cynthia A Newport Date 1/10/94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of 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 A Newport
New Address Same
Subscribed and sworn to before me this 10th day of Jan, 19 94
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-10-94 *, authorizing the marriage of* RICHARD ANTHONY MOSIER *and* CYNTHIA ANN NEWPORT *. I further certify that the following marriage certificate was filed in my office: I,* PHILLIP R. EMERSON *(name), certify that on* FEBRUARY 4, 1994 *(date), at* LOGANSPORT *in* CASS *County, Indiana,* RICHARD ANTHONY MOSIER *of* MARION *County* IN *(state), and* CYNTHIA ANN NEWPORT *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 1-10-94 *. Signed by:* /s/ PHILLIP R. EMERSON *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-7-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

220

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 9

File

1-10-94 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under 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 Glenn Middle L. Last Strafford

Date of Birth: Month 10 Day 27 Year 16

Place of Birth (State or foreign country): Indianapolis In.

Residence Address: Street or R.R. 1794 Village Dr W. apt A City Greenfield County Hancock 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) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Strafford
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Iowa
   (b) Full maiden name of applicant's mother Dallie
   (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 Glenn L Strafford Date 1-10-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Glenn L Strafford

New Address

Subscribed and sworn to before me this 10th day of Jan, 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of 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 L. Last Power

Date of Birth: Month 6 Day 19 Year 21

Place of Birth (State or foreign country): Bowling Green, Ky.

Residence Address: Street or R.R. 923 Vista Ct. City Greenfield County Hancock 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.

6. (a) Full name of applicant's father London Holland
   (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 Lottie Ward
   (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 Mary Power Date 1/10/94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of 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 Power

New Address

Subscribed and sworn to before me this 10th day of Jan, 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #

Mother ID #

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-10-94 *, authorizing the marriage of* GLENN LEWIS STRAFFORD *and* MARY L. POWER *. I further certify that the following marriage certificate was filed in my office: I,* JOHN B. HART *(name), certify that on* JANUARY 12, 1994 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* GLENN LEWIS STRAFFORD *of* HANCOCK *County* IN *(state), and* MARY L. POWER *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 1-10-94 *. Signed by:* /s/ JOHN B. HART *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-14-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

221

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 10

HENDRICKS County

File

1-11-94
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 1-11-94
Name of Physician R. Stegemoller, M.D.

MALE APPLICANT

Name: First Gregory Middle Alan Last West

Date of Birth: Month 12 Day 10 Year 64

Place of Birth (State or foreign country) Elkhart, In.

Residence Address: Street or R.R. 397 W. Marion 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 Marvin H. West
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Michigan
   (b) Full maiden name of applicant's mother Janet Lee Graver
   (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 Anne Middle Marie Last Smith

Date of Birth: Month 2 Day 24 Year 64

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. 397 W Marion St. City Danville County State In.

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. Courtney Smith 6 yrs. Garrett Smith 3½ yrs. Ryann " 5 yrs.
6. (a) Full name of applicant's father John William Havens Jr
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Crittenville, In
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Geraldine Ann Tolson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Crittenville, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Gregory A West Date 1/11/94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Gregory A West
New Address same

Subscribed and sworn to before me this 11th day of Jan, 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other 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 Anne M Smith Date 1-11-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Anne M Smith
New Address same

Subscribed and sworn to before me this 11th day of Jan, 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-11-94 *, authorizing the marriage of* GREGORY ALAN WEST *and* ANNE MARIE SMITH *. I further certify that the following marriage certificate was filed in my office: I,* GLENN W. McDONALD *(name), certify that on* JANUARY 15, 1994 *(date), at* ZIONSVILLE *in* BOONE *County, Indiana,* GREGORY ALAN WEST *of* HENDRICKS *County* IN *(state), and* ANNE 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* 1-11-94 *. Signed by:* /s/ GLENN W. McDONALD *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-10-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

222

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 11

File

1-11-94 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☐ Yes ☐
If No, Medical Examination or Report Dated 1-11-94
Name of Physician Dr. Henger, M.D.

MALE APPLICANT

Name: First Mark Middle Alan Last Phelps

Date of Birth: Month 3 Day 31 Year 63

Place of Birth (State or foreign country) Maline, Ill.

Residence Address: Street or R.R. 6005 Beachview Apt 279 City Indplz. County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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. Phelps
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Missouri
   (b) Full maiden name of applicant's mother Beatrice Marie Farley
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Sherrard, Ill.
   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 Mark Phelps Date 1-11-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of 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 Phelps

New Address SAME

Subscribed and sworn to before me this 11th day of Jan, 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Lynn Last Powell

Date of Birth: Month 10 Day 8 Year 70

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. 419 Buchanan 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. Seth Ryan Powell 2½ yrs.

6. (a) Full name of applicant's father Carlton Ray Powell
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield, In.
   Birthplace of father (State or foreign country)
   (b) Full maiden name of applicant's mother Vicki Lynn Wayman
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Salt Lake City, Ut.
   Birthplace of mother (State or foreign country) Utah

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Shelly L. Powell Date 1/11/94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of 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 Lynn Powell

New Address 6005 Beachview Dr. Apt. 279

Subscribed and sworn to before me this 11th day of Jan, 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-11-94, *authorizing the marriage of* MARK ALAN PHELPS *and* SHELLY LYNN POWELL. *I further certify that the following marriage certificate was filed in my office: I,* CINDY SPENCE *(name), certify that on* JANUARY 11, 1994 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* MARK ALAN PHELPS *of* MARION *County* IN *(state), and* SHELLY LYNN POWELL *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 1-11-94. *Signed by:* /s/ CINDY SPENCE, 1ST DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-11-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

223

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 12

HENDRICKS County

File

1.12.94
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Speedway Clinic Dr. Oliver

MALE APPLICANT

Name: First Donald Middle Eugene Last Hazelgrove Jr.

Date of Birth: Month 9 Day 10 Year 57

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 645 E Morris St. 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 female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 E. Hazelgrove Jr.
   (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 Alice Marie Knoop
   (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 Donald E Hazelgrove JR Date 1-12-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ 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 E Hazelgrove JR

New Address _____

Subscribed and sworn to before me this 12 day of Jan, 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Alles

Date of Birth: Month 2 Day 2 Year 60

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 645 E Morris St. City Plfd County IN 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) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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, Taylor

6. (a) Full name of applicant's father James J. Dittmer
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Jasper IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Marilyn M. E Klein
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Jasper IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant [signature] Date 1/12/94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of 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 12 day of Jan, 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-12-94 *, authorizing the marriage of* DONALD E. HAZELGROVE, JR. *and* ANN M. ALLEN *. I further certify that the following marriage certificate was filed in my office: I,* S. V. STILES *(name), certify that on* FEBRUARY 12, 1994 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* DONALD E. HAZELGROVE, JR. *of* HENDRICKS *County* IN *(state), and* ANN M. 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* 1-12-94 *. Signed by:* /s/ S. V. STILES *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-15-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

224

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 13

HENDRICKS County

File

1-13-94 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 9-15 93
Name of Physician C. Poudelunsky, MD.

MALE APPLICANT

Name: First Larry Middle Wayne Last Garrison

Date of Birth: Month 4 Day 21 Year 43

Place of Birth (State or foreign country) Brazil, In.

Residence Address: Street or R.R. 2041 W. Main City Plainfield County 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 female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Garrison
   (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 Ica Viola Moore
   (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 M. Garrison Date 1-13-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Larry M. Garrison
New Address (Same as Above)

Subscribed and sworn to before me this 13 day of January, 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Viola Last Garrison

Date of Birth: Month 3 Day 24 Year 46

Place of Birth (State or foreign country) Indianapolis, In

Residence Address: Street or R.R. 2041 W. Main City Plainfield County 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. —
6. (a) Full name of applicant's father Grover Cleveland Hughes
   (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 Lena Wallace
   (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 Martha J. Garrison Date 1-13-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of 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 V. Garrison
New Address (Same as Above)

Subscribed and sworn to before me this 13 day of January, 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-13-94 *, authorizing the marriage of* LARRY WAYNE GARRISON *and* MARTHA VIOLA GARRISON *. I further certify that the following marriage certificate was filed in my office: I,* DEBRA A. HEDRICK *(name), certify that on* JANUARY 13, 1994 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* LARRY WAYNE GARRISON *of* HENDRICKS *County* IN *(state), and* MARTHA VIOLA GARRISON *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 1-13-94 *. 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* 1-28-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

225

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 14

HENDRICKS County

File

1-13-94
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 12-16-93
Name of Physician Michelle D. Bayer, M.D.

MALE APPLICANT

Name: First Kenneth Middle Glenn Last Stein

Date of Birth: Month 4 Day 25 Year 72

Place of Birth (State or foreign country) Danville In.

Residence Address: Street or R.R. Route 1 Box 7A 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 Michael William Stein
   (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 Linda Fay Strong
   (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 Kenny Stein Date 1-13-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Kenny Stein
New Address 118 Rockshire RD Apt. A Indpls. IN.

Subscribed and sworn to before me this 13th day of Jan, 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Leslie Middle Jo Last Stout

Date of Birth: Month 10 Day 23 Year 71

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R.R. 118 Rockshire Rd apt A 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 Wesley Joe Stout IV
   (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 Karen Lynn Trout
   (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 Leslie Jo Stout Date 1/13/94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Leslie J. Stout
New Address #SAME

Subscribed and sworn to before me this 13th day of Jan, 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-13-94 *, authorizing the marriage of* KENNETH GLENN STEIN *and* LESLIE JO STOUT *. I further certify that the following marriage certificate was filed in my office: I,* REVEREND RICHARD ZORE *(name), certify that on* JANUARY 15, 1994 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* _____ KENNETH GLENN STEIN *of* HENDRICKS *County* IN *(state), and* _____ LESLIE JO STOUT *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* 1-13-94 *. 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* 1-26-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

226

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 15

HENDRICKS County

File 1-14-94
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under 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 L. Last Edwards
Date of Birth: Month 8 Day 27 Year 40
Place of Birth (State or foreign country): Winchester Indiana
Residence Address: Street or R.R. 514 N. Oak St. City Winchester County ~~Randolph~~ 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 female applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the 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 L. Edwards
   (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 Irene Cales
   (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 David L. Edwards Date 1-14-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:
I swear/affirm that the information given in this application is true and correct.
Signed David L. Edwards
New Address 1547 E. Hadley Rd, Plainfield, IN
Subscribed and sworn to before me this 14th day of Jan, 19 94
Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Nancy Middle C. Last Edwards
Date of Birth: Month 4 Day 27 Year 33
Place of Birth (State or foreign country): Westfield, Ill.
Residence Address: Street or R.R. 1547 E. Hadley Rd. City Plainfield County State In.
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) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Sidney Wayne Daughhetee
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Westfield, Ill.
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of applicant's mother Paralee Hammond
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Westfield 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 Nancy C. Edwards Date 1-14-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Nancy C. Edwards
New Address Same
Subscribed and sworn to before me this 14th day of Jan, 19 94
Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-14-94 *, authorizing the marriage of* DAVID L. EDWARDS *and* NANCY C. EDWARDS *. I further certify that the following marriage certificate was filed in my office: I,* RON HALLOCK *(name), certify that on* JANUARY 14, 1994 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* DAVID L. EDWARDS *of* RANDOLPH *County* IN *(state), and* NANCY C. 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* 1-14-94 *. Signed by:* /s/ RON HALLOCK *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-20-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

227

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 16

HENDRICKS County

File 1-14-94
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 1-12-94
Name of Physician Michael Beattie, M.D.

MALE APPLICANT

Name: First Richard Middle Carel Last Crist, Jr.
Date of Birth: Month 1 Day 5 Year 69
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R.R. 459 Douglas Ct. City Brownsburg County State In
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Richard Carel Crist 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 Sandra Lee Kemper
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Richard C. Crist Jr. Date 1-14-93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Richard C. Crist Jr.
New Address 2226 NALON DR SPEEDWAY, IN 46224
Subscribed and sworn to before me this 14th day of Jan, 19 94
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Elizabeth Last McIntyre
Date of Birth: Month 5 Day 13 Year 75
Place of Birth (State or foreign country) Indianapolis Ind
Residence Address: Street or R.F.D. 2226 Nalon Dr. City Speedway 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.
6. (a) Full name of applicant's father John Lloyd McIntyre
   (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 Dorothy Ann Craney
   (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 Tammy E McIntyre Date 1/14/93

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Tammy E McIntyre
New Address same
Subscribed and sworn to before me this 14th day of Jan, 19 94
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-14-94, *authorizing the marriage of* RICHARD CAREL CRIST, JR. *and* TAMMY ELIZABETH MCINTYRE. *I further certify that the following marriage certificate was filed in my office: I,* JAMES H. FIEREK *(name), certify that on* JANUARY 22, 1994 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* RICHARD CAREL CRIST, JR. *of* HENDRICKS *County* IN *(state), and* TAMMY ELIZABETH McINTYRE *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* 1-14-94. *Signed by:* /s/ JAMES H. FIEREK, JUDGE *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-9-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

228

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 17

HENDRICKS County

File

1-14-94
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 1-10-94
Name of Physician Kenneth Maynard MD

MALE APPLICANT

Name: First Kenneth Middle Edward Last McCoy
Date of Birth: Month 8 Day 18 Year 70
Place of Birth (State or foreign country) Lebanon, In
Residence Address: Street or R.R. RR 2 Box 197A City Thorntown County BOONE State In
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Fred McCoy
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Thorntown, In
   Birthplace of father (State or foreign country) Texas
   (b) Full maiden name of applicant's mother Evalyn Ann Regan
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Thorntown, In
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 E. McCoy Date 1/14/94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 E. McCoy
New Address same as →
Subscribed and sworn to before me this 14th day of Jan, 19 94
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Danielle Middle Merridee Last Galovic
Date of Birth: Month 9 Day 24 Year 73
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. 37 Hickory Ln 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. —
6. (a) Full name of applicant's father Steven Joseph Galovic
   (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 Coburn Ellis
   (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 Danielle M. Galovic Date 1/14/94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Danielle M. Galovic
New Address 514 Endsley Ave. #2, Brownsburg
Subscribed and sworn to before me this 14th day of Jan, 19 94
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-20-94 *, authorizing the marriage of* KENNETH EDWARD McCOY *and* DANIELLE MERIDEE GALOVIC *. I further certify that the following marriage certificate was filed in my office: I,* REV. LEONARD MAYNARD *(name), certify that on* JANUARY 22, 1994 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* KENNETH EDWARD McCOY *of* BOONE *County* IN *(state), and* DANIELLE MERIDEE GALOVIC *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 1-22-94 *. Signed by:* /s/ REV. LEONARD MAYNARD *,* ASST. PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-25-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

229

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 18

HENDRICKS County

File

1-20-95
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Donna Johnson

MALE APPLICANT

Name: First Scott Middle Allen Last Laws

Date of Birth: Month 10 Day 22 Year 69

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 1625 Beech Dr. S 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Arthur Laws
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plfd IN
   Birthplace of father (State or foreign country) IL
   (b) Full maiden name of applicant's mother Mary Ruth Borah
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plfd IN
   Birthplace of mother (State or foreign country) IL

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Scott Allen Laws Date 1/20/94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ 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 Allen Laws

New Address _____

Subscribed and sworn to before me this 20 day of Jan., 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Anne Last Schroer

Date of Birth: Month 4 Day 10 Year 70

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 1740 Ramsey 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Owen Dee Schroer
   (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 Merriggy Woodburn
   (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 Julie Anne Schroer Date 1/20/94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Julie Schroer

New Address 1420 W. 116th Ave. #24 Westminster, CO 80234

Subscribed and sworn to before me this 20 day of Jan., 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-20-94 *, authorizing the marriage of* SCOTT ALLEN LAWS *and* JULIE ANNE SCHROER *. I further certify that the following marriage certificate was filed in my office: I,* JACQUELINE A. MEANS *(name), certify that on* FEBRUARY 5, 1994 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* SCOTT ALLEN LAWS *of* HENDRICKS *County* IN *(state), and* JULIE ANNE SCHROER *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-5-94 *. Signed by:* /s/ JACQUELINE A. MEANS *,* PRIEST *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-8-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

230

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 19

File

1-21-94 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 1-25-94
Name of Physician J M Brown, M.D. (?)

MALE APPLICANT

Name: First Leon Middle Ray Last Organ Jr.

Date of Birth: Month 10 Day 28 Year 59

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. 534 Saratoga Dr. City Brownsburg County 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) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Leon Ray Organ III 10 yrs. James Owen Organ 8 yrs.
6. (a) Full name of applicant's father Leon Ray Organ 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 Norma Bell Moon
   (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 Leon R. Organ Jr. Date 1/21/94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of 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 R. Organ Jr.
New Address Same

Subscribed and sworn to before me this 21st day of Jan, 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Doreen Last Harris

Date of Birth: Month 6 Day 5 Year 62

Place of Birth (State or foreign country) Kokomo, In.

Residence Address: Street or R.R. 534 Saratoga 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. Ashley Harris 7 yrs. Dakota Harris 2 yrs.
6. (a) Full name of applicant's father Donald Keith Harris
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Kokomo, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Naomi Jean Burke
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Jamestown, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant LuAnn D. Harris Date 1-21-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed LuAnn D. Harris
New Address Same

Subscribed and sworn to before me this 21st day of Jan, 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-25-94 *, authorizing the marriage of* LEON RAY ORGAN, JR. *and* LUANN DOREEN HARRIS *. I further certify that the following marriage certificate was filed in my office: I,* CARL McMURRAY *(name), certify that on* FEBRUARY 12, 1994 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* LEON RAY ORGAN, JR. *of* HENDRICKS *County* IN *(state), and* LUANN DOREEN HARRIS *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 1-25-94 *. Signed by:* /s/ CARL McMURRAY *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-22-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

231

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 20

HENDRICKS County

File

1-21-94
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 8-16-93
Name of Physician Unreadable name — Dentist (?)

MALE APPLICANT

Name: First Kevin Middle Ryan Last Spurrier

Date of Birth: Month 4 Day 1 Year 74

Place of Birth (State or foreign country) Greencastle, In.

Residence Address: Street or R.R. PO Box 127 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Spurrier
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Va.
   (b) Full maiden name of applicant's mother Loretta Ann Bungardner
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Greencastle, 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 Kevin R. Spurrier Date 1-21-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of 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 R. Spurrier

New Address _____

Subscribed and sworn to before me this 21st day of Jan, 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Jo Last Sheldon

Date of Birth: Month 6 Day 17 Year 76

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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Rick Jo 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 Angela Sheldon Date 1-21-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of 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 Sheldon

New Address _____

Subscribed and sworn to before me this 21st day of Jan, 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) SS:

Father _____ ID # _____

Mother Janet L. Wood ID # _____

Subscribed and sworn to before me this 21st day of Jan., 19 94

Connie Lawson Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-21-94, *authorizing the marriage of* KEVIN RYAN SPURRIER *and* ANGELA JO SHELDON. *I further certify that the following marriage certificate was filed in my office: I,* TED A. MILLER *(name), certify that on* JANUARY 22, 1994 *(date), at* AMO *in* HENDRICKS *County, Indiana,* KEVIN RYAN SPURRIER *of* HENDRICKS *County* IN *(state), and* ANGELA JO 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* 1-21-94. *Signed by:* /s/ TED A. MILLER, PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-25-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

232

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 21

HENDRICKS County

File

1-24-94
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 1-18-94
Name of Physician J. M. Doe, M.D.

MALE APPLICANT

Name: First James Middle Edward Last Shoffner
Date of Birth: Month 3 Day 27 Year 54
Place of Birth (State or foreign country) Hodgenville, Ky.
Residence Address: Street or R.R. 2253 W Coil City Indpls. County In. State (Marion)
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. Adam James Shaffner 10 yrs.
6. (a) Full name of applicant's father Rubel Edward Shaffner
   (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 Connie Marie Vargas
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, 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 James E. Shoffner Date 1-24-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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. Shoffner
New Address same
Subscribed and sworn to before me this 24th day of Jan, 19 94
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Jowanna Middle Marie Last Hall
Date of Birth: Month 12 Day 7 Year 62
Place of Birth (State or foreign country) Danville, In.
Residence Address: Street or R.R. 180 Urban st. City Danville, 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 Morris Frank Hall
   (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 Kathryn Anne Berzenye
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville, In.
   Birthplace of mother (State or foreign country) Michigan

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Jowanna M. Hall Date 1/24/94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Jowanna M. Hall
New Address 2253 W. Coil St. Indpls. In.
Subscribed and sworn to before me this 1 day of 24, 19 94
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-24-94 *, authorizing the marriage of* JAMES EDWARD SHOFFNER *and* JOWANNA MARIE HALL *. I further certify that the following marriage certificate was filed in my office: I,* BOB HUMPHREY *(name), certify that on* MARCH 5, 1994 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* JAMES EDWARD SHOFFNER *of* MARION *County* IN *(state), and* JOWANNA MARIE HALL *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-5-94 *. Signed by:* /s/ REV. BOBBY J. HUMPHREY *,* ASSOCIATE PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-9-94 *(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. 22

HENDRICKS County

File

1-21-94
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Stegemoller, Ronald

MALE APPLICANT

Name: First Roger Middle Glenn Last Byassee

Date of Birth: Month 9 Day 1 Year 61

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. 5023 W. Edwards City Indpls. County MARION State In. 4624

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1982

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Roger Byassee 14 yrs.
   Patrick Dwayne Byassee 3 yrs
6. (a) Full name of applicant's father Wilbur Glenn Byassee
   (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 Sandra K. Parks
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Milton, West. Va.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Byassee Date 1/21/94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of 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 Byassee

New Address _____

Subscribed and sworn to before me this 21st day of Jan, 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Gail Middle Ann Last Vondersaar

Date of Birth: Month 3 Day 22 Year 58

Place of Birth (State or foreign country) Evansville, In.

Residence Address: Street or R.R. 4844 Locust City Danville County In State 46122

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) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Vondersaar
   Abbagayle Vondersaar 12 yrs. 17 yrs.
   Amanda Vondersaar 8 yrs.
6. (a) Full name of applicant's father William John Rosengarten
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Speedway, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Agnes Jean Goebel
   (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 Gail A. Vondersaar Date 1/21/94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Gail A. Vondersaar

New Address _____

Subscribed and sworn to before me this 21st day of Jan, 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-21-94 *, authorizing the marriage of* ROGER GLENN BYASSEE *and* GAIL ANN VONDERSAAR *. I further certify that the following marriage certificate was filed in my office: I,* ROBERT G. SKIRVIN *(name), certify that on* JANUARY 22, 1994 *(date), at* CLERMONT *in* HENDRICKS *County, Indiana,* ROGER GLENN BYASSEE *of* MARION *County* IN *(state), and* GAIL ANN VONDERSAAR *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 1-21-94 *. Signed by:* /s/ ROBERT G. SKIRVIN *,* ORDAINED MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-22-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS
Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

234

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 23

HENDRICKS County

File

1-24-94
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 1-24-94
Name of Physician Daniel Dudley, M.D.

MALE APPLICANT

Name: First Ermel Middle Lee Last Strait

Date of Birth: Month 8 Day 1 Year 40

Place of Birth (State or foreign country) Jeffersonville, In.

Residence Address: Street or R.R. RR 1 Box 409 Lot 10 City Clayton County 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) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Jasper Strait, Jr.
   (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 Priscilla Burks
   (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 Ermel L. Strait Date 1/24/94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Ermel L. Strait

New Address Same

Subscribed and sworn to before me this 24th day of Jan, 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Theresa Middle Jane Last Gidcumb

Date of Birth: Month 10 Day 25 Year 67

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. RR 1 Box 409 City Clayton County State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages Lot 10

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Gail Taylor Gidcumb
   (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 Irene Elizabeth Taylor
   (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 Theresa Gidcumb Date 1-24-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Theresa Gidcumb

New Address SAME

Subscribed and sworn to before me this 24th day of Jan, 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-24-94, *authorizing the marriage of* ERMEL LEE STRAIT *and* THERESA JANE GIDCUMB. *I further certify that the following marriage certificate was filed in my office: I,* CINDY SPENCE *(name), certify that on* JANUARY 24, 1994 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* ERMEL LEE STRAIT *of* HENDRICKS *County* IN *(state), and* THERESA JANE GIDCUMB *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 1-24-94. *Signed by:* /s/ CINDY SPENCE, 1ST DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-25-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

235

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 24

HENDRICKS County

File

1-26-94
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 1-13-93
Name of Physician Dr. Haggard, M.D.

MALE APPLICANT

Name: First Michael Middle Patrick Last Traynor II
Date of Birth: Month 10 Day 29 Year 60
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R.R. 662 Caesar 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 1989
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Michael Patrick Traynor
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis, In
   Birthplace of father (State or foreign country) Ireland
   (b) Full maiden name of applicant's mother Anne Catherine McSweeney
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, In.
   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 Michael P. Traynor II Date 1/26/94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Michael P. Traynor II 1/26/94
New Address _____
Subscribed and sworn to before me this 26th day of Jan, 19 94
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Catherine Middle Sue Last Wyatt II
Date of Birth: Month 12 Day 30 Year 58
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. 662 Caesar 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 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. James Shelby Wyatt 14yrs
6. (a) Full name of applicant's father James Richard Peva
   (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 Ailene Ellen Clark
   (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 Catherine Sue Wyatt Date 1/26/94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Catherine Sue Wyatt 1/26/94
New Address _____
Subscribed and sworn to before me this 26th day of Jan, 19 94
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-26-94, *authorizing the marriage of* MICHAEL PATRICK TRAYNOR II *and* CATHERINE SUE WYATT. *I further certify that the following marriage certificate was filed in my office: I,* REV. GEORGE PURNELL *(name), certify that on* FEBRUARY 12, 1994 *(date), at* PITTSBORO *in* HENDRICKS *County, Indiana,* MICHAEL PATRICK TRAYNOR, II *of* HENDRICKS *County* IN *(state), and* CATHERINE SUE WYATT *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 1-26-94. *Signed by:* /s/ REV. GEORGE PURNELL, PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-15-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

236

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 25

File

1-26-94
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 1-25-94
Name of Physician R. A. Lanning, M.D.

MALE APPLICANT

Name: First Gerald Middle Joseph Last Ellingwood
Date of Birth: Month 5 Day 14 Year 69
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. 57 W US 136 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. Sarah 11 mo.
6. (a) Full name of applicant's father Jerry Ellingwood
   (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 Jeannie Marie Sauter
   (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 Gerald J Ellingwood Date 1-26-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Gerald J Ellingwood
New Address 57 W US 136 Lizton
Subscribed and sworn to before me this 26th day of Jan., 19 94
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Joy Last Nelson
Date of Birth: Month 4 Day 9 Year 66
Place of Birth (State or foreign country) Noblesville, In.
Residence Address: Street or R.R. 57 W. U.S. 136 City Lizton County _____ State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1990
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Elizabeth-Joy Ellingwood 11 mo.
6. (a) Full name of applicant's father DeWitt Johnson
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Noblesville, In.
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of applicant's mother Virginia Joy Waterman
   (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 Andrea J Nelson Date 1-26-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 J Nelson
New Address 57 West US 136 Lizton
Subscribed and sworn to before me this 26th day of Jan., 19 94
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-26-94 *, authorizing the marriage of* GERALD JOSEPH ELLINGWOOD *and* ANDREA JOY NELSON *. I further certify that the following marriage certificate was filed in my office: I,* REV. GEORGE PURNELL *(name), certify that on* FEBRUARY 14, 1994 *(date), at* PITTSBORO *in* HENDRICKS *County, Indiana,* _____ GERALD JOSEPH ELLINGWOOD *of* HENDRICKS *County* IN *(state), and* _____ ANDREA JOY NELSON *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 1-26-94 *. Signed by:* /s/ REV. GEORGE PURNELL *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-15-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

237

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 26

HENDRICKS County

File 1-27-94
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐ 1-13-94
If No, Medical Examination or Report Dated
Name of Physician David Haggard, M.D.

MALE APPLICANT

Name: First Thomas Middle Kevin Last Sanders

Date of Birth: Month 2 Day 1 Year 56

Place of Birth (State or foreign country) Leavenworth, Ks.

Residence Address: Street or R.R. 815 C Fairmead Rd City Plainfield County State In.

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) Dr. Lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Thomas Sanders 16 yrs
6. (a) Full name of applicant's father Thomas Owen 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 Charlene Thacker
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Lansing, 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 Thomas Kevin Sanders Date 1/27/94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of 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 Kevin Sanders

New Address Same

Subscribed and sworn to before me this 27th day of Jan, 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 44

Place of Birth (State or foreign country) Jell City, In.

Residence Address: Street or R.R. 815 C Fairmead Rd City Plainfield County 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) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father Esthra Otto Shadwick
   (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 Rosetta Violet Coultas
   (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 L. Trent Date 1/27/94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of 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 L. Trent

New Address Same

Subscribed and sworn to before me this 27th day of Jan, 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-27-94 *, authorizing the marriage of* THOMAS KEVIN SANDERS *and* SUSAN LYNN TRENT *. I further certify that the following marriage certificate was filed in my office: I,* CINDY SPENCE *(name), certify that on* FEBRUARY 1, 1994 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* THOMAS KEVIN SANDERS *of* HENDRICKS *County* IN *(state), and* SUSAN LYNN TRENT *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-1-94 *. Signed by:* /s/ CINDY SPENCE *,* 1ST DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-1-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

238

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 21

HENDRICKS County

File

Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Charles R. Echt

MALE APPLICANT

Name: First Kenneth Middle E. Last Young

Date of Birth: Month 1 Day 1 Year 47

Place of Birth (State or foreign country) Ohio

Residence Address: Street or R.R. 523 City Maxine County Manor State Brownsburg In 46112

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 2/6/90

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Mark Andrew Young
6. (a) Full name of applicant's father Irwin Raymond Young
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Cincinatti, Oh
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of applicant's mother Eula Pearl Walton
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Kentucky

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Kenneth E Young Date 1/28/94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Kenneth E Young
New Address Same
Subscribed and sworn to before me this 28 day of January, 19 94
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Marilyn Middle L. Last Heller

Date of Birth: Month 9 Day 4 Year 46

Place of Birth (State or foreign country) Ohio

Residence Address: Street or R.R. 523 Maxine City Manor County Brownsburg State In 46112

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 4/15/90

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Larissa Louise Heller
   Brigitte Lee Heller
   Aimee Lynette Heller
6. (a) Full name of applicant's father Carl Theodore Metzger
   (If adopted, list adoptive parents only) ~~Deceased~~
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of applicant's mother Thelma Lorraine VandenEynden
   (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 Marilyn L Heller Date 1/28/94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Marilyn L Heller
New Address Same
Subscribed and sworn to before me this 28 day of January, 19 94
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-28-94 *, authorizing the marriage of* KENNETH EDWIN YOUNG *and* MARILYN LOUISE HELLER *. I further certify that the following marriage certificate was filed in my office: I,* IRWIN RAYMOND YOUNG, JR. *(name), certify that on* FEBRUARY 12, 1994 *(date), at* SOUTH BEND *in* ST. JOSEPH *County, Indiana,* KENNETH EDWIN YOUNG *of* HENDRICKS *County* IN *(state), and* MARILYN LOUISE HELLER *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 1-28-94 *. Signed by:* /s/ IRWIN RAYMOND YOUNG, JR. *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-16-94 *(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. 28

HENDRICKS County

File

1-28-94
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 1-25-94
Name of Physician O. Downey, M.D.

MALE APPLICANT

Name: First Michael Middle Andrew Last Romer Jr.
Date of Birth: Month 10 Day 10 Year 69
Place of Birth (State or foreign country) Danville In.
Residence Address: Street or R.R. R#2 Box 336 City Monrovia County State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Andrew Romer
   (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 Hazel K. Lee
   (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 Michael A Romer Jr Date 1/28/94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 Romer Jr
New Address Same
Subscribed and sworn to before me this 28th day of Jan, 19 94
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Shonda Middle Lynn Last Rost
Date of Birth: Month 9 Day 12 Year 72
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R.R. 3834 Wilson 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 Richard Rost
   (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 Kay 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 Shonda L. Rost Date 1/28/94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Shonda L. Rost
New Address R. #2 Box 336 Monrovia, IN
Subscribed and sworn to before me this 28th day of Jan, 19 94
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-28-94 *, authorizing the marriage of* MICHAEL ANDREW ROMER, JR. *and* SHONDA LYNN ROST *. I further certify that the following marriage certificate was filed in my office: I,* DONALD ENDSLEY *(name), certify that on* MARCH 12, 1994 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* MICHAEL ANDREW ROMER, JR *of* MORGAN *County* IN *(state), and* SHONDA LYNN ROST *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 1-28-94 *. Signed by:* /s/ DONALD ENDSLEY *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-7-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

240

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 29

File

1-31-94 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person 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 1-25-94
Name of Physician David Haggard, M.D.

MALE APPLICANT

Name: First James Middle William Last Ridenour

Date of Birth: Month 10 Day 6 Year 38

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. 9734 Linda Ct. City Indianapolis County State In.

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 female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Estel Ridenour
   (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 Freida Louise Bales
   (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 William Ridenour Date 1-31-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of 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 William Ridenour

New Address Same

Subscribed and sworn to before me this 31st day of Jan, 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Paula Middle Suzanne Last Harrington

Date of Birth: Month 8 Day 1 Year 49

Place of Birth (State or foreign country) Lafayette, In.

Residence Address: Street or R.R. 9734 Linda Ct. City Indianapolis County Wash. State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3

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 Timothy Francis Harrington
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Peoria Ill.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Norma Jean Barnhizer
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Peoria, Ill.
   Birthplace of mother (State or foreign country) Iowa

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Paula Suzanne Harrington Date 1/31/94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Paula Suzanne Harrington

New Address Same

Subscribed and sworn to before me this 31st day of Jan, 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-31-94 *, authorizing the marriage of* JAMES WILLIAM RIDENOUR *and* PAULA SUZANNE HARRINGTON *. I further certify that the following marriage certificate was filed in my office: I,* EDWIN J. PHILLIPS *(name), certify that on* FEBRUARY 4, 1994 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* JAMES WILLIAM RIDENOUR *of* HENDRICKS *County* IN *(state), and* PAULA SUZANNE HARRINGTON *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-4-94 *. Signed by:* /s/ EDWIN J. PHILLIPS *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-8-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

241

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 30

HENDRICKS County

File

2-1-94
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 1-20-94
Name of Physician Donald Rogers, M.D.

MALE APPLICANT

Name: First Daniel Middle Joseph Last Wynne

Date of Birth: Month 12 Day 23 Year 69

Place of Birth (State or foreign country) Doraville Ga.

Residence Address: Street or R.R. 866 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 Lawrence Wynne
   (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 Barbara Kaye Dodson
   (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 Daniel J. Wynne Date 2-1-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of 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 J. Wynne
New Address 1605 Stacey Lynn Dr. Indpls.

Subscribed and sworn to before me this 1st day of Feb, 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Theresa Middle Elizabeth Last Davidson

Date of Birth: Month 3 Day 25 Year 70

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. 917 Raceway Rd City Indianapolis County Marion State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Jesse C. Davidson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Penn.
   (b) Full maiden name of applicant's mother Mildred M. Wingerad
   (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 Theresa E. Davidson Date 2/1/94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Theresa E. Davidson
New Address 1605 Stacy Lynn Dr. Indpls

Subscribed and sworn to before me this 1st day of Feb, 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-1-94 *, authorizing the marriage of* DANIEL JOSEPH WYNNE *and* THERESA ELIZABETH DAVIDSON *. I further certify that the following marriage certificate was filed in my office: I,* REV. WILFRED E. DAY *(name), certify that on* MARCH 5, 1994 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* DANIEL JOSEPH WYNNE *of* HENDRICKS *County* IN *(state), and* THERESA ELIZABETH DAVIDSON *of* MARION *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-1-94 *. Signed by:* /s/ REV. WILFRED E. DAY, CATHOLIC PRIEST, PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-8-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

242

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 31

HENDRICKS County

File

2-2-94
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 1-11-94
Name of Physician T. Oakenour, M.D.

MALE APPLICANT

Name First Ryan Middle Edward Last Mounts

Date of Birth Month 3 Day 19 Year 73

Place of Birth (State or foreign country) Indianapolis In.

Residence Address 5420 S. Bradley Dr. Indianapolis In.
Street or R.R. City County State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 A. (ALLEN) Mounts
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of applicant's mother Deborah Kaye Arthur
   (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 [signature] Date 02-02-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of 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 2nd day of Feb, 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name First Donetta Middle Kaye Last Stidam

Date of Birth Month 10 Day 6 Year 75

Place of Birth (State or foreign country) Danville, In.

Residence Address 5420 S. Bradley Dr. Indianapolis, In.
Street or R.F.D. 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 Donald Kay Stidam
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Michigan
   (b) Full maiden name of applicant's mother Linda Kay Neese
   (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 [signature] Date 2-2-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of 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 2nd day of Feb, 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-2-94 *, authorizing the marriage of* RYAN EDWARD MOUNTS *and* DONETTA KAYE STIDAM *. I further certify that the following marriage certificate was filed in my office: I,* PAUL E. WOODRUFF *(name), certify that on* FEBRUARY 26, 1994 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* RYAN EDWARD MOUNTS *of* HENDRICKS *County* IN *(state), and* DONETTA KAYE STIDAM *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-2-94 *. Signed by:* /s/ REV. PAUL E. WOODRUFF *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-2-94 *(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. 32

HENDRICKS County

File

2-3-94
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 1-27-94
Name of Physician Tom Thomas, M.D.

MALE APPLICANT

Name: First Thomas Middle Eugene Last Kennedy

Date of Birth: Month 5 Day 23 Year 74

Place of Birth (State or foreign country) Danville, In.

Residence Address: Street or R.R. 407 N. Lebanon 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Eugene Kennedy Sr.
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Brubridge, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Kennedy Sue Plummer
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Brubridge, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Tom Kennedy Jr Date 2/3/94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court ____ Date ____

State of Indiana)
County of HENDRICKS) SS:

I swear/affirm that the information given in this application is true and correct.

Signed Tom Kennedy Jr

New Address Same

Subscribed and sworn to before me this 3rd day of Feb, 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of 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 Douglas

Date of Birth: Month 9 Day 8 Year 74

Place of Birth (State or foreign country) Danville, In.

Residence Address: Street or R.R. 2496 W 50 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 William Douglas
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Danville, In.
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of applicant's mother Mary Katherine Yoger
   (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 L. Douglas Date 2/3/94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of 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 Douglas

New Address 407 N. Lebanon St. Lizton, In.

Subscribed and sworn to before me this 3rd day of Feb., 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of HENDRICKS) SS:

Father ____ ID # ____

Mother ____ ID # ____

Subscribed and sworn to before me this ____ day of ____, 19 ____

____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-2-94 *, authorizing the marriage of* THOMAS EUGENE KENNEDY *and* JENNIFER LYNN DOUGLAS *. I further certify that the following marriage certificate was filed in my office: I,* VERNON J. STOVER *(name), certify that on* FEBRUARY 12, 1994 *(date), at* LIZTON *in* HENDRICKS *County, Indiana,* THOMAS EUGENE KENNEDY *of* HENDRICKS *County* IN *(state), and* JENNIFER LYNN DOUGLAS *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-3-94 *. Signed by:* /s/ VERNON J. STOVER *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-18-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

244

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 33

HENDRICKS County

File

2-3-94
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 1-13-94
Name of Physician J. B. Stehman, M.D.

MALE APPLICANT

Name First Alan Middle Thomas Last Richardson

Date of Birth Month 5 Day 13 Year 51

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address 116 E 900 S. Street or R.R. Clayton City Hendricks County In. State

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. Julie Richardson 19 yrs. Jackie " 18 yrs.
6. (a) Full name of applicant's father Thomas Oliver Richardson
   (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 Marion Ka. Rogers
   (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 Alan T. Richardson Date 2/3/94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Alan T. Richardson

New Address _____

Subscribed and sworn to before me this 3rd day of Feb, 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Jean Last Kersey

Date of Birth Month 7 Day 4 Year 58

Place of Birth (State or foreign country) Indianapolis In.

Residence Address P. O. Box 56 Street or R.R. Arno City Hendricks County In. State

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 male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Alicia Kersey 14 yrs. Jeannie Kersey 12 yrs.
6. (a) Full name of applicant's father Gerald Franklin Fisher
   (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 Barbara Kaye Trippe
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Alabama

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Tamera J. Kersey Date 2-3-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of 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 J. Kersey

New Address 116 E. 900 South, Clayton

Subscribed and sworn to before me this 3rd day of Feb, 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-2-94 *, authorizing the marriage of* ALAN THOMAS RICHARDSON *and* TAMERA JEAN KERSEY *. I further certify that the following marriage certificate was filed in my office: I,* WILLIAM R. CLAYTON *(name), certify that on* FEBRUARY 4, 1994 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* ALAN THOMAS RICHARDSON *of* HENDRICKS *County* IN *(state), and* TAMERA JEAN KERSEY *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-4-94 *. Signed by:* /s/ WILLIAM R. CLAYTON *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-8-94 *(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. 34

HENDRICKS County

File

2-3-94
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 12-2-93
Name of Physician Paula ?, M.D.

MALE APPLICANT

Name First Charles Middle Edwin Last Tate

Date of Birth Month 8 Day 24 Year 75

Place of Birth (State or foreign country) Jeffersonville In.

Residence Address Street or R.R. 9524 Harmony 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 female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Ronald Wayne Thomas Jr. 3yrs
6. (a) Full name of applicant's father Ronald Benjamin Tate
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Jeffersonville, In.
   Birthplace of father (State or foreign country) Louisiana
   (b) Full maiden name of applicant's mother Marie Lee Halterman
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Jeffersonville, 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 Charles Tate Date 2-3-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of 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 Tate

New Address SAME

Subscribed and sworn to before me this 3 day of February, 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Ellen Last Thomas

Date of Birth Month 12 Day 21 Year 72

Place of Birth (State or foreign country) Indianapolis In.

Residence Address Street or R.R. 9524 Harmony Dr. City Plainfield County In. State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1992

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Ronald Wayne Thomas Jr. 3yrs.
6. (a) Full name of applicant's father Stephen Frederick Bechtel
   (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 Judy Leola Warren
   (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 Barbara Thomas Date 2-3-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of 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 Thomas

New Address Same

Subscribed and sworn to before me this 3 day of Feb., 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-3-94 *, authorizing the marriage of* CHARLES EDWIN TATE *and* BARBARA ELLEN THOMAS *. I further certify that the following marriage certificate was filed in my office: I,* JAMES A. JONES *(name), certify that on* FEBRUARY 7, 1994 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* CHARLES EDWIN TATE *of* HENDRICKS *County* IN *(state), and* BARBARA ELLEN 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* 2-3-94 *. Signed by:* /s/ JAMES A. JONES *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-11-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

246

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 35

File

2-4-94 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 2-3-94
Name of Physician N. Whitney, DO

MALE APPLICANT

Name: First Michael Middle Lewis Last Turchi

Date of Birth: Month 10 Day 3 Year 70

Place of Birth (State or foreign country) Oscoda, Michigan

Residence Address: Street or R.R. 2125 Kellogg Lane 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 Ricki Lee Turchi
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Lipton, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Linda Beth Conklin
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Lipton In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Michael L. Turchi Date 2/4/94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Michael L. Turchi
New Address ZANE
Subscribed and sworn to before me this 4th day of Feb., 1994
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19____
_____ Clerk

FEMALE APPLICANT

Name: First Rayanne Middle Last Cox

Date of Birth: Month 7 Day 10 Year 73

Place of Birth (State or foreign country) Sullivan In.

Residence Address: Street or R.R. 2125 Kellogg Lane City Indianapolis, County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Rockie Dale Cox
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Jasonville, In.
   Birthplace of father (State or foreign country) Texas
   (b) Full maiden name of applicant's mother Judith Ann Ray
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Jasonville, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Rayanne Cox Date 2-4-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Rayanne Cox
New Address Same
Subscribed and sworn to before me this 4th day of Feb, 1994
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-4-94 *, authorizing the marriage of* MICHAEL LEWIS TURCHI *and* RAYANNE COX *. I further certify that the following marriage certificate was filed in my office: I,* CINDY SPENCE *(name), certify that on* FEBRUARY 4, 1994 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* MICHAEL LEWIS TURCHI *of* HENDRICKS *County* IN *(state), and* RAYANNE COX *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-4-94 *. Signed by:* /s/ CINDY SPENCE *,* 1ST DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-4-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

247

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 36

HENDRICKS County

File 2-4-94
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 8-16-93
Name of Physician ~~New Life Associates~~ Mich Group #46 (?)

MALE APPLICANT

Name: First Michael Middle Leroy Last Cook
Date of Birth: Month 9 Day 29 Year 73
Place of Birth (State or foreign country) Danville, In.
Residence Address: Street or R.R. RR1 Box 409 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 Ray Cook
   (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 Joanna Louise ?
   (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 Mike Cook Date 2-4-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 Cook
New Address Same
Subscribed and sworn to before me this 4th day of Feb, 19 94
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Lynn Last Collins
Date of Birth: Month 4 Day 24 Year 75
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. RR #1 Box 409 City Clayton County State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Clarence Junior Collins
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield, In.
   Birthplace of father (State or foreign country) Virginia
   (b) Full maiden name of applicant's mother Karen Lee Nicely
   (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 Kristina Collins Date 2-4-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 Collins
New Address Same
Subscribed and sworn to before me this 4th day of Feb, 19 94
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-4-94 *, authorizing the marriage of* MICHAEL LEROY COOK *and* KRISTINA LYNN COLLINS *. I further certify that the following marriage certificate was filed in my office: I,* DEBRA A. HEDRICK *(name), certify that on* FEBRUARAY 4, 1994 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* MICHAEL LEROY COOK *of* HENDRICKS *County* IN *(state), and* KRISTINA LYNN 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* 2-4-94 *. 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* 2-4-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

248

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 37

HENDRICKS County

File 2-4-94
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 1-26-94
Name of Physician Deborah Crisenor

MALE APPLICANT

Name: First Lynn Middle Alan Last Fisher
Date of Birth: Month 3 Day 29 Year 49
Place of Birth (State or foreign country) Lafayette In
Residence Address: Street or R.R. 10007 E 500 N City Lafayette County [illegible] 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. Matthew Alan Fisher 20 yrs.
6. (a) Full name of applicant's father Glenn David Fisher
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Lafayette, In
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Delores May Widener
   (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 Lynn A Fisher Date 2/4/94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 Fisher
New Address 319 Castlewood Ct. Lafayette, IN 47905
Subscribed and sworn to before me this 4th day of Feb, 19 94
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Lynn Last Wodtke
Date of Birth: Month 3 Day 22 Year 56
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. 1584 James Dr. City Plainfield County [illegible] 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 male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Edward Wodtke 13 yrs.
   Diana Christie Wodtke 11 yrs.
6. (a) Full name of applicant's father John Mark Cox
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) N/A
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Anna Frances Dukes
   (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 Rebecca L. Wodtke Date 2/4/94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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. Wodtke
New Address 319 Castlewood Ct. Lafayette, IN. 47905
Subscribed and sworn to before me this 4th day of February, 19 94
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-4-94 *, authorizing the marriage of* LYNN ALAN FISHER *and* REBECCA LYNN WODTKE *. I further certify that the following marriage certificate was filed in my office: I,* RICHARD C. EVERTS *(name), certify that on* MARCH 19, 1994 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* LYNN ALAN FISHER *of* TIPPECANOE *County* IN *(state), and* REBECCA LYNN WODTKE *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-4-94 *. Signed by:* /s/ RICHARD C. EVERTS *,* UNITY MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-23-94 *(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. 38

HENDRICKS County

File

2-7-94
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 2-3-94
Name of Physician R. S. Hebner, M.D.

MALE APPLICANT

Name: First Marc Middle Allan Last Stevenson
Date of Birth: Month 11 Day 22 Year 68
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. Rt #3 Box 386 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 Allan Joseph Stevenson
   (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 Gloria Jane Gentry
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Clayton, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Marc Allan Stevenson Date 2/7/94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Marc Allan Stevenson
New Address 667 Aspen Ct. Danville
Subscribed and sworn to before me this 7th day of Feb, 19 94
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Lynne Last McCarroll
Date of Birth: Month 2 Day 10 Year 65
Place of Birth (State or foreign country) Greencastle, In.
Residence Address: Street or R.R. 667 Aspen Ct. City Danville 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. Zach Malone 9 yrs.
6. (a) Full name of applicant's father Gordon Keith Young 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 Anita Louise Gray
   (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 Karen L McCarroll Date 2-7-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Karen L McCarroll Date 2-7-94

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Karen L McCarroll
New Address 667 Aspen Ct. Danville
Subscribed and sworn to before me this 7th day of Feb, 19 94
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-7-94 *, authorizing the marriage of* MARC ALLAN STEVENSON *and* KAREN LYNNE McCARROLL *. I further certify that the following marriage certificate was filed in my office: I,* PATTY A. ANDERSON *(name), certify that on* FEBRUARY 12, 1994 *(date), at* NEW WINCHESTER *in* HENDRICKS *County, Indiana,* MARC ALLAN STEVENSON *of* HENDRICKS *County* IN *(state), and* KAREN LYNNE McCARROLL *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-7-94 *. Signed by:* /s/ PATTY A. ANDERSON *,* DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-16-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

250

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 39

HENDRICKS County

File

2-7-94
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 2-7-94
Name of Physician David Janicke, M.D.

MALE APPLICANT

Name: First Danny Middle James Last Grayson
Date of Birth: Month 3 Day 4 Year 69
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. 2 Ylander 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Kyle Grayson 9 mos.
6. (a) Full name of applicant's father Danny James Grayson
   (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 Leatrice Kay Williams
   (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 2/7/94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of 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 7th day of Feb, 19 94
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Lynn Last Edington
Date of Birth: Month 5 Day 21 Year 73
Place of Birth (State or foreign country) Terre Haute In.
Residence Address: Street or R.R. 1402 Locust Ave. City Terre Haute County 84160 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. Brandi S. Edington 3 yrs.
   James K. Grayson 9 mo.
6. (a) Full name of applicant's father Harold William Edington
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Clinton, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Katherine Louise Kent
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Terre Haute, 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 Rebecca L. Edington Date 2/7/94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of 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. Edington
New Address SAME

Subscribed and sworn to before me this 7th day of Feb, 19 94
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-7-93 *, authorizing the marriage of* DANNY JAMES GRAYSON *and* REBECCA LYNN EDINGTON *. I further certify that the following marriage certificate was filed in my office: I,* PATRICIA R. MANSARD *(name), certify that on* FEBRUARY 25, 1994 *(date), at* TERRE HAUTE *in* VIGO *County, Indiana,* DANNY JAMES GRAYSON *of* HENDRICKS *County* IN *(state), and* REBECCA LYNN EDINGTON *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* 2-25-94 *. Signed by:* /s/ PATRICIA R. MANSARD CLERK OF THE, VIGO CIRCUIT COURT *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-28-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

251

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 40

HENDRICKS County

File 2-7-94 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 2-7-94
Name of Physician N H Weinelstein, M.D.

MALE APPLICANT

Name: First Dustin Middle Allen Last Catt

Date of Birth: Month 7 Day 24 Year 73

Place of Birth (State or foreign country) Lebanon, In.

Residence Address: Street or R.R. 228 S. Green St City apt B Brownsburg County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Ethan M. Catt 3 mo
6. (a) Full name of applicant's father Gary Thomas Catt
   (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 Jeananne Robinson
   (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 Dustin Catt Date 2-7-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
816-96-2306
I swear/affirm that the information given in this application is true and correct.
Signed Dustin Catt
New Address Same
Subscribed and sworn to before me this 7th day of Feb, 19 94
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Renee Last Mayhood

Date of Birth: Month 1 Day 21 Year 74

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. 228 S. Green St City apt B 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. Ethan Michael Catt 3 mos.
6. (a) Full name of applicant's father Roger Karl Mayhood
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Kansas
   (b) Full maiden name of applicant's mother Linda Sue Hofmann
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Pittsboro, 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 Dawn Mayhood Date 2-7-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 Mayhood
New Address Same
Subscribed and sworn to before me this 7th day of Feb, 19 94
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-7-94, *authorizing the marriage of* DUSTIN ALLEN CATT *and* DAWN RENEE MAYHOOD. *I further certify that the following marriage certificate was filed in my office: I,* CINDY SPENCE *(name), certify that on* FEBRUARY 7, 1994 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* DUSTIN ALLEN CATT *of* HENDRICKS *County* IN *(state), and* DAWN RENEE MAYHOOD *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-7-94. *Signed by:* /s/ CINDY SPENCE, 1ST DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-7-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS + SYSTEMS 1-800-382-8702 1477

252

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 41

HENDRICKS County

File

2-8-94
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 12-9-93
Name of Physician Unreadable MD.

MALE APPLICANT

Name: First James Middle Joseph Last Dickman III

Date of Birth: Month 1 Day 19 Year 71

Place of Birth (State or foreign country) La Crosse, Wisc

Residence Address: Street or R.R. Rt 1 Box 17C City Black River Falls County JACKSON State Wi 54615

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1.	Are you now or have you ever been adjudged to be of unsound mind?	No ☑	Yes ☐
	If answer is "yes," has the adjudication been removed?	No ☐	Yes ☐
2.	Are you related to the female applicant closer than second cousin?	No ☑	Yes ☐
3.	Are you now under the influence of an alcoholic beverage?	No ☑	Yes ☐
4.	Are you now under the influence of a narcotic drug?	No ☑	Yes ☐
5.	List the full names of any dependent children.		

6. (a) Full name of applicant's father James Joseph Dickman II
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Black River Falls, Wi
Birthplace of father (State or foreign country) Michigan
(b) Full maiden name of applicant's mother Annette Ruth Meyer
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Black River Falls, Wi
Birthplace of mother (State or foreign country) Wisc.

FEMALE APPLICANT

Name: First Robin Middle Linn Last Fulbright

Date of Birth: Month 2 Day 4 Year 72

Place of Birth (State or foreign country) Indianapolis, In

Residence Address: Street or R.R. 4450 Forest 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 Robert Allen Fulbright
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Brownsburg, In.
Birthplace of father (State or foreign country) Arkansas
(b) Full maiden name of applicant's mother Michelle Rose Hopper
(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 J. Dickman Date 2-8-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of 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 J. Dickman

New Address _____

Subscribed and sworn to before me this 8th day of Feb, 1994

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other 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 Robin L. Fulbright Date 2-8-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Robin L. Fulbright

New Address _____

Subscribed and sworn to before me this 8th day of Feb, 1994

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-8-94 *, authorizing the marriage of* JAMES JOSEPH DICKMAN III *and* ROBIN LINN FULBRIGHT *. I further certify that the following marriage certificate was filed in my office: I,* RICHARD L. McGHEE *(name), certify that on* FEBRUARY 12, 1994 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* JAMES JOSEPH DICKMAN III *of* JACKSON *County* WI *(state), and* ROBIN LINN FULBRIGHT *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-12-94 *. Signed by:* /s/ RICHARD L. McGHEE *,* ASSOCIATE PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-22-94 *(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. 42

HENDRICKS County

File 2-9-94
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☐ Yes ☒
If No, Medical Examination or Report Dated
Name of Physician

MALE APPLICANT

Name: First *Donald* Middle *Gene* Last *Hogue*
Date of Birth: Month 12 Day 7 Year 42
Place of Birth (State or foreign country) *Indianapolis, In.*
Residence Address: Street or R.R. 2205 Lake of the Lantern Dr. City *Indpls.* County State *In.*
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages 4
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 *Leonard Hogue*
(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 *Cleata Hawkins*
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) *Cloverdale, In.*
Birthplace of mother (State or foreign country) *Illinois*

FEMALE APPLICANT

Name: First *Ivon* Middle — Last *Clarice*
Date of Birth: Month 2 Day 6 Year 43
Place of Birth (State or foreign country) *Indianapolis, In.*
Residence Address: Street or R.R. 2205 Lake of the Lantern Dr. City *Indpls.* County State *In.*
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1990
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) *Dr. Lic.*

1.	Are you now or have you ever been adjudged to be of unsound mind?	No ☑	Yes ☐
	If answer is "yes," has the adjudication been removed?	No ☐	Yes ☐
2.	Are you related to the male applicant closer than second cousin?	No ☑	Yes ☐
3.	Are you now under the influence of an alcoholic beverage?	No ☑	Yes ☐
4.	Are you now under the 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 V. Smith*
(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 *Alice Lee Buchanan*
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) *Indianapolis, In.*
Birthplace of mother (State or foreign country) *Indiana*

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant *Donald G Hogue* Date 2/9/94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 Hogue*
New Address *Same*
Subscribed and sworn to before me this *9th* day of *Feb*, 19 *94*
Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other 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 *Ivon Clarice* Date 2.9.94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:
I swear/affirm that the information given in this application is true and correct.
Signed *Ivon Clarice*
New Address *Same*
Subscribed and sworn to before me this *9th* day of *Feb*, 19 *94*
Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of *HENDRICKS* *County, Indiana, dated* 2-9-94 *, authorizing the marriage of* DONALD GENE HOGUE *and* IVON CLARICE *. I further certify that the following marriage certificate was filed in my office: I,* DONALD F. MEIER *(name), certify that on* APRIL 3, 1994 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* DONALD GENE HOGUE *of* MARION *County* IN *(state), and* IVON CLARICE *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* *HENDRICKS* *County, Indiana, dated* 4-3-94 *. Signed by:* /s/ DONALD F. MEIER *,* ORDAINED MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-5-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

254

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 43

HENDRICKS County

File

2-10-94
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 1-31-94
Name of Physician N H Heimelstien M.D.

MALE APPLICANT

Name: First Joseph Middle Aaron Last Pickett
Date of Birth: Month 11 Day 12 Year 70
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. 1842 Tomoka Dr. apt 2123 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 Robert Westley Pickett
   (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 Charlene Wagner
   (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 Joseph A. Pickett Date 2-10-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 A. Pickett
New Address Same
Subscribed and sworn to before me this 10 day of 2, 19 94
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Capps
Date of Birth: Month 8 Day 29 Year 70
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. 3565 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 male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Malcolm David Capps
   (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 Paula Kay Luking
   (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 Capps Date 2/10/94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 Capps
New Address 1842 Tomoka Dr Apt #2123 Indpls IN 46214
Subscribed and sworn to before me this 10 day of 2, 19 94
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-10-94 *, authorizing the marriage of* JOSEPH AARON PICKETT *and* LISA ANN CAPPS *. I further certify that the following marriage certificate was filed in my office: I,* J. K. STEVENS *(name), certify that on* FEBRUARY 12, 1994 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* JOSEPH AARON PICKETT *of* MARION *County* IN *(state), and* LISA ANN CAPPS *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-12-94 *. Signed by:* /s/ J. K. STEVENS *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-15-94 *(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. 44

HENDRICKS County

File 2-10-94
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 9-23-93
Name of Physician Michael Bootle, M.D.

MALE APPLICANT

Name: First Paul Middle Jonathan Last Sitcler
Date of Birth: Month 6 Day 28 Year 70
Place of Birth (State or foreign country) Ft. Wayne, In.
Residence Address: Street or R.R. 713 Ironwood Dr. City Plainfield County Hendricks State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Edward Sitcler
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Ft. Wayne, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Dorothy Jean Brzozoacki
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Ft. Wayne, 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 [signature] Date 2-10-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 10th day of Feb, 19 94
Connie Lawson Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Tara Middle Ann Last Handlon
Date of Birth: Month 10 Day 23 Year 65
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. 713 Ironwood Dr. City Plainfield County Hendricks 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) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Francis Handlon
   (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 Leigh Pauley
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, 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 Tara A Handlon Date 2-10-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Tara A Handlon
New Address Same
Subscribed and sworn to before me this 10th day of Feb, 19 94
Connie Lawson Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks *County, Indiana, dated* 2-10-94 *, authorizing the marriage of* PAUL JONATHAN SITCLER *and* TARA ANN HANDLON *. I further certify that the following marriage certificate was filed in my office: I,* JESSE W. GILLIHAN *(name), certify that on* FEBRUARY 12, 1994 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* PAUL JONATHAN SITCLER *of* HENDRICKS *County* IN *(state), and* TARA ANN HANDLON *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* Hendricks *County, Indiana, dated* 2-10-94 *. Signed by:* /s/ JESSE W. GILLIHAN *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-16-94 *(date).*

Signed Connie Lawson *Clerk*
Hendricks *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

256

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 45

HENDRICKS County

File

2-11-94
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under 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 Lloyd Last Warmack

Date of Birth: Month 11 Day 20 Year 1930

Place of Birth (State or foreign country) Florida

Residence Address: Street or R.R. Rt. 2 Box 309-A City Pavo County Brooks State Georgia 31778-9801

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐ Date 1991

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Francis L. Warmack
   (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 Ophelia L. Moore
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) North Carolina

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Clarence L Warmack Date 2-11-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Clarence L Warmack

New Address Same As Above

Subscribed and sworn to before me this 11 day of February 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Helena Middle S. Last Miller

Date of Birth: Month 9 Day 14 Year 1938

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 8655 N. 1050 E. City Bergen County Hendricks State Indiana

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐ Date 1991

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) 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 A. Raymond Shipley
   (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 B. Baxter
   (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 Helena S Miller Date 2-11-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Helena S Miller

New Address Rt. 2, Box 309-A, Pavo, GA 31778-9801

Subscribed and sworn to before me this 11 day of February 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-11-94 *, authorizing the marriage of* CLARENCE L. WARMACK *and* HELENA S. MILLER *. I further certify that the following marriage certificate was filed in my office: I,* THOMAS F. WHITESEL *(name), certify that on* FEBRUARY 14, 1994 *(date), at* INDIANAPOLIS *in* HENDRICKS *County, Indiana,* CLARENCE LLOYD WARMACK *of* BROOKS *County* GA *(state), and* HELENA S. 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* 2-14-94 *. Signed by:* /s/ THOMAS F. WHITESEL *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-24-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

257

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 46

HENDRICKS County

File

2-11-94
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 2-4-94
Name of Physician J. Haggerty M.D.

MALE APPLICANT

Name: First John Middle Lindsay Last Buchanan
Date of Birth: Month 3 Day 5 Year 69
Place of Birth (State or foreign country) Greencastle, In
Residence Address: Street or R.R. RT Box 141 City Cloverdale County Putnam 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Jessica Lynn Buchanan 4yrs.
6. (a) Full name of applicant's father Brady Forger Buchanan
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Crawfordsville In.
   Birthplace of father (State or foreign country) Virginia
   (b) Full maiden name of applicant's mother Carolyn Dayanne Fridemare
   (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 John Buchanan Date 2/11/94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 Buchanan
New Address 4212 S County Rd 550 W.
Subscribed and sworn to before me this 11th day of Feb, 19 94
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Anne Last Goodman
Date of Birth: Month 11 Day 6 Year 69
Place of Birth (State or foreign country) Greencastle, In.
Residence Address: Street or R.R. PO Box 133 City Cloverdale County Putnam 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Tamera Kathleen Goodman 5yrs.
6. (a) Full name of applicant's father Lester Gene Brammett
   (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 Betty Sue Halton
   (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 Beth Goodman Date 2/11/94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 Goodman
New Address 4212 S County Rd. 550 W.
Subscribed and sworn to before me this 11th day of Feb, 19 94
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-11-94 *, authorizing the marriage of* JOHN LINDSAY BUCHANAN *and* BETH ANNE GOODMAN *. I further certify that the following marriage certificate was filed in my office: I,* DEBRA A. HEDRICK *(name), certify that on* FEBRUARY 11, 1994 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* JOHN LINDSAY BUCHANAN *of* HENDRICKS *County* IN *(state), and* BETH ANNE GOODMAN *of* PUTNAM *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-11-94 *. 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* 2-11-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS
Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

258

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 47

HENDRICKS County

File 2-14-94
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under 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 Walter Middle Irvin Last Engle
Date of Birth: Month 6 Day 9 Year 39
Place of Birth (State or foreign country) Terre Haute, In.
Residence Address: Street or R.R. 2335 E Main Cat #4 City Plainfield County In State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
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 Leroy Lesley Engle
   (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 Louise Noel
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Ft. Myers 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 Walter Irvin Engle Date 2-14-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Walter Irvin Engle
New Address Same
Subscribed and sworn to before me this 14th day of Feb, 19 94
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Ann Last Vaughn
Date of Birth: Month 1 Day 10 Year 44
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. 2335 E. Main St City Plainfield County In State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1975
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 Oran Robert White
   (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 Eleanor Jean Cordell
   (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 Karen a vaughn Date 2-14-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 a vaughn
New Address Same
Subscribed and sworn to before me this 14th day of Feb, 19 94
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-14-94 *, authorizing the marriage of* WALTER IRVIN ENGLE *and* KAREN ANN VAUGHN *. I further certify that the following marriage certificate was filed in my office: I,* JOHN HESSELDENZ *(name), certify that on* FEBRUARY 19, 1994 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* WALTER IRVIN ENGLE *of* HENDRICKS *County* IN *(state), and* KAREN ANN VAUGHN *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-14-94 *. Signed by:* /s/ JOHN HESSELDENZ *,* JUDGE *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-23-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS + SYSTEMS 1-800-382-8702 1477

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 48

File

2-14-94
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person 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 2-11-94
Name of Physician Dr. Payne unavailable? Yeager, D.O.

MALE APPLICANT

Name: First Alfonzo Middle — Last Warren

Date of Birth: Month 12 Day 6 Year 53

Place of Birth (State or foreign country) Ittabena Ms.

Residence Address: Street or R.R. 610 N Maier City 2C Plainfield County State In

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) Dr. Lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Alfonzo Warren II - 5 yrs.
6. (a) Full name of applicant's father Dan Warren Jr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Ms.
   (b) Full maiden name of applicant's mother Olivia ?
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Ms.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Alfonzo Warren Date 2-14-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Alfonzo Warren
New Address Same

Subscribed and sworn to before me this 14th day of Feb, 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Quince Middle Olla Last Oliver

Date of Birth: Month 8 Day 2 Year 52

Place of Birth (State or foreign country) Ittabena, Ms.

Residence Address: Street or R.R. 610 N Maine City 2C Plainfield County State In

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. Melissa Oliver 3 yrs. Felicia McKinney 10 yrs.
6. (a) Full name of applicant's father Joe Self Jr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Ittabena, Ms.
   Birthplace of father (State or foreign country) Ms.
   (b) Full maiden name of applicant's mother Arnetta Johnson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Ms.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Quince O. Oliver Date 2-14-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Quince O. Oliver
New Address Same above

Subscribed and sworn to before me this 14th day of Feb, 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-14-94 *, authorizing the marriage of* ALFONZO WARREN, SR. *and* QUINCE OLLA OLIVER *. I further certify that the following marriage certificate was filed in my office: I,* ROY R. GRUNDY *(name), certify that on* FEBRUARY 26, 1994 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* ALFONZO WARREN, SR. *of* HENDRICKS *County* IN *(state), and* QUINCE OLLA OLIVER *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-26-94 *. Signed by:* /s/ ROY R. GRUNCY *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-29-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

260

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 49

File

2-14-94 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Marie Fletcher

MALE APPLICANT

Name: First James S. Middle Samuel Last Barnette Jr.

Date of Birth: Month 6 Day 15 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. file.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Samuel Barnette Sr.
   (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 Janice Gayle Wigley
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indpls IN
   Birthplace of mother (State or foreign country) Va

FEMALE APPLICANT

Name: First Jennifer Middle Ann Last Workman

Date of Birth: Month 4 Day 30 Year 73

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 10217 Bacara Dr. City Indpls. County State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Richard M. Workman
   (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 Deborah S. Atwood
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) B'burg 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 X James S Barnette Date 2 14 94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ 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 S Barnette

New Address

Subscribed and sworn to before me this 14 day of Feb, 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Jennifer A Workman Date 2-14-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ 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 A Workman

New Address

Subscribed and sworn to before me this 14 day of Feb., 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-14-94 *, authorizing the marriage of* JAMES SAMUEL BARNETTE, JR. *and* JENNIFER ANN WORKMAN *. I further certify that the following marriage certificate was filed in my office: I,* CINDY SPENCE *(name), certify that on* FEBRUARY 14, 1994 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* _____ *(state), and* _____ *JAMES SAMUEL BARNETTE of* HENDRICKS *County* IN *(state) were married by me as authorized* _____ *JENNIFER ANN WORKMAN of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-14-94 *. Signed by:* /s/ CINDY SPENCE *,* 1ST DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-14-94 *(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. 50

File

2-15-94
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Jo Young, M.D.

MALE APPLICANT

Name: First Rodney Middle Lee Last Myers
Date of Birth: Month 12 Day 30 Year 70
Place of Birth (State or foreign country) Seymour In.
Residence Address: Street or R.R. 45 N Phyllis City Mesa County MARICOPA State Az.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Myers
   (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 Marcia Ann Dollens
   (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 Rodney L. Myers Date 02/15/94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Rodney L. Myers
New Address SAME
Subscribed and sworn to before me this FEB day of 15, 19 94
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Erin Middle Kelli Last Finney
Date of Birth: Month 8 Day 18 Year 73
Place of Birth (State or foreign country) Franklin In.
Residence Address: Street or R.R. 311 Pinnacle Dr. City Plainfield County Ha. 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 Billy Elmer Finney
   (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 Jane Ellen Weatherholt
   (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 Erin K. Finney Date 02/15/94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Erin K. Finney
New Address 45 N. Phyllis St. #201 Mesa, Az.
Subscribed and sworn to before me this Feb day of 15, 19 94
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-15-94 *, authorizing the marriage of* RODNEY LEE MYERS *and* ERIN KELLI FINNEY *. I further certify that the following marriage certificate was filed in my office: I,* REV. GENE YOUNG / REV. HAROLD WALKER *(name), certify that on* FEBRUARY 19, 1994 *(date), at* MOORESVILLE *in* MORGAN *County, Indiana,* RODNEY LEE MYERS *of* MARICOPA *County* AZ *(state), and* ERIN KELLI FINNEY *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-15-94 *. Signed by:* /s/ REV. GENE YOUNG / REV. HAROLD WALKER, PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-23-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

262

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 51

File

2-17-94
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 2-11-94
Name of Physician S Bleiler, M.D.

MALE APPLICANT

Name First David Middle Wayne Last Halcomb

Date of Birth Month 2 Day 25 Year 60

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address Street or R.R. PO Box 321 City Clayton County State In.

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. —

6. (a) Full name of applicant's father Edward Eugene Halcomb
   (If adopted, list adoptive parents only) —
   Residence of father (if deceased, so state) Clayton, In.
   Birthplace of father (State or foreign country) Arkansas
   (b) Full maiden name of applicant's mother Sue Carol Stokes
   (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 David Halcomb Date 2-17-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of 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 Halcomb

New Address —

Subscribed and sworn to before me this 17th day of Feb, 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary —

State of Indiana)
County of HENDRICKS) ss:

Father — ID # —

Mother — ID # —

Subscribed and sworn to before me this — day of —, 19 —

— Clerk

FEMALE APPLICANT

Name First Loretta Middle Lynn Last Purvis

Date of Birth Month 11 Day 12 Year 67

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address Street or R.R. P.O. Box 321 City Clayton County State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1990

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 L. Gibson - 7 yrs.
   Shirley R. Purvis - 5 yrs
   Kenneth R Purvis - 3 yrs.
6. (a) Full name of applicant's father James Monroe Gibson
   (If adopted, list adoptive parents only) —
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Dorothy Mae 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 Loretta Purvis Date 2-17-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court — Date —

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Loretta Purvis

New Address —

Subscribed and sworn to before me this 17th day of Feb, 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary —

State of Indiana)
County of HENDRICKS) ss:

Father — ID # —

Mother — ID # —

Subscribed and sworn to before me this — day of —, 19 —

— Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the — County — Court, by written order issued — and filed in —, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-17-94 *, authorizing the marriage of* DAVID WAYNE HALCOMB *and* LORETTA LYNN PURVIS *. I further certify that the following marriage certificate was filed in my office: I,* JANNIS C. VANOVER *(name), certify that on* FEBRUARY 18, 1994 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* DAVID WAYNE HALCOMB *of* HENDRICKS *County* IN *(state), and* LORETTA LYNN PURVIS *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-18-94 *. Signed by:* /s/ JANNIS C. VANOVER *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-28-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

263

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 52

HENDRICKS County

File

2-17-94
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician R. Stegemoller, M.D.

MALE APPLICANT

Name: First Eric Middle Todd Last Taylor
Date of Birth: Month 5 Day 22 Year 72
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. 250 N East St #109 City Plainfield County State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father John Randall Taylor
   (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 Sheila Ann Graham
   (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 Eric T. Taylor Date 2-17-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 T. Taylor
New Address same
Subscribed and sworn to before me this 17th day of Feb, 19 94
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Diane Middle Katherine Last Elliott
Date of Birth: Month 2 Day 6 Year 71
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. 250 N East St. #109 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 male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Rachael Elliott 2½ yrs.
6. (a) Full name of applicant's father Frederick Lee Good
   (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 Ponda Lee Culley
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Portland, Maine
   Birthplace of mother (State or foreign country) Maine

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Diane K. Elliott Date 2-17-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Diane K. Elliott
New Address same
Subscribed and sworn to before me this 17th day of Feb, 19 94
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-17-94 *, authorizing the marriage of* ERIC TODD TAYLOR *and* DIANE KATHERINE ELLIOTT *. I further certify that the following marriage certificate was filed in my office: I,* A. W. FARNSWORTH IV *(name), certify that on* FEBRUARY 26, 1994 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* _____
ERIC TODD TAYLOR *of* HENDRICKS *County* IN *(state), and* _____
DIANE KATHERINE ELLIOTT *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-17-94 .
Signed by: /s/ A. W. FARNSWORTH IV *,* CLERGY *(official designation)*
Filed and recorded in accordance with the laws of the State of Indiana on 3-3-93 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

264

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 53

HENDRICKS County

File

2-18-94
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☐ Yes ☐
If No, Medical Examination or Report Dated 1-9-94
Name of Physician G. Jones, M.D.

MALE APPLICANT

Name First Neal Middle Stanley Last Bolen

Date of Birth Month 10 Day 4 Year 55

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address Street or R.R. 2689 N. C.R. 200 W. City Danville County State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1991

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Client Andrew Bolen 14 yrs.
   Andrea Mae Bolen 11 yrs.
6. (a) Full name of applicant's father Buddy Bolen
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville, In.
   Birthplace of father (State or foreign country) Texas
   (b) Full maiden name of applicant's mother Lillian Mae Campbell
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville, In
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Neal S Bolen Date 2-18-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk 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 Neal S. Bolen
New Address Same

Subscribed and sworn to before me this 18th day of Feb, 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19_____

_____ Clerk

FEMALE APPLICANT

Name First Janna Middle Marie Last Corbett

Date of Birth Month 12 Day 30 Year 61

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address Street or R.R. 2689 N. C.R. 200 W. 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 male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Leon Corbett
   (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 Janet Marie Meuler
   (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).

X Signature of Applicant Janna M. Corbett Date 2-18-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk 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 Janna M. Corbett
New Address Same

Subscribed and sworn to before me this 18th day of Feb, 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19_____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-18-94 *, authorizing the marriage of* NEAL STANLEY BOLEN *and* JANNA MARIE CORBETT *. I further certify that the following marriage certificate was filed in my office: I,* DEBRA A. HEDRICK *(name), certify that on* FEBRUARY 18, 1994 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* NEAL STANLEY BOLEN *of* HENDRICKS *County* IN *(state), and* JANNA MARIE CORBETT *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-18-94 *. 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* 2-18-94 *(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. 54

HENDRICKS County

File

2-18-94
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 2-10-94
Name of Physician Karen Johns, M.D.

MALE APPLICANT

Name: First Mario Middle Joseph Last Puccinelli

Date of Birth: Month 6 Day 8 Year 70

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. 1 Locust Ct City Brownsburg County In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Dino 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 Dera 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 Mario Puccinelli Date 2-18-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Mario Puccinelli
New Address 437 Trevor St. Brownsburg, In

Subscribed and sworn to before me this 18th day of Feb, 1994

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Lynn Last Wheelock

Date of Birth: Month 10 Day 8 Year 74

Place of Birth (State or foreign country) Indianapolis Ind

Residence Address: 3680 N SR 75 E Street or R.R. Brownsburg 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 David Lee Wheelock
   (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 Marilyn Jean Gibson
   (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 Tracy L. Wheelock Date 2/18/94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of 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 L. Wheelock
New Address 437 Trevor St. Brownsburg, In.

Subscribed and sworn to before me this 18th day of Feb, 1994

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19_____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-18-94 *, authorizing the marriage of* MARIO JOSEPH PUCCINELLI *and* TRACY LYNN WHEELOCK *. I further certify that the following marriage certificate was filed in my office: I,* LARRY L. BELLVILLE *(name), certify that on* APRIL 9, 1994 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* MARIO JOSEPH PUCCINELLI *of* HENDRICKS *County* IN *(state), and* TRACY LYNN WHEELOCK *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-18-94 *. Signed by:* /s/ LARRY L. BELLVILLE *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-11-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

266

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 55

File

2-18-94
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐ 2-10-94
If No, Medical Examination or Report Dated
Name of Physician Richard L. Hensell M.D.

MALE APPLICANT

Name First Carl Middle Edward Last Ferguson

Date of Birth Month 8 Day 30 Year 52

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address Street or R.R. 1444 Oliver Ave City Indianapolis County MARION State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Carl Ferguson
   (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 Mary Elizabeth Fugate
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, 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 Carl E. Ferguson Date 2-18-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of 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. Ferguson

New Address 9880 W 10th St. Apt 13-4 Indpls. In

Subscribed and sworn to before me this 18th day of Feb, 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name First Dianna Middle Sue Last Selig

Date of Birth Month 5 Day 14 Year 63

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address Street or R.R. 9880 W 10th St. Apt 13-4 City Indpls. County State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1990

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Jean Selig 4 yrs.

6. (a) Full name of applicant's father Eugene Shockley
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Virginia
   (b) Full maiden name of applicant's mother Retha Marie Fisher
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, 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 Dianna Sue Selig Date 2-18-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of 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 Sue Selig

New Address Same

Subscribed and sworn to before me this 18th day of Feb, 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-18-94 *, authorizing the marriage of* CARL E. FERGUSON *and* DIANNA SUE SELIG *. I further certify that the following marriage certificate was filed in my office: I,* REV. KENNETH SMITH *(name), certify that on* MARCH 12, 1994 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* CARL E. FERGUSON *of* MARION *County* IN *(state), and* DIANNA SUE SELIG *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-18-94 *. Signed by:* /s/ REV. KENNETH SMITH *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-17-94 *(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. 56

HENDRICKS County

File 2-18-94
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 7-25-91
Name of Physician K. McMurray, M.D.

MALE APPLICANT

Name: First Donald Middle Gene Last LaRoche Jr.
Date of Birth: Month 3 Day 12 Year 60
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. 1117 Pinewood 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 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. see →
6. (a) Full name of applicant's father Donald Gene LaRoche 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 Donna Lee Bell
   (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 Donald G. LaRoche Jr. Date 2-18-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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. LaRoche Jr.
New Address same
Subscribed and sworn to before me this 18th day of Feb, 19 94
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Carri Middle Renee Last LaRoche
Date of Birth: Month 7 Day 8 Year 63
Place of Birth (State or foreign country) Danville, In.
Residence Address: Street or R.R. 1117 Pinewood 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 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. Matthew Donald LaRoche 9yrs
   & Aaron Robert LaRoche 2yrs
6. (a) Full name of applicant's father William Robert Starkey
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Patricia Ann Ford
   (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 Carri Renee LaRoche Date 2-18-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Carri Renee LaRoche
New Address same
Subscribed and sworn to before me this 18th day of Feb, 19 94
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-18-94 *, authorizing the marriage of* DONALD GENE LA ROCHE *and* CARRI RENEE' LA ROCHE *. I further certify that the following marriage certificate was filed in my office: I,* STEPHEN WHITE *(name), certify that on* FEBRUARY 19, 1994 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* DONALD GENE LA ROCHE *of* HENDRICKS *County* IN *(state), and* CARRI RENEE' LA ROCHE *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-19-94 *. Signed by:* /s/ STEPHEN WHITE *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-23-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

268

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 57

HENDRICKS County

File

2-22-94
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 2-10-94
Name of Physician Terri Y. Braun M.D.

MALE APPLICANT

Name First Steven Middle Lee Last Postma

Date of Birth Month 9 Day 11 Year 54

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address Street or R.R. 1232 S. Manhattan Ave City Indpls. County 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) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 A. Postma 16 yrs. Rachel Postma 14 yrs. (A.) Joshua D. Postma 13 yrs.
6. (a) Full name of applicant's father Richard L. Postma
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) N/A
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Pauline Elizabeth Hudson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Oklahoma

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Steven L. Postma Date 2/22/94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Steven L Postma
New Address 10234 Bacara Dr. Indpls, Ind 46234
Subscribed and sworn to before me this 22nd day of Feb, 19 94
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name First Sherry Middle Ann Last Blank

Date of Birth Month 8 Day 13 Year 50

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address Street or R.R. No. 10234 Bacara Dr. City Indpls. County 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. —
6. (a) Full name of applicant's father Andrew T. Groselle
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Norway
   (b) Full maiden name of applicant's mother Marian Farnham
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   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 Sherry A. Blank Date 2/22/94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Sherry A. Blank
New Address same
Subscribed and sworn to before me this 22nd day of Feb, 19 94
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-22-94 *, authorizing the marriage of* STEVEN LEE POSTMA *and* SHERRY ANN BLANK *. I further certify that the following marriage certificate was filed in my office: I,* JOEL R. VOGEL *(name), certify that on* MARCH 5, 1994 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* STEVEN LEE POSTMA *of* MARION *County* IN *(state), and* SHERRY ANN BLANK *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-22-94 *. Signed by:* /s/ JOEL R. VOGEL *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-9-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

269

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 58

HENDRICKS County

File

2-22 94
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Speedway Immediate Care (Jordan)

MALE APPLICANT

Name: First William Middle Lester Last Riner

Date of Birth: Month 9 Day 24 Year 67

Place of Birth (State or foreign country) IN

Residence Address: 10929 Rockville Rd. Lot 56 Indpls. IN
Street or R.R. City County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 87'

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Reva Jean Riner

6. (a) Full name of applicant's father Lester H. Riner
   (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 Laura K. Wallace
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Fall Bush 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 ✕ William Lester Riner Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed ✕ William Riner

New Address _____

Subscribed and sworn to before me this 22 day of Feb., 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Jean Last Turner

Date of Birth: Month 5 Day 7 Year 60

Place of Birth (State or foreign country) E Same

Residence Address: Street or R.R. KY City County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2-17-94

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Marie Turner
   Lauren Jean Turner

6. (a) Full name of applicant's father James Eversole
   (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 Be Edna Bailey
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Erlanger 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 Pamela J. Turner Date 2/22/94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of 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. Turner

New Address _____

Subscribed and sworn to before me this 22 day of Feb., 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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

270

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 59

HENDRICKS County

File 2-23-94
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐ 2-23-94
If No, Medical Examination or Report Dated
Name of Physician Karen Johns, M.D.

MALE APPLICANT

Name: First Jimmy Middle Ray Last Duggar Jr.
Date of Birth: Month 3 Day 18 Year 74
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R.R. 3009 S. Taft Ave. 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 Jimmy Ray Duggar
   (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 Joan Gayle Dorothy
   (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 Jimmy R. Duggar Jr. Date 2-23-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Jimmy R. Duggar Jr.
New Address _____
Subscribed and sworn to before me this 23rd day of Feb, 19 94
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Larissa Middle Marie Last Cardwell
Date of Birth: Month 7 Day 21 Year 76
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. 25 Fairbrook 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Carl Cardwell
   (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 Laura Terese Weigart
   (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 Larissa M. Cardwell Date 2-23-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Larissa M. Cardwell
New Address _____
Subscribed and sworn to before me this 23rd day of Feb., 19 94
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother Laura L. Roth ID # 308-68-9790
Subscribed and sworn to before me this 23 day of February, 19 94
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* 2-23-94 *, authorizing the marriage of* JIMMY RAY DUGGAR, JR. *and* LARISSA MARIE CARDWELL *. I further certify that the following marriage certificate was filed in my office: I,* MYRON BARNARD *(name), certify that on* MARCH 5, 1994 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* JIMMY RAY DUGGAR, JR. *of* MARION *County* IN *(state), and* LARISSA MARIE CARDWELL *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-5-94 *. Signed by:* /s/ MYRON BARNARD *,* JUDGE *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-8-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

271

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 60

HENDRICKS County

File 2-23-94
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 2-23-94
Name of Physician James R. Rossett M.D.

MALE APPLICANT

Name: First Richard Middle William Last Collins II

Date of Birth: Month 5 Day 1 Year 55

Place of Birth (State or foreign country): Sacramento Calif.

Residence Address: Street or R.R. 2124 DeBello Ct. City Indpls. County HANCOCK 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. —

6. (a) Full name of applicant's father Richard William Collins
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Lakewood, Co.
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of applicant's mother Janice Lee Grafton
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Littleton, Co.
   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 Richard W. Collins II Date 2-23-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Richard W. Collins II
New Address SAME

Subscribed and sworn to before me this 23 day of FEB, 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Shannon Middle Marie Last Sanford

Date of Birth: Month 11 Day 2 Year 69

Place of Birth (State or foreign country): Indianapolis In.

Residence Address: Street or R.R. 6 Green Acre Dr. City Brownsburg County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father Richard Edward Sanford
   (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 Ruby Frances Gooden
   (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 Shannon M Sanford Date 2-23-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Shannon M Sanford
New Address 2124 DeBello Ct.

Subscribed and sworn to before me this 23 day of FEB, 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-23-94, *authorizing the marriage of* RICHARD WILLIAM COLLINS II *and* SHANNON MARIE SANFORD. *I further certify that the following marriage certificate was filed in my office: I,* WM. J. BROWN *(name), certify that on* FEBRUARY 26, 1994 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* RICHARD WILLIAM COLLINS II *of* MARION *County* IN *(state), and* SHANNON MARIE SANFORD *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-23-94. *Signed by:* /s/ WM. J. BROWN, MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-2-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

272

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 61

File 2-24-94
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 2-24-94
Name of Physician J. M Poe, M.D.

MALE APPLICANT

Name First Billy Middle Hugh Last Webster

Date of Birth Month 2 Day 24 Year 74

Place of Birth (State or foreign country) Franklin In.

Residence Address Street or R.R. 304 E. Mill St. City Danville, County State In

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Cassandra Baldwin 10 mos.
6. (a) Full name of applicant's father Billy Hugh Webster
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville, In.
   Birthplace of father (State or foreign country) Ill.
   (b) Full maiden name of applicant's mother Nellie Mae Gibson
   (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 Billy Webster Date 2-24-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Billy Webster

New Address _____

Subscribed and sworn to before me this 24th day of Feb, 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name First Madonna Middle Sue Last Baldwin

Date of Birth Month 12 Day 29 Year 74

Place of Birth (State or foreign country) Greencastle, In.

Residence Address Street or R.R. 427 West Mill St City Danville, County State In

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Cassandra Baldwin 10 mos.
6. (a) Full name of applicant's father N/A
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Greencastle, In.
   Birthplace of father (State or foreign country) N/A
   (b) Full maiden name of applicant's mother Julie Anne Burch
   (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 Madonna Baldwin Date 2-24-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Madonna Baldwin

New Address _____

Subscribed and sworn to before me this 24th day of Feb, 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-24-94, *authorizing the marriage of* BILLY HUGH WEBSTER *and* MADONNA SUE BALDWIN. *I further certify that the following marriage certificate was filed in my office: I,* DEBRA A. HEDRICK *(name), certify that on* FEBRUARY 24, 1994 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* BILLY HUGH WEBSTER *of* HENDRICKS *County* IN *(state), and* MADONNA SUE BALDWIN *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-24-94. *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* 2-24-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

273

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 62

HENDRICKS County

File 2-24-94
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 2-11-94
Name of Physician Virginia A. Caine, MD

MALE APPLICANT

Name: First Ricky Middle Lee Last Baker

Date of Birth: Month 6 Day 22 Year 61

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. 7015 N. Manor 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) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Franklin Baker
   (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 Patricia Ann Fischer
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Greencastle, 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 Ricky L. Baker Date 2-24-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of 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. Baker
New Address Same

Subscribed and sworn to before me this 24th day of Feb, 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Arlene Middle Rosal Last Morales

Date of Birth: Month 11 Day 13 Year 72

Place of Birth (State or foreign country) Naslag, Philippines

Residence Address: Street or R.R. 7015 N. Manor 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Felix Castro Morales
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Naslag, Phil.
   Birthplace of father (State or foreign country) Philippines
   (b) Full maiden name of applicant's mother Lucia Rosal
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Naslag, Phil.
   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 Arlene Morales Date 2-24-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Arlene Morales
New Address Same

Subscribed and sworn to before me this 24th day of Feb, 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-24-94, *authorizing the marriage of* RICKY LEE BAAKER *and* ARLENE ROSAL MORALES. *I further certify that the following marriage certificate was filed in my office: I,* REV. JON LOWELL LINEBACK *(name), certify that on* MARCH 5, 1994 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* RICKY LEE BAKER *of* HENDRICKS *County* IN *(state), and* ARLENE ROSAL MORALES *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-5-94. *Signed by:* /s/ REV. JON LOWELL LINEBACK, MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-14-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

274

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 63

File

2-25-94
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 2-25-94
Name of Physician E. Clark

MALE APPLICANT

Name: First John-Michael Middle Last Pedro II

Date of Birth: Month 12 Day 6 Year 74

Place of Birth (State or foreign country) Indianapolis, In

Residence Address: Street or R.R. 97 S 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 female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father John-Michael Pedro I
   (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 Judy C. Beaty
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Doyaille, 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 John Michael Pedro II Date 2-25-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of 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 Michael Pedro II

New Address _____

Subscribed and sworn to before me this 25th day of Feb, 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Chloie Middle Faye Last Bailey

Date of Birth: Month 10 Day 4 Year 72

Place of Birth (State or foreign country) Danville, In.

Residence Address: Street or R.R. 3057 State Rd 75 City North Salem County In. State

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 male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 McReese Modglin Jr.
   (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 Ethel Foster
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) North Salem, 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 Chloie F. Bailey Date 2-25-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Chloie F. Bailey

New Address _____

Subscribed and sworn to before me this 25th day of Feb, 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-25-94, *authorizing the marriage of* JOHN MICHAEL PEDRO *and* CHLOIE FAYE BAILEY. *I further certify that the following marriage certificate was filed in my office: I,* LEROY PICKERING *(name), certify that on* MARCH 5, 1994 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* JOHN-MICHAEL PEDRO *of* HENDRICKS *County* IN *(state), and* CHLOIE FAYE BAILEY *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-25-94. *Signed by:* /s/ LEROY PICKERING, MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-8-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

273

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 64

HENDRICKS County

File

2-28-94
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Noll Health Dpts.
Cindy Barron

MALE APPLICANT

Name: First Walter Middle Richard Last Sublett Jr.
Date of Birth: Month 6 Day 19 Year 55
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. 60 Plainview Dr. 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 1984
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. James Walter Sublett 11 yrs.
6. (a) Full name of applicant's father Walter Richard Sublett
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville, In
   Birthplace of father (State or foreign country) Delevan Indiana
   (b) Full maiden name of applicant's mother Betty Lou Karles
   (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 Walter R. Sublett Jr Date 2-28-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Walter R. Sublett Jr
New Address 822 BROKEN BOW TR. #720 DANVILLE IN 46122
Subscribed and sworn to before me this 28th day of Feb, 19 94
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Ruth Middle Elaine Last Feeney
Date of Birth: Month 2 Day 13 Year 67
Place of Birth (State or foreign country) Springfield, Ill.
Residence Address: Street or R.R. 822 Broken Bow Trail 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) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Feeney 9 yrs.
   Courtney Louise Feeney 7 yrs.
6. (a) Full name of applicant's father Kendell Omer Smith
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Springfield, Ill.
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of applicant's mother Thelma Louise Vaulthil
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   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 Ruth E. Feeney Date 2-28-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Ruth E. Feeney
New Address SAME
Subscribed and sworn to before me this 28th day of Feb, 19 94
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-28-94, *authorizing the marriage of* WALTER RICHARD SUBLETT, JR. *and* RUTH ELAINE FEENEY. *I further certify that the following marriage certificate was filed in my office: I,* WM. E. WRIGHT *(name), certify that on* MARCH 5, 1994 *(date), at* MOORESVILLE *in* MORGAN *County, Indiana,* WALTER RICHARD SUBLETT, JR. *of* HENDRICKS *County* IN *(state), and* RUTH ELAINE FEENEY *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-28-94. *Signed by:* /s/ WM. E. WRIGHT, ORDAINED MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-10-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS + SYSTEMS 1-800-382-8702 1477

276

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 65

File

2-28-94
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 2-28-94
Name of Physician Dr. Benson, M.D.

MALE APPLICANT

Name: First Keith Middle Alan Last Weaver

Date of Birth: Month 11 Day 11 Year 62

Place of Birth (State or foreign country) Beech Grove In.

Residence Address: Street or R.R. 3122 Carlsbad Dr. City Indpls. County MARION State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 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 Michael Conley Weaver
   (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 Keder
   (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 Keith Alan Weaver Date 2-28-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of 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 Alan Weaver
New Address 3122 Carlsbad Dr Indpls, In 46241

Subscribed and sworn to before me this 28th day of Feb, 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Jolynn Middle Michelle Last Painter

Date of Birth: Month 8 Day 24 Year 72

Place of Birth (State or foreign country) Crawfordsville In.

Residence Address: Street or R.R. 3901 S 6 Pauls Rd. City Indpls. County Hendricks 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 male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Cameron Joseph Painter 1½ yr.
6. (a) Full name of applicant's father Robert Lee Painter
   (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 Nancy Eileen Robertson
   (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 Jolynn Michelle Painter Date 2-28-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Jolynn Michelle Painter
New Address 3122 Carlsbad Dr Indpls, IN 46241

Subscribed and sworn to before me this 28th day of Feb, 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-28-94 *, authorizing the marriage of* KEITH ALAN WEAVER *and* JOLYNN MICHELLE PAINTER *. I further certify that the following marriage certificate was filed in my office: I,* REV. JOHN C. PARSLEY *(name), certify that on* MARCH 26, 1994 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* KEITH ALAN WEAVER *of* MARION *County* IN *(state), and* JOLYNN MICHELLE PAINTER *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-28-94 *. Signed by:* /s/ JOHN C. PARSLEY *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-29-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

277

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 66

HENDRICKS County

File 3-1-94
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 1-25-94
Name of Physician Philip Batista, M.D.

MALE APPLICANT

Name: First Robert Middle Patrick Last Stanton

Date of Birth: Month 3 Day 3 Year 75

Place of Birth (State or foreign country): Indianapolis, In.

Residence Address: Street or R.R. 6725 Granner Circle City Indpls County State In. 46221

Previous Marital Status: 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 Kevin Joseph Stanton
   (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 Joan Marie McManus
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Robert P. Stanton Date 3/1/94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of 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 P. Stanton

New Address SAME

Subscribed and sworn to before me this 1 day of March, 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 — Last Gross

Date of Birth: Month 3 Day 19 Year 69

Place of Birth (State or foreign country): Indianapolis, In.

Residence Address: Street or R.R. 6733 S. Whitelick Creek Rd. City Indpls County State In. 46231

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Robert Gross
   (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 Patricia Givan
   (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 Amy Gross Date 3-1-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of 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 Gross

New Address 6733 S. Whitelick Creek Rd.

Subscribed and sworn to before me this 1st day of March, 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-1-94 *, authorizing the marriage of* ROBERT PATRICK STANTON *and* AMY GROSS *. I further certify that the following marriage certificate was filed in my office: I,* RICHARD M. GIVAN *(name), certify that on* MARCH 11, 1994 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* _____ ROBERT PATRICK STANTON *of* MARION *County* IN *(state), and* _____ AMY GROSS *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-11-94 *. Signed by:* /s/ RICHARD M. GIVAN JUSTICE, INDIANA SUPREME COURT *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-15-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

278

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 67

HENDRICKS County

File

3-2-94 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 3-2-94
Name of Physician Dr. Benson, M.D.

MALE APPLICANT

Name First Steven Middle Bradley Last Cooper

Date of Birth Month 7 Day 27 Year 66

Place of Birth (State or foreign country) New Castle, In.

Residence Address Street or R.R. 4602 W Co Rd 950N 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 Tyle Thompson Cooper
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) New Castle, In.
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of applicant's mother Carol Jean Bradley
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) New Castle, In
   Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Steven B Cooper Date 3-2-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of 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 B Cooper
New Address Same

Subscribed and sworn to before me this 2 day of March, 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Ann Last Ross

Date of Birth Month 5 Day 16 Year 74

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address Street or R.R. 9234 St Rd 75 City North Salem County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Mike Ross
   (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 Carol Ann Wyeth
   (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 Jamie A. Ross Date 3-2-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of 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 A. Ross
New Address 4602 W. Co. Rd. 950N Lizton, IN 4

Subscribed and sworn to before me this 2 day of March, 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-2-94 *, authorizing the marriage of* STEVEN BRADLEY COOPER *and* JAMIE ANN ROSS *. I further certify that the following marriage certificate was filed in my office: I,* WILLIAM D. BYRD *(name), certify that on* MARCH 12, 1994 *(date), at* NORTH SASLEM *in* HENDRICKS *County, Indiana,* STEVEN BRADLEY COOPER *of* HENDRICKS *County* IN *(state), and* JAMIE 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* 3-2-94 *. Signed by:* /s/ WILLIAM D. BYRD *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-15-94 *(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. 68

HENDRICKS County

File 3-2-94
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 2-24-94
Name of Physician Freida Thompson

MALE APPLICANT

Name: First Alan Middle Leslie Last Herron
Date of Birth: Month 1 Day 28 Year 56
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. 2 Hillcrest Ct. City Danville County State In.
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) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Kristina Herron 13 yrs.
   Chad Herron 9 yrs.
6. (a) Full name of applicant's father Roger Leo Herron
   (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 Thelma Mae Rogers
   (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 Alan L. Herron Date 3-2-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Alan L. Herron
New Address SAME
Subscribed and sworn to before me this 2nd day of Mar, 19 94
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Alida Middle Lavon Last Shelton
Date of Birth: Month 9 Day 9 Year 48
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. 85 S Washington St. City Danville County State In.
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 male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Glover Wilbur Shelton
   (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 Eileen Irene Jackson
   (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 Alida Lavon Shelton Date 3/2/94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Alida Lavon Shelton
New Address 2 Hillcrest Court Danville Ind.
Subscribed and sworn to before me this 2nd day of March, 19 94
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-2-94 *, authorizing the marriage of* ALAN LESLIE HERRON *and* ALIDA LAVON SHELTON *. I further certify that the following marriage certificate was filed in my office: I,* JOHN E. PIERCE *(name), certify that on* MARCH 4, 1994 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* ALAN LESLIE HERRON *of* HENDRICKS *County* IN *(state), and* ALIDA LAVON SHELTON *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-7-94 *. Signed by:* /s/ JOHN E. PIERCE *,* JUDGE, PRO-TEMPORE *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-7-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

280

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 69

HENDRICKS County

File

3-3-94
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-29-92
Name of Physician O. Kuruvilla M.D.

MALE APPLICANT

Name: First Julius Middle Keith Last Isenberg
Date of Birth: Month 8 Day 27 Year 58
Place of Birth (State or foreign country) Beech Grove, In.
Residence Address: Street or R.R. 7765 Harmony Dr. City Castleville County 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) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Kelsey Isenberg 4 yrs.
6. (a) Full name of applicant's father Julius Isenberg
   (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 Beatrice Jean Hood
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Cloverdale, 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 Julius Keith Isenberg Date 3-3-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Julius Keith Isenberg
New Address same
Subscribed and sworn to before me this 3rd day of March, 19 94
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Tareesa Middle Gail Last Stanley
Date of Birth: Month 4 Day 16 Year 57
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. 7765 Harmony Dr. City Castleville County State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1984
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Robert H. Stanley
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Janice F. Rose
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Tareesa Gail Stanley Date 3-3-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Tareesa Gail Stanley
New Address same
Subscribed and sworn to before me this 3rd day of March, 19 94
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-3-94, *authorizing the marriage of* JULIUS KEITH ISENBERG *and* TAREESA GAIL STANLEY. *I further certify that the following marriage certificate was filed in my office: I,* REV. JERRY RAIRDON *(name), certify that on* MARCH 31, 1994 *(date), at* NEW ALBANY *in* FLOYD *County, Indiana,* JULIUS KEITH ISENBERG *of* HENDRICKS *County* IN *(state), and* TAREESA GAIL 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* 3-31-94. *Signed by:* /s/ REV. JERRY RAIRDON, PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-4-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

281

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 70

HENDRICKS County

File 3-3-94
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under 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. Payne, M.D.

MALE APPLICANT

Name: First Michael Middle Cameron Last Barnaby

Date of Birth: Month 8 Day 20 Year 62

Place of Birth (State or foreign country) TX

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. —

6. (a) Full name of applicant's father Ovald L. Barnaby
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indpls Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of applicant's mother Martha K. Blankenship
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) S. Danville Ind.
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant x Michael C. Barnaby 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 Michael C. Barnaby

New Address _____

Subscribed and sworn to before me this 3 day of March, 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Louise Last Bright

Date of Birth: Month 3 Day 20 Year 57

Place of Birth (State or foreign country) Marion In.

Residence Address: Street or R.R. 536 Swanybrook Dr. City Brownsburg County In. State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1982

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father Dale Kyperal
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Marion Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of applicant's mother Jane Atkins
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Marion Ind.
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant x Connie L. Bright Date 3-3-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed x Connie L. Bright

New Address _____

Subscribed and sworn to before me this 3 day of March, 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-3-94 *, authorizing the marriage of* MICHAEL CAMERON BARNABY *and* CONNIE LOUISE BRIGHT *. I further certify that the following marriage certificate was filed in my office: I,* CINDY SPENCE *(name), certify that on* MARCH 3, 1994 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* MICHAEL CAMERON BARNABY *of* HENDRICKS *County* IN *(state), and* CONNIE LOUISE BRIGHT *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-3-94 *. Signed by:* /s/ CINDY SPENCE *,* 1ST DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-4-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

282

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 71

File

3-4-94 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under 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 D. Glassmoyer

MALE APPLICANT

Name: First Ronnie Middle O'Dell Last Taylor

Date of Birth: Month 7 Day 5 Year 65

Place of Birth (State or foreign country) Greencastle, In.

Residence Address: Street or R.R. 1002 W Main apt 4 City Danville County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father Arlis O'Dell Taylor
   (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 Mary Louise Jones
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Kingman, Az.
   Birthplace of mother (State or foreign country) Arizona

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 O'Dell Taylor Date 3/4/94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of 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 O'Dell Taylor

New Address SAME

Subscribed and sworn to before me this 4th day of March, 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Jessica Middle Lynn Last Stringfellow

Date of Birth: Month 12 Day 10 Year 74

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. 4201 W 200 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 Dick Arnold Stringfellow
   (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 Sheila Roselyn Wagoner
   (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 Jessica L. Stringfellow Date 3/4/94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Jessica L. Stringfellow

New Address 1002 W Main Apt 4 Danville, IN

Subscribed and sworn to before me this 4th day of March, 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-4-94 *, authorizing the marriage of* RONNIE O'DELL TAYLOR *and* JESSICA LYNN STRINGFELLOW *. I further certify that the following marriage certificate was filed in my office: I,* NORMAN L. TAYLOR *(name), certify that on* MARCH 26, 1994 *(date), at* JAMESTOWN *in* BOONE *County, Indiana,* RONNIE O'DELL TAYLOR *of* HENDRICKS *County* IN *(state), and* JESSICA LYNN STRINGFELLOW *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-26-94 *. Signed by:* /s/ NORMAN L. TAYLOR *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-29-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

283

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 72

HENDRICKS County

File 3/4/94
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician David Hadley

MALE APPLICANT

Name: First Brian Middle Cary Last MiKesell
Date of Birth: Month 10 Day 3 Year 68
Place of Birth (State or foreign country) INDIANA
Residence Address: Street or R.R. 9602 Harmony Dr. City Indp's. County Hendricks State In
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☑ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Same →
6. (a) Full name of applicant's father Kenneth Allen Mikesell
   (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 Marlett
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Hagerstown, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Mikesell Date 3/4/94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 Mikesell
New Address Same
Subscribed and sworn to before me this 4th day of March, 19 94
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Ellen Last Russell
Date of Birth: Month 9 Day 17 Year 74
Place of Birth (State or foreign country) INDIANA
Residence Address: Street or R.R. 9602 Harmony Drive City Indp's. County Hendricks State In
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☑ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Brian Cary Mikesell Jr. 2yrs.
   Krystle Ann Mikesell 4 mo.
6. (a) Full name of applicant's father Larry Allen Russell
   (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 Trent
   (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 Ellen Russell Date 3/4/94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 Ellen Russell
New Address Same
Subscribed and sworn to before me this 4th day of March, 19 94
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 1-800-382-6702 1477

284

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 73

File

3-4-94
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 3-1-94
Name of Physician N. Sundleman

MALE APPLICANT

Name First Kevin Middle Gene Last Rector
Date of Birth Month 1 Day 6 Year 63
Place of Birth (State or foreign country) Anderson In.
Residence Address Street or R.R. 528 Brentwood Dr. City E. Plainfield County 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 female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Katelyn Mary Rector 5 yrs.
   Jacob Kevin Rector 2 yrs.
6. (a) Full name of applicant's father Ralph Howard Rector Jr.
   (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 Margaret Ann Bolin
   (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 Kevin G. Rector Date 3-4-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 G. Rector
New Address Same
Subscribed and sworn to before me this 4th day of March 19 94
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Sue Last Townsend
Date of Birth Month 1 Day 26 Year 61
Place of Birth (State or foreign country) Oakland City, In.
Residence Address Street or R.R. 528 Brentwood Dr. City E. Plainfield County State
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 male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Emily Dawn Townsend 7 yrs
   Trista James Townsend 5 yrs.
6. (a) Full name of applicant's father Donald Earl Merchant
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield, In.
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of applicant's mother Carolyn Ann Scales
   (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 Pamela S. Townsend Date 3-4-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 S. Townsend
New Address same
Subscribed and sworn to before me this 4th day of March, 19 94
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-4-94 *, authorizing the marriage of* KEVIN GENE RECTOR *and* PAMELA SUE TOWNSEND *. I further certify that the following marriage certificate was filed in my office: I,* GENE P. CRAWFORD *(name), certify that on* MARCH 5, 1994 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* KEVIN GENE RECTOR *of* HENDRICKS *County* IN *(state), and* PAMELA SUE TOWNSEND *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-5-94 *. Signed by:* /s/ GENE P. CRAWFORD *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-14-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

285

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 74

HENDRICKS County

File

3-9-94
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 3-8-94
Name of Physician Dr ?

MALE APPLICANT

Name: First Douglas Middle Joseph Last Lafevor

Date of Birth: Month 1 Day 11 Year 70

Place of Birth (State or foreign country) Ft. Wayne, In.

Residence Address: Street or R.R. 6614 N. Co. Rd 260 E City Danville County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Roger L. Lafevor
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) So. Whitley, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Patricia Eckhart
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) So Whitley, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Doug LaFevor Date 3/9/94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Doug LaFevor
New Address Same as Above

Subscribed and sworn to before me this 9 day of March, 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Jo Last Morgan

Date of Birth: Month 12 Day 22 Year 70

Place of Birth (State or foreign country) Bedford, In.

Residence Address: Street or R.R. 6614 W Co Rd 200 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 Clark Richard Morgan
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Bedford, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Angela Charlene Morgan
   (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 Marnie Morgan Date 3/9/94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of 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 Morgan
New Address Same as above

Subscribed and sworn to before me this 9 day of March, 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-9-94 *, authorizing the marriage of* DOUGLAS JOSEPH LAFEVOR *and* MARNIE JO MORGAN *. I further certify that the following marriage certificate was filed in my office: I,* REV. GARY H. EDGE *(name), certify that on* MARCH 26, 1994 *(date), at* BEDFORD *in* LAWRENCE *County, Indiana,* DOUGLAS JOSEPH LAFEVOR *of* HENDRICKS *County* IN *(state), and* MARNIE JO 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* 3-9-94 *. Signed by:* /s/ REV. GARY H. EDGE *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-29-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

286

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 75

File

3-9-94 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person 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 2-17-94
Name of Physician David Hadley

MALE APPLICANT

Name (First, Middle, Last) Michael Vernon Heymig
Date of Birth (Month, Day, Year) 1 18 65
Place of Birth (State or foreign country) Indianapolis In.
Residence Address (Street or R.R., City, County, State) 2325 E Main Bap 15 Plainfield 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) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Louise Heymig 8 yrs
6. (a) Full name of applicant's father Nicholas Vernon Heymig 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 Mary Jane Adders
   (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 V. Heymig Date 3/9/94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 V. Heymig
New Address Same
Subscribed and sworn to before me this 9th day of March, 19 94
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name (First, Middle, Last) Linda Ann Daniels
Date of Birth (Month, Day, Year) 10 13 59
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address (Street or R.R., City, County, State) 2325 E. Main Bap 15 Plainfield, In.
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. Ray Boyd 10 yrs.
   Danny Boyd 8 yrs.
   Beth Boyd 6 yrs.
6. (a) Full name of applicant's father Phil Russell Davis Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Gretta Jan Stinnett
   (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 Linda Daniels Date 3-9-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 Daniels
New Address Same
Subscribed and sworn to before me this 9th day of March, 19 94
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-9-94 *, authorizing the marriage of* MICHAEL VERNON HEYMIG *and* LINDA ANN DANIELS *. I further certify that the following marriage certificate was filed in my office: I,* CINDY SPENCE *(name), certify that on* APRIL 22, 1994 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* MICHAEL VERNON HEYMIG *of* HENDRICKS *County* IN *(state), and* LINDA ANN DANIELS *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-9-94 *. Signed by:* /s/ CINDY SPENCE *, 1ST DEPUTY CLERK (official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-22-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

287

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 76

HENDRICKS County

File

3-11-94
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under 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 Pezato

MALE APPLICANT

Name: First David Middle Wayne Last Medsker

Date of Birth: Month 9 Day 2 Year 72

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 40 N. Green Apt 12 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. Austin Michael Medsker
6. (a) Full name of applicant's father Mark Edwin Medsker
   (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 Pam Loy
   (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 David Medsker Date 3-11-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X David Medsker

New Address _____

Subscribed and sworn to before me this 11 day of March, 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Anne Last Lindell

Date of Birth: Month 8 Day 23 Year 67

Place of Birth (State or foreign country) IL

Residence Address: Street or R.R. 7428 S. Rockleigh Ave City Indpls. County State IN

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 94'

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Alan Raymond Monahan
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) ?
   Birthplace of father (State or foreign country) IL ?
   (b) Full maiden name of applicant's mother Sheila Lynn Collea
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Villa Grove 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 Kelly Lindell Date 3/11/94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Kelly Lindell

New Address Same as above

Subscribed and sworn to before me this 11 day of March, 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-11-94 *, authorizing the marriage of* DAVID WAYNE MEDSKER *and* KELLY ANNE LINDELL *. I further certify that the following marriage certificate was filed in my office: I,* CINDY SPENCE *(name), certify that on* MARCH 11, 1994 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* DAVID WAYNE LMEDSKER *of* HENDRICKS *County* IN *(state), and* KELLY ANNE LINDELL *of* MARION *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-11-94 *. Signed by:* /s/ CINDY SPENCE *,* 1ST DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-11-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

288

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 77

File

3/11/94
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Roxanne M. Torrella, M.D.

MALE APPLICANT

Name: First Cecil; Middle W; Last Dare

Date of Birth: Month 4; Day 7; Year 56

Place of Birth (State or foreign country): Missouri

Residence Address: Street or R.R. 559; City Mackey Rd; County Danville; State Hendricks In

Previous Marital Status: Never Married ☑ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Ollie Edwin Dare
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield, Indiana
   Birthplace of father (State or foreign country) Missouri
   (b) Full maiden name of applicant's mother Frances Darlene ~~Dare~~ Lindsey
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, Indiana
   Birthplace of mother (State or foreign country) Missouri

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Cecil W Dare Date 3/11/94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Cecil W Dare
New Address Same as Above

Subscribed and sworn to before me this 11 day of March, 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Robin; Middle L.; Last Murray

Date of Birth: Month 4; Day 2; Year 59

Place of Birth (State or foreign country): Illinois

Residence Address: Street or R.R. 559; City Mackey Rd; County Danville; State Hendricks In

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 07/84

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Jason Alan Fry
   Rachael Mae Fry
6. (a) Full name of applicant's father Raymond James Murray
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis, Indiana
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of applicant's mother JoAnne Patricia Cazanigo
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indpls, 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 X Robin L. Murray Date 3-11-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Robin L. Murray
New Address Same as above

Subscribed and sworn to before me this 11 day of March, 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-11-94 *, authorizing the marriage of* CECIL W. DARE *and* ROBIN L. MURRAY *. I further certify that the following marriage certificate was filed in my office: I,* REV. TED D. STEPHENSON *(name), certify that on* APRIL 2, 1994 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* CECIL W. DARE *of* HENDRICKS *County* IN *(state), and* ROBIN L. MURRAY *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-11-94 *. Signed by:* /s/ TED D. STEPHENSON *,* ORDAINED MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-6-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

289

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 78

HENDRICKS County

File

3-11-94
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under 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. Koewler

MALE APPLICANT

Name: First Robert Middle JAMES Last AAnonsen

Date of Birth: Month 10 Day 10 Year 73

Place of Birth (State or foreign country) Wisconsin

Residence Address: Street or R.R. 226 Krewson Ave. Apt 2 City Plainfield County State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. License. Birth Certificate

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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. AAnonsen
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Texas
   Birthplace of father (State or foreign country) —
   (b) Full maiden name of applicant's mother Marla J Seeton
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Wisconsin
   Birthplace of mother (State or foreign country) Same

ACKNOWLEDGMENT

I acknowledge that I have received information regarding 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 Robert J. Aanonsen Date 3/11/94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk 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 Robert J. Aanonsen
New Address

Subscribed and sworn to before me this 11th day of March, 19 94
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Nielsen

Date of Birth: Month 4 Day 26 Year 73

Place of Birth (State or foreign country) Washington

Residence Address: Street or R.R. RR1 Box 224-32 City Pittsboro, 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 William Harry Nielsen
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Washington
   Birthplace of father (State or foreign country) Washington
   (b) Full maiden name of applicant's mother Virginia Ann Myers
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Washington
   Birthplace of mother (State or foreign country) Washington

ACKNOWLEDGMENT

I acknowledge that I have received information regarding 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 Michelle A Nielsen Date 3-23-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk 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 Michelle A Nielsen
New Address

Subscribed and sworn to before me this 23rd day of March, 19 94
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-11-94 *, authorizing the marriage of* ROBERT JAMES AANONSEN *and* MICHELLE ANNE NIELSEN *. I further certify that the following marriage certificate was filed in my office: I,* JAMES WHITTLE SASSER *(name), certify that on* MARCH 26, 1994 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* _____ *(state), and* _____ *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-11-94 *. Signed by:* /s/ JAMES WHITTLE SASSER *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-31-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

290

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 79

File

3.11.94 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under 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 McPike

MALE APPLICANT

Name: First Jacob Middle Michael Last Coltharp

Date of Birth: Month 3 Day 19 Year 49

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 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. Jacob D. Coltharp
6. (a) Full name of applicant's father Jacob Oliver Coltharp
   (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 Mary Elizabeth Hillis
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brazil 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 Jacob M Coltharp Date 3-11-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Jacob M Coltharp

New Address _____

Subscribed and sworn to before me this 11 day of March, 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Kay Last Mason

Date of Birth: Month 8 Day 6 Year 52

Place of Birth (State or foreign country) NY

Residence Address: Street or R.R. 515 Hawthorne Dr. City Pfld. 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) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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~~ ?
   (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 Blanche Dean Ferguson
   (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 Cynthia K Mason Date 3-11-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Cynthia K Mason

New Address _____

Subscribed and sworn to before me this 11 day of March, 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-11-94 *, authorizing the marriage of* JACOB MICHAEL COLTHARP *and* CYNTHIA KAY MASON *. I further certify that the following marriage certificate was filed in my office: I,* TIMOTHY J. RUSSELL *(name), certify that on* MARCH 17, 1994 *(date), at* BRAZIL *in* CLAY *County, Indiana,* JACOB MICHAEL COLTHARP *of* HENDRICKS *County* IN *(state), and* CYNTHIA KAY MASON *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-17-94 *. Signed by:* /s/ TIMOTHY J. RUSSELL *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-21-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

291

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 80

HENDRICKS County

File

3-14-94
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 3-14-94
Name of Physician Sonia Eldridge, M.D.

MALE APPLICANT

Name: First Matthew Middle Scott Last Modglin

Date of Birth: Month 12 Day 26 Year 73

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 2973 ST Rd 75 City North Salem 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. Matthew S. Modglin

6. (a) Full name of applicant's father Edward M. Modglin Jr.
   (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 Ethel Foster
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) KY

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant x Matthew S Modglin Date 3-14-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date ~~3-14-94~~

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed x Matthew S Modglin

New Address _____

Subscribed and sworn to before me this 14 day of March, 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First April Middle Janell Last Dixon

Date of Birth: Month 4 Day 8 Year 74

Place of Birth (State or foreign country) Michigan

Residence Address: Street or R.R. ~~6 Same~~ 9024 Main 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. Matthew S. Modglin Jr.

6. (a) Full name of applicant's father Gary Allen Dixon
   (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 Nancy Lea Taylor
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Michigan

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable dise that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acq immune deficiency syndrome).

Signature of Applicant x April J. Dixon Date 3-14-

The above applicant has objected to verifying by oath or affirmation or signature to the a acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information g in this application is true and corr

Signed x April J. Dixon

New Address _____

Subscribed and sworn to before me this 14 day of March, 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Co

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent sig state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father x Gary A. Dixon ID # _____

Mother see attached ID # _____

Subscribed and sworn to before me this 14 day of March, 19 94

Connie Lawson Cler

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 3-28-94-MT-11, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-15-94 *, authorizing the marriage of* MATTHEW SCOTT MODGLIN *and* APRIL JANELL DIXON *. I further certify that the following marriage certificate was filed in my office: I,* LEROY PICKERING *(name), certify that on* MARCH 19, 1994 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* MATTHEW SCOTT MODGLIN *of* HENDRICKS *County* IN *(state), and* APRIL JANELL DIXON *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-15-94 *. Signed by:* /s/ LEROY PICKERING *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-28-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

291

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 80

HENDRICKS County

File

3-14-94
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐ 3-14-94
If No, Medical Examination or Report Dated
Name of Physician Joni Eldridge, M.D.

MALE APPLICANT

Name: First Matthew Middle Scott Last Modglin

Date of Birth: Month 12 Day 26 Year 73

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 2973 ST Rd 75 City North Salem 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. Matthew S. Modglin

6. (a) Full name of applicant's father Edward M. Modglin Jr.
   (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 Ethel Foster
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) KY

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Matthew S Modglin Date 3-1494

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date ~~3-14-94~~

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Matthew S Modglin

New Address

Subscribed and sworn to before me this 14 day of March, 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

Hendricks County Circuit

and filed in Clerks Office 32101.9403-MI-71, authoriz

RETURN OF MARRIAGE LICENS

I certify that there was filed in my office a marriage license issued by the Cle
dated 3-15-94 *, authorizing the marriage of*
and APRIL JANELL DIXON
I, LEROY PICKERING
(date), at DANVILLE
MATTHEW SCOTT MODGLIN *of* HENDRICKS
APRIL JANELL DIXON *of* HENDRICKS *Cou*
under a marriage license that was issued by the Clerk of the Circuit Court of
Signed by: /s/ LEROY PICKERING
Filed and recorded in accordance with the laws of the State of Indiana on (date).

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

FEMALE APPLICANT

Name: First April Middle Janell Last Dixon

Date of Birth: Month 4 Day 8 Year 74

Place of Birth (State or foreign country) Michigan

Residence Address: Street or R.R. ~~6 Some~~ 902 W Main 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. Matthew S. Modglin Jr.

6. (a) Full name of applicant's father Edward Griffin
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Margaret A. Griffin
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville IN
   Birthplace of mother (State or foreign country) KY

I, NANCY L. DIXON give my consent for APRIL JANELL DIXON
Name & Relationship
to marry MATTHEW SCOTT MODGLIN.

Nancy L. Dixon
Signature of Parent or Guardian

Subscribed before me Margaret A. Griffin NOTARY PUBLIC
3/14/94 DATE MARGARET A. GRIFFIN COUNTY

CLERK DATE

292

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 81

HENDRICKS County

File

3-16-94
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician DR. THOMAS MOORE

MALE APPLICANT

Name: First RONALD Middle GENE Last REYNOLDS
Date of Birth: Month 10 Day 05 Year 56
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 129 ASHBURY PARK City MOORESVILLE County IN State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 5-90
Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) DRIVERS LICENSE

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Jeffrey David Reynolds, MarKus Allen Reynolds, Matthew Lee Reynolds
6. (a) Full name of applicant's father DONALD HUBERT REYNOLDS
   (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 MARIE LYNN MARTIN
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) INDIANA
   Birthplace of mother (State or foreign country) INDIANA

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Ronald Gene Reynolds Date 3-16-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 Gene Reynolds
New Address _____
Subscribed and sworn to before me this 16 day of MARCH, 19 94
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First D'LEE Middle CAROL Last McCORMICK
Date of Birth: Month 07 Day 23 Year 68
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 1205 E US 136 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) 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 LLOYD WAYNE McCORMICK
   (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 CAROL TROXAL
   (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 D'Lee McCormick Date 3/16/94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X D'Lee McCormick
New Address SAME AS ABOVE
Subscribed and sworn to before me this 16 day of MARCH, 19 94
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-16-94 *, authorizing the marriage of* RONALD GENE REYNOLDS *and* D'LEE CAROL MCCORMICK *. I further certify that the following marriage certificate was filed in my office: I,* WM. J. BROWN *(name), certify that on* APRIL 1, 1994 *(date), at* PITTSBORO *in* HENDRICKS *County, Indiana,* RONALD GENE REYNOLDS *of* MORGAN *County* IN *(state), and* D'LEE CAROL McCORMICK *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-16-94 *. Signed by:* /s/ WM. J. BROWN *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-4-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477