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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 82

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 ☐ 3-16-94
If No, Medical Examination or Report Dated
Name of Physician Dr. Michille D. Boyer MD.

MALE APPLICANT

Name: David First Lynn Middle Dale Last Jr.
Date of Birth: Month 5 Day 8 Year 68
Place of Birth (State or foreign country): Danville In. Hend.
Residence Address: P.O. Box 458 Street or R.R. Pittsboro City Hend 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. (7yrs) Mikella Marie Parker
6. (a) Full name of applicant's father David Lynn Dale Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) 3090 N. Morton Dr Clotts Franklin.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of applicant's mother Donna Sue Kiger
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) 9655 W 10th St Indpls.
   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 [signature] 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 [signature]
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

FEMALE APPLICANT

Name: Tara First Jeanne Middle Keever Last
Date of Birth: Month 8 Day 6 Year 72
Place of Birth (State or foreign country): Grant Co.
Residence Address: 7655 N. 650 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Mac Keever
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Same as above
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of applicant's mother Constance Marie Small
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same as above
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [signature] Date 3-16-94

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 [signature]
New Address same as across
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* DAVID LYNN DALE, JR. *and* TARA JEANNE KEEVER. *I further certify that the following marriage certificate was filed in my office: I,* WM. J. BROWN *(name), certify that on* MARCH 20, 1994 *(date), at* PITTSBORO *in* HENDRICKS *County, Indiana,* DAVID LYNN DALE, JR. *of* HENDRICKS *County* IN *(state), and* TARA JEANNE KEEVER *of* HENDRICKS *County* IN *(state) were 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* 3-24-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 83

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. W. Edwards Phd

MALE APPLICANT

Name: First Anthony Middle Dwayne Last Barnett

Date of Birth: Month 3 Day 22 Year 73

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 7908 Rea Rd #119 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 Daniel Ray Barnett
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) New Palestine IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Anna Mae Hedges
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   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 ×Anthony Barnett 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 ×Anthony Barnett

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 Kathryn Middle Sue Last Sterrett

Date of Birth: Month 5 Day 6 Year 73

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 85 Bostick Ave City Danville County State

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

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

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

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

6. (a) Full name of applicant's father Dale Martin Sterrett
   (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 Judy Ann Baskin
   (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 ×Kathryn Sterrett 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 ×Kathryn Sterrett

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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* ANTHONY DWAYNE BARNETT *and* KATHRYN SUE STERRETT *. I further certify that the following marriage certificate was filed in my office: I,* JAMES A JONES *(name), certify that on* APRIL 9, 1994 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* ANTHONY DWAYNE BARNETT *of* MARION *County* IN *(state), and* KATHRYN SUE STERRETT *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-9-94 *. Signed by:* /s/ JAMES A. JONES *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-13-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 84

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 Stephen Hoeger Med Quick Pfld.

MALE APPLICANT

Name: First Gabriel | Middle Norvel | Last Scully

Date of Birth: Month 9 | Day 14 | Year 72

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 416 N Center St #12 | City Pfld. | County | State

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

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

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

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

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 Toni | Middle Lee | Last Herbstreit

Date of Birth: Month 8 | Day 27 | Year 75

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 416 N Center St #12 | City Pfld. | County | State

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

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

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

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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* GABRIEL N. SCULLY *and* TONI LEE HERBSTREIT *. I further certify that the following marriage certificate was filed in my office: I,* EVERETT BARNARD *(name), certify that on* MARCH 19, 1994 *(date), at* MOORESVILLE *in* MORGAN *County, Indiana,* GABRIEL NORVEL SCULLY *of* HENDRICKS *County* IN *(state), and* TONI LEE HERBSTREIT *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-16-94 *. Signed by:* /s/ EVERETT BARNARD *,* 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*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 85

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. Donald Johnson

MALE APPLICANT

Name: First Thomas Middle Richard Last Cornelius

Date of Birth: Month 8 Day 17 Year 54

Place of Birth (State or foreign country) Alabama

Residence Address: Street or R.R. E 1979 Knox Dr. City Clayton County IN State

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 5-92

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Richard Scott Cornelius, Kelly Ann Cornelius, Jamie Lee Cornelius
6. (a) Full name of applicant's father Thomas B. Cornelius
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Belleville IN
   Birthplace of father (State or foreign country) Alabama
   (b) Full maiden name of applicant's mother Clara Dean Harris
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Belleville 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 X Thomas R. Cornelius 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 Thomas R. Cornelius
New Address 2377 Gibbs Rd. Plfd.

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

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

Father _____ ID # _____
Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Jo Middle Emma Last Presnell

Date of Birth: Month 9 Day 2 Year 57

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 207 S Center St. City Plfd. County State

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 10-93

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Rachael Nicole Presnell, J. Brandon M. Presnell
6. (a) Full name of applicant's father Robert Harold Jay Shaffer
   (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 Frances Martina Hurst
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Greenwood 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 Jo E. Presnell 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 Jo E. Presnell
New Address 2377 Gibbs Rd. Plfd.

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* THOMAS RICHARD CORNELIUS *and* JO EMMA PRESNELL *. I further certify that the following marriage certificate was filed in my office: I,* GLEN HOWE *(name), certify that on* MARCH 25, 1994 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* THOMAS RICHARD CORNELIUS *of* HENDRICKS *County* IN *(state), and* JO EMMA PRESNELL *of* HENDRICKS *County* IN *(state) were 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/ GLEN HOWE *,* PASTOR *(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*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 86

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. WARREN MACY

MALE APPLICANT

Name: First SCOTT Middle GILLENWATER Last

Date of Birth: Month 12 Day 13 Year 57

Place of Birth (State or foreign country) ILLINOIS

Residence Address: Street or R.R. 939 HIGHLANDER 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 12-90

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.
6. (a) Full name of applicant's father ROBERT EUGENE GILLENWATER
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) ILLINOIS
   Birthplace of father (State or foreign country) ILLINOIS
   (b) Full maiden name of applicant's mother MARY LOU KEENEY
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) ILLINOIS
   Birthplace of mother (State or foreign country) ILLINOIS

ACKNOWLEDGMENT

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

Signature of Applicant X Scott Gillenwater 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 Scott Gillenwater
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 BETH Middle ANN Last WEAVER

Date of Birth: Month 01 Day 14 Year 61

Place of Birth (State or foreign country) INDIANA

Residence Address: Street or R.R. 939 HIGHLANDER 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 3-92

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. BENJAMIN DAVID WEAVER
   JONATHAN BELL WEAVER
6. (a) Full name of applicant's father ROGER DON NEES
   (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 JOAN BAKER
   (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 Beth Ann Weaver 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 Beth Ann Weaver
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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* MARCH 16, 1994 *, authorizing the marriage of* SCOTT GILLENWATER *and* BETH ANN WEAVER *. I further certify that the following marriage certificate was filed in my office: I,* CINDY SPENCE *(name), certify that on* MARCH 16th, 1994 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* SCOTT GILLENWATER *of* HENDRICKS *County* IN *(state), and* BETH ANN WEAVER *of* HENDRICKS *County* IN *(state) were 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/ CINDY SPENCE, 1ST DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-16-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 87

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 1-24-94
Name of Physician Richard A. Russell, M.D.

MALE APPLICANT

Name: First Damon Middle W. Last Turpen
Date of Birth: Month 12 Day 5 Year 69
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2104 Hawthorne Ct City Danville County Hendricks State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers Lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Danny M. Turpen
   (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 F. Ison
   (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 Damon W. Turpen 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 Damon W. Turpen
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 Diana Middle L. Last Knopp
Date of Birth: Month 1 Day 12 Year 70
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 707 Pennington Rd. City Mooresville County Morgan 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 Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Knopp
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Paragon, IN
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of applicant's mother Cheryl Riffe
   (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 X Diana L. Knopp 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 Diana L. Knopp
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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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* DAMON W. TURPEN *and* DIANA KNOPP *. I further certify that the following marriage certificate was filed in my office: I,* JAMES S. McKOWEN *(name), certify that on* MARCH 26, 1994 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* DAMON W. TURPEN *of* HENDRICKS *County* IN *(state), and* DIANA L. KNOPP *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* 3-26-94 *. Signed by:* /s/ JAMES S. McKOWEN *,* 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*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 88

HENDRICKS County

File

3-17-94
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 3-17-94
Name of Physician Andrea Hobbs, M.D.

MALE APPLICANT

Name First Timothy Middle Warren Last Woodley II

Date of Birth Month 3 Day 18 Year 72

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

Residence Address 613 Street or R.R. Brookside Ln City Plainfield County In State

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

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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Warren Woodley
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Tillmore, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Donna Lynn Levin
   (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 Timothy W. Woodley II Date 3-17-94

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 Timothy W. Woodley II

New Address _____

Subscribed and sworn to before me this 17th 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 Karey Middle Ann Last Pruitt

Date of Birth Month 7 Day 20 Year 73

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

Residence Address 6018 S Co Rd 275 E. City Clayton County In State

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

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

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

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

6. (a) Full name of applicant's father Richard Alan Pruitt
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Orlando, Fla.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Claudia K. Potts
   (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 Karey L. Pruitt Date 3/17/94

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 Karey L. Pruitt

New Address _____

Subscribed and sworn to before me this 17th 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* 3-17-94 *, authorizing the marriage of* TIMOTHY WARREN WOODLEY II *and* KAREY ANN PRUITT *. I further certify that the following marriage certificate was filed in my office: I,* REV. DWIGHT S. BRADFORD *(name), certify that on* MAY 14, 1994 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* _____ *TIMOTHY WARREN WOODLEY II of* HENDRICKS *County* IN *(state), and* _____ *KAREY ANN PRUITT of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 5-14-94 *. Signed by:* /s/ D. S. BRADFORD *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-18-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 89

File

3-18-94
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 3-15-94
Name of Physician Michelle O. Bayer, M.D.

MALE APPLICANT

Name First Tony Middle Wayne Last Akins

Date of Birth Month 5 Day 17 Year 60

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

Residence Address 7353 N Co Rd 100 E Street or R.R. Pittsboro City Co. State In.

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

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

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

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

ACKNOWLEDGMENT

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

Signature of Applicant Tony W Akins Date 3/18/94

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 Tony W Akins

New Address _____

Subscribed and sworn to before me this 18th 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 Melinda Middle Lynne Last Cook

Date of Birth Month 6 Day 5 Year 74

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

Residence Address 7353 N Co Rd 100 E Street or R.R. Pittsboro City Co. State In.

Previous Marital Status: 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 Cook Sr.
   (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 Sandra Sharon Stephens
   (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 Melinda L. Cook Date 3/18/94

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 Melinda L. Cook

New Address _____

Subscribed and sworn to before me this 18th 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* 3-18-94 *, authorizing the marriage of* TONY WAYNE AKINS *and* MELINDA LYNNE COOK *. I further certify that the following marriage certificate was filed in my office: I,* STEVEN T. REEVES *(name), certify that on* MARCH 26, 1994 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* TONY WAYNE AKINS *of* HENDRICKS *County* IN *(state), and* MELINDA LYNNE COOK *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-26-94 *. Signed by:* /s/ STEVEN T. REEVES *,* 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*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 90

HENDRICKS County

File

3-18-94
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 3-14-94
Name of Physician Hendricks Co. Health Dept/Eloise Garin RN

MALE APPLICANT

Name: First David Middle W. Last Fry

Date of Birth: Month 1 Day 20 Year 54

Place of Birth (State or foreign country) Penn.

Residence Address: Street or R.R. 6020 E 91 N 16 City Danville County State IN

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1-31-94

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. Melanie Fry, Jeromy Fry
6. (a) Full name of applicant's father George Fry
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) Penn
   (b) Full maiden name of applicant's mother Rosemary Allison
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) Penn

ACKNOWLEDGMENT

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

X Signature of Applicant David W Fry Date 3/18/94

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 David W Fry

New Address _____

Subscribed and sworn to before me this 18th 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 Linda Middle G Last Hickam

Date of Birth: Month 5 Day 25 Year 61

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 6020 E 91 N 16 City Danville County State IN

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 4-85

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

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

ACKNOWLEDGMENT

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

X Signature of Applicant Linda Hickam Date 3/18/94

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 Linda Hickam

New Address _____

Subscribed and sworn to before me this 18th 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* 3-18-94 *, authorizing the marriage of* DAVID WAYNE FRY *and* LINDA GAY HICKAM *. I further certify that the following marriage certificate was filed in my office: I,* DAN J. SMETZER *(name), certify that on* APRIL 1, 1994 *(date), at* MOORESVILLE *in* MORGAN *County, Indiana,* DAVID WAYNE FRY *of* HENDRICKS *County* IN *(state), and* LINDA GAY 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* 4-1-94 *. Signed by:* /s/ DAN J. SMETZER *,* PASTOR *(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*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 91

HENDRICKS County

File 3-21-94
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 3-21-94
Name of Physician Michelle Boyer, M.D.

MALE APPLICANT

Name First Victor Middle Alan Last Labra
Date of Birth Month 4 Day 19 Year 57
Place of Birth (State or foreign country) La Paz, Bolivia
Residence Address 1048 Clifford Rd. Brownsburg 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. Katherine M. Labra 11 yrs.
6. (a) Full name of applicant's father Ladis Lao Labra
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Santiago, Chile
   Birthplace of father (State or foreign country) Chile
   (b) Full maiden name of applicant's mother Phyllis Jean Hollar
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Santiago, Chile
   Birthplace of mother (State or foreign country) New Paris, 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 Victor A. Labra Date 3-21-94

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 Victor A. Labra
New Address same
Subscribed and sworn to before me this 21st 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 Oriana Middle Genoveva Last Aravena
Date of Birth Month 4 Day 28 Year 56
Place of Birth (State or foreign country) Santiago, Chile
Residence Address 1048 Clifford Rd. Brownsburg, In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant _____ Date 3-21-94

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 _____
New Address same.
Subscribed and sworn to before me this 21st 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* 3-21-94 *, authorizing the marriage of* VICTOR ALAN LABRA *and* ORIANA GENOVEVA ARAVENA *. I further certify that the following marriage certificate was filed in my office: I,* DARYL SWEARINGEN *(name), certify that on* MARCH 28, 1994 *(date), at* NASHVILLE *in* BOONE *County, Indiana,* VICTOR ALAN LABRA *of* HENDRICKS *County* IN *(state), and* ORIANA GENOVEVA ARAVENA *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-21-94 *. Signed by:* /s/ DARYL SWEARINGEN *,* 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*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 92

File

3-22-94
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 2-4-94
Name of Physician D. Russell,

MALE APPLICANT

Name First Norman Middle Lee Last Blume
Date of Birth Month 10 Day 8 Year 47
Place of Birth (State or foreign country) Austin, Mn.
Residence Address 4296 E Main Street or R.R. Danville City Hendricks County In. State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1994
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Norman L Blume Date MAR 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 Norman L Blume
New Address SAME
Subscribed and sworn to before me this 22nd 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 Sheila Middle E. T. Last Young
Date of Birth Month 8 Day 25 Year 46
Place of Birth (State or foreign country) Brooklyn In.
Residence Address 198 N Bluff Rd Street or R.R. Greenwood City ~~Johnson~~ 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. Elizabeth S. E. Young 20 yrs.
6. (a) Full name of applicant's father Alvin Richard Losh Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Ermal Isobell Kemp
   (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 Sheila E. T. Young Date 3-22-94

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 Sheila E. T. Young
New Address 4296 E Main St Danville In. 46122
Subscribed and sworn to before me this 22nd 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* 3-22-94 *, authorizing the marriage of* NORMAN LEE BLUME *and* SHEILA ESTHER TREASSA YOUNG *. I further certify that the following marriage certificate was filed in my office: I,* TIMOTHY M. WARREN *(name), certify that on* APRIL 10, 1994 *(date), at* GREENWOOD *in* JOHNSON *County, Indiana,* NORMAN LEE BLUME *of* HENDRICKS *County* IN *(state), and* SHEILAS E. T. YOUNG *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* 3-22-94 *. Signed by:* /s/ TIMOTHY M. WARREN *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-11-94 *(date).*

Signed Connie Lawson *Clerk*
Hendricks *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 93

File

3-22-94
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 1-13-94
Name of Physician Paula K. Stephens

MALE APPLICANT

Name First: Michael Middle: Wheldon Last: Landrum
Date of Birth Month: 11 Day: 13 Year: 70
Place of Birth (State or foreign country): Indianapolis, In.
Residence Address Street or R.R.: 314 W Lincoln 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. see →
6. (a) Full name of applicant's father: Frank Landrum
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state): Morristown, In.
   Birthplace of father (State or foreign country): Arkansas
   (b) Full maiden name of applicant's mother: Rosalena Ashley
   (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).
Signature of Applicant: Mike Landrum Date 3/22/94

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 Mike Landrum
New Address SAME
Subscribed and sworn to before me this 22nd 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: Melanie Middle: Lorraine Last: Cox
Date of Birth Month: 1 Day: 25 Year: 73
Place of Birth (State or foreign country): Ft. Knox, Ky.
Residence Address Street or R.R.: 314 W. Lincoln 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. Merranda Landrum 2 yrs.
6. (a) Full name of applicant's father: Lowell Nelson Cox
   (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: Debra Lee Johnson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state): Beech Grove, In.
   Birthplace of mother (State or foreign country): Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Melanie Cox Date 3/22/94

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 Melanie Cox
New Address [illegible]
Subscribed and sworn to before me this [illegible] 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-22-94 *, authorizing the marriage of* MICHAEL WHELDON LANDRUM *and* MELANIE LORRAINE COX *. I further certify that the following marriage certificate was filed in my office: I,* DEBRA A. HEDRICK *(name), certify that on* MARCH 22, 1994 *(date), at* DANVILLE *in* HENDRICKIS *County, Indiana,* MICHAEL WHELDON LANDRUM *of* HENDRICKS *County* IN *(state), and* MELANIE LORRAINE 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* 3-22-94 *. 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* 3-22-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 94

File

3-22-94
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 D. Hadley, M.D.

MALE APPLICANT

Name: First Donald Middle Joseph Last Ball

Date of Birth: Month 6 Day 11 Year 71

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

Residence Address: Street or R.R. 9436 N. Co. Rd 225 E City Pittsboro County State In

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

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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Mosher Ball
   (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 Pamela Darlene Scalf
   (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 Donald Ball Date 94MAR23

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

Clerk of 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 Ball

New Address _____

Subscribed and sworn to before me this 24 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 Ami Middle Jo Last Wynkoop

Date of Birth: Month 6 Day 6 Year 1972

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 14 Le Roy Rd. City Crawfordsville County Hendricks State Indiana 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 male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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. Wynkoop
   (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 Dixie L. Johnson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant X Ami J. Wynkoop Date 5-31-94

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 X Ami J. Wynkoop

New Address Wakarusa

Subscribed and sworn to before me this 31 day of May, 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* MAY 31, 1994 *, authorizing the marriage of* DONALD JOSEPH BALL *and* AMI JO WYNKOOP *. I further certify that the following marriage certificate was filed in my office: I,* HARRY F. PITTS *(name), certify that on* JUNE 11, 1994 *(date), at* LEBANON *in* BOONE *County, Indiana,* DONALD JOSEPH BALL *of* HENDRICKS *County* INDIANA *(state), and* AMI JO WYNKOOP *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* MAY 31, 1994 *Signed by:* /s/ HARRY F. PITTS *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* JUNE 16, 1994 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 95

HENDRICKS County

File

March 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
Name of Physician Dr Frankie

MALE APPLICANT

Name: First Thomas Middle E. Last Bose JR.

Date of Birth: Month 8 Day 9 Year 55

Place of Birth (State or foreign country) Sparta WI.

Residence Address: Street or R.R. 7050 E. 300 N. 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 7/92

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Erika (12) Caroline Bose
   Emily Rose Bose (10)
6. (a) Full name of applicant's father Thomas E. Bose Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) St. Petersburg Fla.
   Birthplace of father (State or foreign country) IN.
   (b) Full maiden name of applicant's mother Marilyn Apple Bose Smith
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Ind.
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

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

Signature of Applicant X Thomas E Bose Jr. 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.

Signed X Thomas E. Bose Jr.
New Address Same as Above

Subscribed and sworn to before me this 23 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 Karen Middle E. Last SILL.

Date of Birth: Month 5 Day 5 Year 62

Place of Birth (State or foreign country) Harrisburg PA.

Residence Address: Street or R.R. 7050 E. 300 N. POBx155 City Brownsburg County Hend. State IN. 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 male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. none
6. (a) Full name of applicant's father Jacques B. Sill
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) PA.
   Birthplace of father (State or foreign country) PA.
   (b) Full maiden name of applicant's mother Barbara C Shope Sill
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) PA
   Birthplace of mother (State or foreign country) PA.

ACKNOWLEDGMENT

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

Signature of Applicant X Karen E Sill 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.

Signed X Karen E Sill
New Address Same as Above

Subscribed and sworn to before me this 23 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* 3-23-94 *, authorizing the marriage of* THOMAS E. BOSE, JR. *and* KAREN E. SILL *. I further certify that the following marriage certificate was filed in my office: I,* CHARLES R. CRUSE *(name), certify that on* APRIL 30, 1994 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* THOMAS E. BOSE, JR. *of* HENDRICKS *County* IN *(state), and* KAREN E. SILL *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-23-94 *. Signed by:* /s/ REV. CHARLES R. CRUSE *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-6-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 96

HENDRICKS County

File

3-24-94
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
Name of Physician Robinson

MALE APPLICANT

Name First Jeffrey Middle Scott Last McKinley
Date of Birth Month 2 Day 10 Year 63
Place of Birth (State or foreign country) Indiana
Residence Address 63 Street or R.R. Greenhills Dr City Brownsburg County State Hend
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Hic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☑
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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) Martinsville, In.
   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) Brownsburg, 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 J. Jeffrey S. McKinley Date 3-24-94

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 J. Jeffrey S. McKinley
New Address same
Subscribed and sworn to before me this 24th 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 Ann Middle Margaret Last Hines
Date of Birth Month 4 Day 9 Year 64
Place of Birth (State or foreign country) Indiana
Residence Address 5015 Street or R.R. Rockville Rd City Indpls County MARION State In
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr hic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☑
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Patrick Hines
   (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 Nancy Eleanor Gutgsell
   (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 Ann M. Hines Date 3-24-94

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 Ann M. Hines
New Address 63 GREENHILLS DR. BROWNSBORG, IN
Subscribed and sworn to before me this 24th 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* 3-24-94, *authorizing the marriage of* JEFFREY SCOTT MCKINLEY *and* ANN MARGARET HINES. *I further certify that the following marriage certificate was filed in my office: I,* DEBRA A. HEDRICK *(name), certify that on* MARCH 24, 1994 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* JEFFREY SCOTT MCKINLEY *of* HENDRICKS *County* IN *(state), and* ANN MARGARET HINES *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* 3-24-94. *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* 3-28-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 97

HENDRICKS County

File

3-24-94
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 3-9-94
Name of Physician D. Decatur, M.D.

MALE APPLICANT

Name: First Paul Middle Keith W Last Whyde

Date of Birth: Month 7 Day 24 Year 74

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

Residence Address: Street or R.R. 3905 Pineview Dr. City Greenwood County Johnson State In.

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

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

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

1.	Are you now or have you ever been adjudged to be of unsound mind?	No ☑	Yes ☐
	If answer is "yes," has the adjudication been removed?	No ☐	Yes ☐
2.	Are you related to the female applicant closer than second cousin?	No ☑	Yes ☐
3.	Are you now under the influence of an alcoholic beverage?	No ☑	Yes ☐
4.	Are you now under the 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 Keith Whyde
(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 Karen Marie Pemberry
(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 Paul K. Whyde Date 24 MAR 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 Paul K. Whyde

New Address _____

Subscribed and sworn to before me this 24 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 Lynn Last Crist

Date of Birth: Month 8 Day 19 Year 74

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

Residence Address: Street or R.R. 500 Woodland Pl. City Pittsboro County State In.

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

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

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

1.	Are you now or have you ever been adjudged to be of unsound mind?	No ☑	Yes ☐
	If answer is "yes," has the adjudication been removed?	No ☐	Yes ☐
2.	Are you related to the male applicant closer than second cousin?	No ☑	Yes ☐
3.	Are you now under the influence of an alcoholic beverage?	No ☑	Yes ☐
4.	Are you now under the 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 Dean Crist
(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 Dian Elizabeth Seal
(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 L. Crist Date 3/24/94

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 Jennifer L. Crist

New Address _____

Subscribed and sworn to before me this 24th 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* 3-24-94 *, authorizing the marriage of* PAUL KEITH WHYDE *and* JENNIFER LYNN CRIST *. I further certify that the following marriage certificate was filed in my office: I,* HERMAN S. HOGUE *(name), certify that on* MARCH 26, 1994 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* PAUL KEITH WHYDE *of* JOHNSON *County* IN *(state), and* JENNIFER LYNN CRIST *of* HENDRICKS *County* IN *(state) were 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/ HERMAN S. HOGUE *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-18-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 98

HENDRICKS County

File

3-25-94
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 3-25-94
Name of Physician A. Willis, M.D.

MALE APPLICANT

Name: First Dale Middle Benjamin Last Barthauer

Date of Birth: Month 2 Day 16 Year 66

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

Residence Address: Street or R.R. 3353 Heather Ridge Dr. City Indpls. County MARION State In. Apt 201

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

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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Barthauer
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Urbana, Oh.
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of applicant's mother Joan Elizabeth Moreland
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Urbana, Oh.
   Birthplace of mother (State or foreign country) New Jersey

ACKNOWLEDGMENT

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

Signature of Applicant Dale Barthauer Date 3-25-94

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 Dale Barthauer

New Address same

Subscribed and sworn to before me this 25th 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 Angela Middle Marie Last Mc Roberts

Date of Birth: Month 8 Day 18 Year 68

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

Residence Address: Street or R.R. 193 N East St City Danville County _____ State In.

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

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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Dale Leon Mc Roberts
   (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 Ruby Mae Petree
   (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 M. McRoberts Date 3/25/94

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 Angela M. McRoberts

New Address 3353 Heatherridge Dr, Apt 201, Indpls. In

Subscribed and sworn to before me this 25th 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* 3-25-94, *authorizing the marriage of* DALE BENJAMIN BARTHAUER *and* ANGELA MARIE McROBERTS. *I further certify that the following marriage certificate was filed in my office: I,* BOBBY J. HUMPHREY *(name), certify that on* APRIL 16, 1994 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* DALE BENJAMIN BARTHAUER *of* MARION *County* IN *(state), and* ANGELA MARIE McROBERTS *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-16-94. *Signed by:* /s/ BOBBY J. HUMPHREY, ASSOCIATE PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-19-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 99

HENDRICKS County

File 3-28-94 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 3-28-94
Name of Physician David Hadley M.D.

MALE APPLICANT

Name: First Jose Middle Luis Last Valdez
Date of Birth: Month 7 Day 23 Year 74
Place of Birth (State or foreign country) Maravatio, Mexico
Residence Address: Street or R.R. 507 W. Wilson Apt 403 City Madison County Dane State Wis.
Previous Marital Status: 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 Maurilio Valdez
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Madison, Wisc.
   Birthplace of father (State or foreign country) Mexico
   (b) Full maiden name of applicant's mother Ignacia Trejo
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Maravatio Mexico
   Birthplace of mother (State or foreign country) Mexico

ACKNOWLEDGMENT

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

Signature of Applicant José Luis Valdez Date 3-28-94

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 José Luis Valdez
New Address _____

Subscribed and sworn to before me this 28th 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 Marie Last Haste
Date of Birth: Month 10 Day 26 Year 72
Place of Birth (State or foreign country) Terre Haute, In.
Residence Address: Street or R.R. 202 S. Broadway City North Salem County State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☑
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Thomas Lee Haste
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) North Salem, In.
   Birthplace of father (State or foreign country) Belgium
   (b) Full maiden name of applicant's mother Glenda Carol Doe
   (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 Jennifer M. Haste Date 3-28-94

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 Jennifer M. Haste
New Address _____

Subscribed and sworn to before me this 28th 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* 3-28-94 *, authorizing the marriage of* JOSE JUIS VALDEZ *and* JENNIFER MARIE HASTE *. I further certify that the following marriage certificate was filed in my office: I,* ROBERT H. GIBBONS, JR. *(name), certify that on* APRIL 9, 1994 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* JOSE LUIS VALDEZ *of* DANE *County* WI *(state), and* JENNIFER MARIE HASTE *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-12-94 *. Signed by:* /s/ ROBERT H. GIBBONS, JR. *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-12-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 100

File 3-28-94
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 8-15-80
Name of Physician M. Bosley, M.D.

MALE APPLICANT

Name: First Jeffery Middle Allan Last Laffoon
Date of Birth: Month July Day 26 Year 1956
Place of Birth (State or foreign country) Terre Haute, INDIANA
Residence Address: Street or R.R. IND. Youth Center 727 Moon Rd. City Plainfield County State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 4 (Four)
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Vigo County Bureau of Vital Statistics, (Terre Haute)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Clifton Monroe Laffoon
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Terrell, Tex
   (b) Full maiden name of applicant's mother Roxanna May [redacted]?
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) R#3 Box 268, Brazil, IN
   Birthplace of mother (State or foreign country) Hymera, INDIANA

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Jeffery A Laffoon Date 3/28/94

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 [redacted] Jeffery A Laffoon
New Address Sandra K. Nelson
Subscribed and sworn to before me this 28th day of March, 19 94
Sandra K. Nelson Clerk of the HENDRICKS Circuit Court
SANDRA K. NELSON NOTARY PUBLIC STATE OF INDIANA
Commission Expires 12-3-95

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 Lou Last Adams
Date of Birth: Month 11 Day 10 Year 47
Place of Birth (State or foreign country) Reynolds, In.
Residence Address: Street or R.R. RR2 Box 305 City Winamac County Pulaski 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. Kenneth Adams 13 yrs. Joey Adams 15 yrs.
6. (a) Full name of applicant's father Carl Albert White
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Winamac, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Mildred Imogene Kiser
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Winamac, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Linda L. Adams Date 3/28/94

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 Linda Lou Adams
New Address _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-28-94 *, authorizing the marriage of* JEFFERY ALLAN LAFFOON *and* LINDA LOU ADAMS *. I further certify that the following marriage certificate was filed in my office: I,* WALLACE VANSLYKE *(name), certify that on* APRIL 17, 1994 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* JEFFERY ALLAN LAFFOON *of* HENDRICKS *County* IN *(state), and* LINDA LOU ADAMS *of* PULASKI *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-28-94 *. Signed by:* /s/ WALLACE VANSLYKE *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-19-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 101

HENDRICKS County

File

3-28-94
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 ☐ 3
If No, Medical Examination or Report Dated 4-25-94
Name of Physician Barry C Wolf, M.D

MALE APPLICANT

Name: First Thomas Middle Lee Last Jackson

Date of Birth: Month 8 Day 13 Year 70

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

Residence Address: Street or R.R. 413 Lebanon St. 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. /
6. (a) Full name of applicant's father Thomas Allen Jackson
   (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 Esther Vernice Williams
   (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 Thomas Lee Jackson Date 3/28/94

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 Thomas Lee Jackson

New Address 211 Cherry St. Lizton In 46149

Subscribed and sworn to before me this 28th day of March, 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 Sherri Middle Gail Last Severe

Date of Birth: Month 9 Day 24 Year 69

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

Residence Address: Street or R.R. RR 2 Box 201 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 male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 F. Severe
   (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 Wanda Gail Inman
   (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 Sherri G. Severe Date 3/28/94

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 Sherri G. Severe

New Address 211 Cherry Street Lizton IN 46149

Subscribed and sworn to before me this 28th day of March, 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* 3-28-94 *, authorizing the marriage of* THOMAS LEE JACKSON *and* SHERRI GAIL SEVERE *. I further certify that the following marriage certificate was filed in my office: I,* CINDY SPENCE *(name), certify that on* MARCH 28, 1994 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* THOMAS LEE JACKSON *of* HENDRICKS *County* IN *(state), and* SHERRI GAIL SEVERE *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-28-94 *. Signed by:* /s/ CINDY SPENCE *,* 1ST DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-28-94 *(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. 102

HENDRICKS County

File

3-28-94
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 4-11-94
Name of Physician Dr. David Hadley

MALE APPLICANT

Name: First Mark Middle Edward Last Stevenson

Date of Birth: Month 1 Day 10 Year 67

Place of Birth (State or foreign country) Jacksonville, Fla.

Residence Address: Street or R.R. 6614 Longwood Cr. 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 John James Stevenson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Burkesboro, Ky.
   Birthplace of father (State or foreign country) Calaway Co
   (b) Full maiden name of applicant's mother Pauline Rachel Price
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Burkesboro, Ky.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant Mark E. Stevenson Date 3-28-94

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 Mark E. Stevenson

New Address _____

Subscribed and sworn to before me this 28th 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 Margaret Middle Marie Last Price

Date of Birth: Month 12 Day 24 Year 71

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

Residence Address: Street or R.R. 1540 Dan Jones 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 Larry L. Price
   (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 Charlene C. Perry
   (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 Margaret M. Price Date 3-28-94

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 Margaret M. Price

New Address 1614 Longwood CIRCLE, INDPLS, IN, 46234

Subscribed and sworn to before me this 28th 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* 4-11-94 *, authorizing the marriage of* MARK EDWARD STEVENSON *and* MARGARET MARIE PRICE *. I further certify that the following marriage certificate was filed in my office: I,* REVEREND RICHARD ZORE *(name), certify that on* APRIL 23, 1994 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* MARK EDWARD STEVENSON *of* MARION *County* IN *(state), and* MARGARET MARIE PRICE *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-11-94 *. 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* 4-28-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS
Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 103

File

3-28-94 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 Lawrence DeGan, M.D.

MALE APPLICANT

Name: First Jeffrey Middle Alan Last Decker

Date of Birth: Month 4 Day 12 Year 1964

Place of Birth (State or foreign country) Wisconsin

Residence Address: Street or R.R. 931 Ridgewood Dr. 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 License

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

6. (a) Full name of applicant's father Norris L. Decker
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Missouri
   Birthplace of father (State or foreign country) Wisconsin
   (b) Full maiden name of applicant's mother Sally A. Rasmussen
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Missouri
   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 X Jeffrey Alan Decker Date 03-28-94

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 03-28-94

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Jeffrey Alan Decker
New Address Same as Above

Subscribed and sworn to before me this 28 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 Jo Last Kroener

Date of Birth: Month 3 Day 9 Year 1962

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 931 Ridgewood Dr. City Plainfield County Hendricks State In 46168

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

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 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. Amanda L. Kroener 11

6. (a) Full name of applicant's father Daniel E. Worley
   (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 Rosalie R. Royalty
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Pennsylvania

ACKNOWLEDGMENT

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

Signature of Applicant X Connie Jo Kroener Date 3/28/94

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 Connie Jo Kroener
New Address Same as Above

Subscribed and sworn to before me this 28 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* 3-28-94 *, authorizing the marriage of* JEFFREY ALAN DECKER *and* CONNIE JO KROENER *. I further certify that the following marriage certificate was filed in my office: I,* ROBERT F. GAMMON *(name), certify that on* APRIL 23, 1994 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* JEFFREY ALAN DECKER *of* HENDRICKS *County* IN *(state), and* CONNIE JO KROENER *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-28-94 *. Signed by:* /s/ R. F. GAMMON *,* JUDGE *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-26-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 104

HENDRICKS County

File 3-29-94
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 3-29-94
Name of Physician James Teter, M.D.

MALE APPLICANT

Name: First Richard Middle Samuel Last Relf
Date of Birth: Month 10 Day 30 Year 48
Place of Birth (State or foreign country) Binghamton, N.Y.
Residence Address: Street or R.R. 5802 N. Illinois St. City Indpls. County [illegible] 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 female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 A. Relf
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) England
   (b) Full maiden name of applicant's mother Lora E. Bagley
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Madison, N.Y.
   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 Richard S. Relf Date 3/29/94

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 S. Relf
New Address _____
Subscribed and sworn to before me this 29th 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 Joan Middle Thomson Last Rohn
Date of Birth: Month 2 Day 4 Year 53
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. 403 W. Main City Danville County [illegible] 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. Erin Lambert 17 yrs.
   Carie Lambert 16 yrs.
   Marya Rohn 12 yrs.
6. (a) Full name of applicant's father Robert C. Thomson
   (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 A. Fassnacht
   (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 Joan T. Rohn Date 3-29-94

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 Joan T. Rohn
New Address _____
Subscribed and sworn to before me this 29th 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* 3-29-94, *authorizing the marriage of* RICHARD SAMUEL RELF *and* JOAN THOMSON ROHN. *I further certify that the following marriage certificate was filed in my office: I,* CINDY SPENCE *(name), certify that on* MARCH 29, 1994 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* RICHARD SAMUEL RELF *of* MARION *County* IN *(state), and* JOAN THOMSON ROHN *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-29-94. *Signed by:* /s/ CINDY SPENCE, 1ST DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-29-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 105

HENDRICKS County

File 3-29-94 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 S. DeCatur, M.D.

MALE APPLICANT

Name: First Richard Middle A. Last Kirk

Date of Birth: Month 10 Day 6 Year 34

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

Residence Address: Street or R.R. 870 N. Gladstone Ave. City Indpls. County MARION 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 George A. Kirk
   (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 Teresa Lavine Moreland
   (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 A Kirk Date 3/29/94

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 Kirk

New Address —

Subscribed and sworn to before me this 29th 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 Marilyn Middle Kay Last Moore

Date of Birth: Month 2 Day 14 Year 46

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

Residence Address: Street or R.R. 1234 Raymond 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 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 Charles Franklin McDonald
   (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 Rosalind May Bishop
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant Marilyn K. Moore Date 3-29-94

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 Marilyn K. Moore

New Address same

Subscribed and sworn to before me this 29th 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* 3-29-94 *, authorizing the marriage of* RICHARD A. KIRK *and* MARILYN KAY MOORE *. I further certify that the following marriage certificate was filed in my office: I,* REV. TED D. STEPHENSON *(name), certify that on* APRIL 1, 1994 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* RICHARD A. KIRK *of* MARION *County* IN *(state), and* MARILYN KAY MOORE *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-29-94 *. 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*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 106

HENDRICKS County

File 3-29-94
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 Harry Middle F Last Moyer
Date of Birth: Month 1 Day 21 Year 21
Place of Birth (State or foreign country) Indpls, In.
Residence Address: Street or R.R. 8482 E. US. Hgtway 36 City Indpls County Hend State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1980
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 Harry Jacob Moyer
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) Lafayette Ind.
   (b) Full maiden name of applicant's mother Anna Mifong
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) deceased
   Birthplace of mother (State or foreign country) Lafayette 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 /s/ Marcia Moyer Date 3/29/94

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 /s/ Marcia Moyer
New Address
Subscribed and sworn to before me this 29th day of March, 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 Marcia Middle Moyer Last Percifield (maiden name)
Date of Birth: Month 2 Day 8 Year 41
Place of Birth (State or foreign country) Indpls, In.
Residence Address: Street or R.R. 8482 E. US. Hwy 36 City Indpls County Hend State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 1980
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers licinse

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Percifield
   (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 Grace Bush
   (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 /s/ Harry F Moyer Date 3/29/94

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 /s/ Harry F Moyer
New Address
Subscribed and sworn to before me this 29th day of March, 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* 3-29-94 *, authorizing the marriage of* HARRY F. MOYER *and* MARCIA P. MOYER PERCIFIELD *. I further certify that the following marriage certificate was filed in my office: I,* CHARLES P. GADDY *(name), certify that on* APRIL 1, 1994 *(date), at* AVON *in* HENDRICKS *County, Indiana,* HARRY F. MOYER *of* HENDRICKS *County* IN *(state), and* MARCIA MOYER PERCIFIELD *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-1-94 *. Signed by:* /s/ CHARLES P. GADDY *,* JUDGE P.T. *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-8-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 107

File 3-29-94
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 3-29-94
Name of Physician The Medical Lab (Dr. name?)

MALE APPLICANT

Name First Steven Middle Keith Last Rinehart
Date of Birth Month 11 Day 20 Year 68
Place of Birth (State or foreign country) Indianapolis In.
Residence Address Street or R.R. 19 Pineway Dr. City Brownsburg County In. State
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Thomas Keith Rinehart
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Carol Suzanne Weber
   (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 Steven K Rinehart Date 3/29/94

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 K Rinehart
New Address _____
Subscribed and sworn to before me this 29th 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 Nicole Middle Lynn Last Dame
Date of Birth Month 1 Day 20 Year 72
Place of Birth (State or foreign country) Kansas City, Ks.
Residence Address Street or R.R. 19 Pineway Dr. City Brownsburg County In. State
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Oregon Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the 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 Clarence Dame
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Portland, Or.
   Birthplace of father (State or foreign country) Arkansas
   (b) Full maiden name of applicant's mother Maryanne Petiprin
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Portland, Or.
   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 Nicole L Dame Date 3/29/94

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 Nicole L Dame
New Address _____
Subscribed and sworn to before me this 29th 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* 3-29-94 *, authorizing the marriage of* STEVEN KEITH RINEHART *and* NICOLE LYNN DAME *. I further certify that the following marriage certificate was filed in my office: I,* PHILIP T. BOWERS *(name), certify that on* APRIL 9, 1994 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* STEVEN KEITH RINEHART *of* HENDRICKS *County* IN *(state), and* NICOLE LYNN DAME *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-9-94 *. Signed by:* /s/ PHILIP T. BOWERS *,* CATHOLIC PRIEST *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-13-94 *(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. 108

HENDRICKS County

File

3-30-94
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 7-29-93
Name of Physician Robert Hoolen M.D.

MALE APPLICANT

Name: First Marty Middle Alan Last Ooley

Date of Birth: Month 1 Day 7 Year 67

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

Residence Address: Street or R.R. 1666 Argyle Dr. City Plainfield County In. State

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

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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Willard Ooley
   (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 Bette Louise Cagle
   (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 Marty Alan Ooley Date 3-30-94

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 Marty Alan Ooley
New Address Same

Subscribed and sworn to before me this 30th 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 Christina Middle Rae Last Beaman

Date of Birth: Month 4 Day 1 Year 71

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

Residence Address: Street or R.R. 1666 Argyle Dr. City Plainfield County In. State

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

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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Richard Lee Beaman
   (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 Dayna Rae 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 Christina Rae Beaman Date 3/30/94

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 Christina Rae Beaman
New Address Same

Subscribed and sworn to before me this 30th 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* 3-30-94, *authorizing the marriage of* MARTY ALAN OOLEY *and* CHRISTINA RAE BEAMAN. *I further certify that the following marriage certificate was filed in my office: I,* R. FRED RODKEY *(name), certify that on* APRIL 9, 1994 *(date), at* AVON *in* HENDRICKS *County, Indiana,* MARTY ALAN OOLEY *of* HENDRICKS *County* IN *(state), and* CHRISTINA RAE BEAMAN *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-13-94. *Signed by:* /s/ R. FRED RODKEY, ASSOCIATE PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-13-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 109

HENDRICKS County

File

3-31-94
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 or Report Dated 3-22-94
Name of Physician J. Greist, M.D.

MALE APPLICANT

Name: First Jeffrey Middle Alan Last Julius

Date of Birth: Month 11 Day 6 Year 61

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

Residence Address: Street or R.R. 2325 E. Main St Box 45 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. —
6. (a) Full name of applicant's father Charles Wilbur Julius
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Eastview, Ky.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Ruth Mongel Conger
   (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 Jeffrey A. Julius Date 3-31-94

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 Jeffrey A. Julius
New Address Same

Subscribed and sworn to before me this 31st day of March, 19 3-31-94
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 Rena Middle Jo Last Straughn

Date of Birth: Month 10 Day 23 Year 67

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

Residence Address: Street or R.R. 110 S Main City Brooklyn 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 male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Karl Straughn
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brooklyn, In.
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of applicant's mother Wilma Klaine Hall
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brooklyn, 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 Rena J Straughn Date 3-31-94

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 Rena J Straughn
New Address 2325 E. Main St. Box 45 Plainfield, IN 46168

Subscribed and sworn to before me this 31st 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* 3-31-94 *, authorizing the marriage of* JEFFREY ALAN JULIUS *and* RENA JO STRAUGHN *. I further certify that the following marriage certificate was filed in my office: I,* WENDELL ADAMS *(name), certify that on* APRIL 23, 1994 *(date), at* PERRYSVILLE *in* VERMILLION *County, Indiana,* JEFFREY ALAN JULIUS *of* HENDRICKS *County* IN *(state), and* RENA JO STRAUGHN *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* 4-23-94 *. Signed by:* /s/ REV. WENDELL ADAMS *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-27-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 110

HENDRICKS County

File

3-31-94
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 or Report Dated
Name of Physician

MALE APPLICANT

Name: First Kenneth Middle Clay Last Smith

Date of Birth: Month 8 Day 29 Year 37

Place of Birth (State or foreign country) LA

Residence Address: Street or R.R. 1005 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 5-92'

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

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that 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 Clay Smith Date

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

Clerk of Court Date

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

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

Signed X Kenneth Clay Smith

New Address

Subscribed and sworn to before me this 31 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 Beth Middle Foster Last Allen

Date of Birth: Month 2 Day 6 Year 40

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 8901 Sawleaf Rd. City Indpls County State

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 87'

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 M.S. Foster
   (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 Hazel E Spicklemire
   (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 Beth Foster Allen Date

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

Clerk of Court Date

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

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

Signed X Beth Foster Allen

New Address Same as above

Subscribed and sworn to before me this 31 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* 3-31-94 *, authorizing the marriage of* KENNETH CLAY SMITH *and* BETH FOSTER ALLEN *. I further certify that the following marriage certificate was filed in my office: I,* JOHN P. ROOF *(name), certify that on* APRIL 8, 1994 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* KENNETH CLAY SMITH *of* HENDRICKS *County* IN *(state), and* BETH FOSTER 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* 4-8-94 *. Signed by:* /s/ JOHN P. ROOF *,* EPISCOPAL PRIEST *(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*

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 111

File

4-4-94 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 3-15-94
Name of Physician Dr. Shapper, M.D.

MALE APPLICANT

Name: First Michael Middle Joseph Last Volz

Date of Birth: Month 11 Day 1 Year 52

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

Residence Address: Street or R.R. 5727 N Co Rd 375 E City Pittsboro 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.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Volz 15 yrs. Christopher Volz 13 yrs; Stefanie Volz 11 yrs. & Nicholas Volz 8 yrs.
6. (a) Full name of applicant's father Robert Bernard Volz
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Misc.
   (b) Full maiden name of applicant's mother Shirley Ann Dickerson
   (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 Michael J Volz Date 4/4/94

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 J Volz

New Address Same

Subscribed and sworn to before me this 4th day of April, 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 Kimberly Middle Kay Last Ferguson

Date of Birth: Month 4 Day 7 Year 63

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

Residence Address: Street or R.R. 5727 N Co Rd 375 E City Pittsboro County State In

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

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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Robert Tyler Ferguson 10 yrs.
6. (a) Full name of applicant's father Robert Earl Ferguson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Pittsboro, In.
   Birthplace of father (State or foreign country) Kansas
   (b) Full maiden name of applicant's mother Margaret Ann Treadway
   (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 Kimberly K. Ferguson Date 4/4/94

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 Kimberly K. Ferguson

New Address Same

Subscribed and sworn to before me this 4th day of April, 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* 4-4-94, *authorizing the marriage of* MICHAEL JOSEPH VOLZ *and* KIMBERLY KAY FERGUSON. *I further certify that the following marriage certificate was filed in my office: I,* VERNON J. STOVER, JR. *(name), certify that on* APRIL 23, 1994 *(date), at* PITTSBORO *in* HENDRICKS *County, Indiana,* MICHAEL JOSEPH VOLZ *of* HENDRICKS *County* IN *(state), and* KIMBERLY KAY 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* 4-4-94. *Signed by:* /s/ VERNON J. STOVER, JR., MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-25-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 112

HENDRICKS County

File

4-4-94
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 T.C. Callicutt, M.D.

MALE APPLICANT

Name: First Barry Middle Gene Last Stoots
Date of Birth: Month 6 Day 7 Year 61
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. 638-D Lakeside 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. Allison D. Stoots 2 yrs.
6. (a) Full name of applicant's father Bobby Gene Stoots
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Mooresville, In.
   Birthplace of father (State or foreign country) Virginia
   (b) Full maiden name of applicant's mother Barbara Joyce Averette
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Mooresville, 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 [signature] Date 4/4/94

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 [signature]

New Address SAME

Subscribed and sworn to before me this 4-4 day of , 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 Castilla
Date of Birth: Month 9 Day 17 Year 68
Place of Birth (State or foreign country) Trinidad Tobago
Residence Address: Street or R.R. 638 D Lakeside 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) Passport

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

ACKNOWLEDGMENT

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

Signature of Applicant A. M. Castilla Date 04/03/94

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 A. M. Castilla

New Address SAME

Subscribed and sworn to before me this 4-4 day of , 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* 4-4-94 *, authorizing the marriage of* BARRY GENE STOOTS *and* ANN MARIE CASTILLO *. I further certify that the following marriage certificate was filed in my office: I,* CINDY SPENCE *(name), certify that on* APRIL 5th, 1994 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* BARRY GENE STOOTS *of* HENDRICKS *County* IN *(state), and* ANN MARIE CASTILLO *of* HENDRICKS *County* IN *(state) were 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/ CINDY SPENCE 1ST DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-5-94 *(date).*

Signed [signature] *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 113

File

4-5-94 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 3-29-94
Name of Physician Stephen C. Yeager D.O.

MALE APPLICANT

Name: First Jeffrey Middle Dean Last Smith

Date of Birth: Month 3 Day 12 Year 68

Place of Birth (State or foreign country): Lafayette Tipp Indiana

Residence Address: Street or R.R. 727 Morgan Ave City Plainfield County Hend. State Ind

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

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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☑ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Orell Smith
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Texas
   Birthplace of father (State or foreign country) Texas
   (b) Full maiden name of applicant's mother Betty Borders
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Lafayette, Ind
   Birthplace of mother (State or foreign country) Lafayette, 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 Jeffrey Smith Date 4-5-94

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 Jeffrey Smith

New Address 727 Morgan Ave

Subscribed and sworn to before me this 5th day of April, 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 Guylynn Last Houchens

Date of Birth: Month 8 Day 4 Year 68

Place of Birth (State or foreign country): Gibson City, Ill.

Residence Address: Street or R.R. RR #2 Box 70 City Kellsworth County — State Il. 61737

Previous Marital Status: 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 Guy Lewis Houchens
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Kellsworth, Ill.
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of applicant's mother Mabel Gladys Park
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Kellsworth, 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 Lisa Houchens Date 4-5-94

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 Lisa Houchens

New Address _____

Subscribed and sworn to before me this 5th day of April, 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* 4-5-94 *, authorizing the marriage of* JEFFREY DEAN SMITH *and* LISA GUYLYNN HOUCHENS *. I further certify that the following marriage certificate was filed in my office: I,* REV. SHERRY WILLERTON *(name), certify that on* APRIL 8, 1994 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* JEFFREY DEAN SMITH *of* HENDRICKS *County* IN *(state), and* LISA GUYLYNN HOUCHENS *of* McLEAN *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* 4-8-94 *. Signed by:* /s/ REV. SHERRY WILLERTON *,* 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 1-800-382-6702 1477

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 114

File

4/4/94
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 James A. Myer, M.D.

MALE APPLICANT

Name: First Mark Middle A Last Lamb
Date of Birth: Month 7 Day 1 Year 58
Place of Birth (State or foreign country) INDIANA
Residence Address: Street or R.R. 4933 Ford St City Speedway County Marion State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 7/20/87
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. 0
6. (a) Full name of applicant's father Donald W. Lamb
   (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 Betty J. Ross
   (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 X Mark A. Lamb Date 4/4/94

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 X Mark A. Lamb
New Address Same as Above
Subscribed and sworn to before me this 4 day of April, 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 Tina Middle K Last Eckert
Date of Birth: Month 10 Day 24 Year 62
Place of Birth (State or foreign country) INDIANA
Residence Address: Street or R.R. 902 B City Ridgewood County Hendricks State Dr. Plainfield IN.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 7/26/93
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. Benjamin Adam Eckert
   Evan Wayne Eckert
6. (a) Full name of applicant's father Sam Dudkowski
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Paradise, Mi
   Birthplace of father (State or foreign country) INDIANA
   (b) Full maiden name of applicant's mother Sandra Drummond
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, IN.
   Birthplace of mother (State or foreign country) IN.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Tina K. Eckert Date 4/4/94

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 X Tina K. Eckert
New Address 4933 Ford St, Speedway, In 46224
Subscribed and sworn to before me this 4 day of April, 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* 4-4-94 *, authorizing the marriage of* MARK ANTHONY LAMB *and* TINA KAY ECKERT *. I further certify that the following marriage certificate was filed in my office: I,* HUNTER FLOYD *(name), certify that on* APRIL 29, 1994 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* MARK ANTHONY LAMB *of* MARION *County* IN *(state), and* TINA KAY ECKERT *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-4-94 *. Signed by:* /s/ HUNTER FLOYD *,* CHAPLAIN *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-3-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 115

HENDRICKS County

File

4-5-94
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

MALE APPLICANT

Name First Russell Middle B. Last Chesser

Date of Birth Month 11 Day 21 Year 30

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

Residence Address Street or R.R. 534 Simmons 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 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 Roscoe M. Chesser
   (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 V. Jennings
   (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 Russell Chesser Date 4-5-94

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 Russell Chesser

New Address Same

Subscribed and sworn to before me this 5th day of April, 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 Sylvia Middle Sue Last Chesser

Date of Birth Month 12 Day 4 Year 35

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

Residence Address Street or R.R. 534 Simmons 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 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 Elwood Helsley
   (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 Julia Caniff
   (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 Sylvia Sue Chesser Date 4-5-94

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 Sylvia Sue Chesser

New Address Same

Subscribed and sworn to before me this 5th day of April, 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* 4-5-94 *, authorizing the marriage of* RUSSELL B. CHESSER *and* SYLVIA SUE CHESSER *. I further certify that the following marriage certificate was filed in my office: I,* CINDY SPENCE *(name), certify that on* APRIL 5, 1994 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* RUSSELL B. CHESSER *of* HENDRICKS *County* IN *(state), and* SYLVIA SUE CHESSER *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-5-94 *. Signed by:* /s/ CINDY SPENCE, 1ST DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-5-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 116

File

4-5-94
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

MALE APPLICANT

Name: First Emil Middle Edward Last Goeke II

Date of Birth: Month 12 Day 6 Year 50

Place of Birth (State or foreign country): Columbus, Ohio

Residence Address: Street or R.R. 509 S. 30th St. City Lafayette County Tippecanoe 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 Emil Edward Goeke I
   (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 Mildred Ellen Von Harten
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Phoenix, Az.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 4.5.94

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 [signature]

New Address 509 S. 30th St. Lafayette, In.

Subscribed and sworn to before me this 5th day of April, 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 _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Beth Middle Ann Last Koehnemann

Date of Birth: Month 3 Day 12 Year 54

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

Residence Address: Street or R.R. 776 Hillside Ct. City Plainfield County Hendricks State In.

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

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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Wilfred John Koehnemann
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of applicant's mother Frances Pauline Thielke
   (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 Beth Ann Koehnemann Date 4.5.94

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 Beth Koehnemann

New Address _____

Subscribed and sworn to before me this 5th day of April, 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 _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-5-94 *, authorizing the marriage of* EMIL EDWARAD GOEKE II *and* BETH ANN KOEHNEMANN *. I further certify that the following marriage certificate was filed in my office: I,* CINDY SPENCE *(name), certify that on* APRIL 5, 1994 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* EMIL EDWARD GOEKE II *of* TIPPECANOE *County* IN *(state), and* BETH ANN KAEHNEMANN *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-5-94 *. Signed by:* /s/ CINDY SPENCE *,* 1ST DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-5-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 117

HENDRICKS County

File

4-5-94
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 3-30-94
Name of Physician Jon Fisch, M.D.

MALE APPLICANT

Name: First Gregory Middle Alan Last Rose
Date of Birth: Month 11 Day 16 Year 69
Place of Birth (State or foreign country) Beech Grove, In.
Residence Address: Street or R.R. 426 Varner 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 Dennis Clyde Rose
   (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 Eileen Greene
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

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

State of Indiana)
County of HENDRICKS) ss:
Signed G A. Rose
New Address 3046 Bayside Dr. Apt E
Subscribed and sworn to before me this 5th day of April, 19 94
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 Dawn Middle Marie Last Stucker
Date of Birth: Month 11 Day 16 Year 69
Place of Birth (State or foreign country) Indianapolis, In
Residence Address: Street or R.R. 3046 Bayside 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. /
6. (a) Full name of applicant's father Mark Douglas Stucker
   (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 Louise Sheehan
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Dawn Stucker Date 4/5/94

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:
Signed Dawn Stucker
New Address 3046 Bayside Dr. #E
Subscribed and sworn to before me this 5th day of April, 19 94
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* 4-5-94, *authorizing the marriage of* GREGORY ALAN ROSE *and* DAWN MARIE STUCKER. *I further certify that the following marriage certificate was filed in my office: I,* JOHN P. ROOF *(name), certify that on* APRIL 9, 1994 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* GREGORY ALAN ROSE *of* HENDRICKS *County* IN *(state), and* DAWN MARIE STUCKER *of* MARION *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-5-94. *Signed by:* /s/ JOHN P. ROOF, EPISCOPAL PRIEST *(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*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 118

HENDRICKS County

File

4-5-94
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 3-15-94
Name of Physician Richard Floyd, M.D.

MALE APPLICANT

Name: First Steven Middle Curtis Last Julian

Date of Birth: Month 8 Day 12 Year 55

Place of Birth (State or foreign country) Stephensonville, Newfoundland

Residence Address: Street or R.R. 1082 Richfield Ln 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 Robert Lesco Julian
   (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 Lola Dale Mills
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Bloomington, 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 [signature] Date 4/5/94

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 [signature]
New Address SAME
Subscribed and sworn to before me this 5th day of April, 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 Cheryl Middle Darlene Last Leep

Date of Birth: Month 9 Day 20 Year 53

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

Residence Address: Street or R.R. 1082 Richfield Ln 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 Raymond Willard Cast
   (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 Lucy Bell Keys
   (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 Cheryl D Leep Date 4-5-94

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 Cheryl D. Leep
New Address SAME
Subscribed and sworn to before me this 5th day of April, 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* 4-5-94 *, authorizing the marriage of* STEVEN CURTIS JULIAN *and* CHERYL DARLENE LEEP *. I further certify that the following marriage certificate was filed in my office: I,* TERRI SPRINGER *(name), certify that on* APRIL 16, 1994 *(date), at* BLOOMINGTON *in* MONROE *County, Indiana,* STEVEN CURTIS JULIAN *of* HENDRICKS *County* IN *(state), and* CHERYL DARLENE LEEP *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-16-94 *. Signed by:* /s/ TERRI L. SPRINGER *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-19-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 119

HENDRICKS County

File

4-6-94
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 C. Wills, M.D.

MALE APPLICANT

Name: First Joseph Middle Paul Last Johnson

Date of Birth: Month 10 Day 20 Year 1966

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 10625 Sioux Dr. 663, City Indianapolis, County Hendricks, 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) 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 Leland 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 Carol J. Depiorz
   (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 Joseph Paul Johnson Date 4-6-94

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 Joseph Paul Johnson
New Address Same as above

Subscribed and sworn to before me this 6 day of April, 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 Rhonda Middle Denise Last Haynes

Date of Birth: Month 5 Day 10 Year 1968

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 10625 Sioux Dr. 663, City Indianapolis, County Hendricks, State In 46234

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) 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. Garrett Haynes 7
   Seth Haynes 3
6. (a) Full name of applicant's father Ronald B. Mitscher
   (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 Joann M. Adamson
   (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 Rhonda Denise Haynes Date 4-6-94

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 Rhonda Denise Haynes
New Address Same as above

Subscribed and sworn to before me this 6 day of April, 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* 4-6-94 *, authorizing the marriage of* JOSEPH PAUL JOHNSON *and* PHONDA DENISE HAYNES *. I further certify that the following marriage certificate was filed in my office: I,* CARL A. RILEY *(name), certify that on* APRIL 9, 1994 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* JOSEPH PAUL JOHNSON *of* HENDRICKS *County* IN *(state), and* RHONDA DENISE HAYNES *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-9-94 *. Signed by:* /s/ CARL AKARD RILEY *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-9-94 *(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. 120

HENDRICKS County

File

4-6-94 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 4-1-94
Name of Physician DR. THADDAEUS POE

MALE APPLICANT

Name: First Glenn Middle Alan Last Klaum

Date of Birth: Month 7 Day 2 Year 1969

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 115 N. Tennessee City Apt. 6, 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 female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Terry A. Klaum
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Texas
   Birthplace of father (State or foreign country) Pennsylvania
   (b) Full maiden name of applicant's mother Susan Eckenrod
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Texas
   Birthplace of mother (State or foreign country) Pennsylvania

ACKNOWLEDGMENT

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

Signature of Applicant X Glenn Klaum Date 04/06/94

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 Glenn Klaum
New Address Same as Above

Subscribed and sworn to before me this 6 day of April, 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 Brigitt Middle Leigh Last Mendenhall

Date of Birth: Month 3 Day 25 Year 71

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

Residence Address: Street or R.R. 115 N Tennessee City Apt #6 County Danville State In.

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

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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Jay Dee Mendenhall
   (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 Karen Louise McCord
   (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 Brigitt Mendenhall Date 4-6-94

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 Brigitt Mendenhall
New Address Same as Above

Subscribed and sworn to before me this 6 day of April, 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* 4-6-94 *, authorizing the marriage of* GLENN ALAN KLAUM *and* BRIGITT LEIGH MENDENHALL *. I further certify that the following marriage certificate was filed in my office: I,* REV. WILFRED E. DAY *(name), certify that on* MAY 21, 1994 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* GLENN ALAN KLAUM *of* HENDRICKS *County* IN *(state), and* BRIGITT LEIGH MENDENHALL *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-6-94 *. Signed by:* /s/ REV. WILSFRED E. DAY *,* CATHOLIC PRIEST *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-24-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 121

HENDRICKS County

File

4-6-94
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 3-17-94
Name of Physician The Medical Laboratory

MALE APPLICANT

Name First Benton Middle J Last Pittman Jr.
Date of Birth Month 10 Day 11 Year 65
Place of Birth (State or foreign country) Lebanon, In.
Residence Address Street or R.R. 4483 Wilshire 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 Benton J Pittman Sr.
   (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 Judith Ann Livaudais
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Spencer, In.
   Birthplace of mother (State or foreign country) Louisiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Benton J Pittman Jr Date 4/6/94

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 Benton J Pittman Jr
New Address Same
Subscribed and sworn to before me this 6th day of April, 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 Tamra Middle Sue Last Powers
Date of Birth Month 1 Day 25 Year 65
Place of Birth (State or foreign country) Anderson, In.
Residence Address Street or R.R. 4483 Wilshire Dr. City Brownsburg County Hendricks State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 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 Charles Harold Lackridge
   (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 Sharon Kaye Earl
   (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 Tamra S. Powers Date 4/6/94

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 Tamra S. Powers
New Address Same
Subscribed and sworn to before me this 6th day of April, 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* 4-6-94 *, authorizing the marriage of* BENTON J. PITTMAN, JR. *and* TAMRA SUE POWERS *. I further certify that the following marriage certificate was filed in my office: I,* CHARLES ELSTON *(name), certify that on* APRIL 23, 1994 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* _____ BENTON J. PITTMAN, JR. *of* HENDRICKS *County* IN *(state), and* _____ TAMRA SUE POWERS *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* Hendricks *County, Indiana, dated* 4-23-94 *. Signed by:* /s/ CHARLES ELSTON *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-2-94 *(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. 122

HENDRICKS County

File 4-6-94
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 2-21-94
Name of Physician David Haggard, M.D.

MALE APPLICANT

Name: First Stephen Middle Girard Last Stadler
Date of Birth: Month 10 Day 20 Year 48
Place of Birth (State or foreign country) Brazil, In.
Residence Address: Street or R.R. 4967 S St Rd 39 City Clayton 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. Stephen G. Stadler II - 15 yrs.
6. (a) Full name of applicant's father Arthur Girard Stadler
   (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 Betty Margaret Nevins
   (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 Stephen Girard Stadler Date 4-6-94

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 Stephen Girard Stadler
New Address SAME
Subscribed and sworn to before me this 6th day of April, 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 Georgia Middle Ann Last Haver
Date of Birth: Month 1 Day 31 Year 46
Place of Birth (State or foreign country) Saginaw, Mi
Residence Address: Street or R.R. 4849 Otter Lake Rd. City Otter Lake County State Mi.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1977
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 M. Berridge
   (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 Daisy Florence Schroeder
   (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 Georgia Haver Date 4-6-94

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 Georgia Haver
New Address 4967 S. St. Rd. 39 Clayton, IN
Subscribed and sworn to before me this 6th day of April, 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* APRIL 6, 1994 *, authorizing the marriage of* STEPHEN GIRARD STADLER *and* GEORGIA ANN HAVER *. I further certify that the following marriage certificate was filed in my office: I,* JOHN PARSONS *(name), certify that on* MAY 4, 1994 *(date), at* BELLEVILLE *in* HENDRICKS *County, Indiana,* STEPHEN GIRARD STADLER *of* HENDRICKS *County* INDIANA *(state), and* GEORGIA ANN HAVER *of* LAPEER *County* MICHIGAN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* MAY 4, 1994 *. Signed by:* /s/ JOHN PARSONS *,* PASTOR/ELDER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* JUNE 7, 1994 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 123

HENDRICKS County

File

4-7-94
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 4-7-94
Name of Physician Bertram Rath, M.D.

MALE APPLICANT

Name: First Patrick Middle Joseph Last McCune

Date of Birth: Month 11 Day 27 Year 68

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

Residence Address: Street or R.R. 1012 Gary Dr. City Plainfield County State In.

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

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

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

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 J. McCune Date 4/7/94

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 Patrick J. McCune
New Address SAME

Subscribed and sworn to before me this 7th day of April, 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 Stacy Middle Jo Last McFarling

Date of Birth: Month 4 Day 10 Year 69

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

Residence Address: Street or R.R. 3045 S. Center 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 Michael Universe McFarling
   (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 Rebecca Sue Mitny
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant Stacy J. McFarling Date 4-7-94

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 Stacy J. McFarling
New Address 1012 Gary Dr.

Subscribed and sworn to before me this 7th day of April, 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* 4-7-94 *, authorizing the marriage of* PATRICK JOSEPH McCUNE *and* STACY JO McFARLING *. I further certify that the following marriage certificate was filed in my office: I,* JAMES R. WILMOTH *(name), certify that on* APRIL 16, 1994 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* PATRICK JOSEPH McCUNE *of* HENDRICKS *County* IN *(state), and* STACY JO McFARLING *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-16-94 *. Signed by:* /s/ JAMES R. WILMOTH *,* CATHOLIC PRIEST *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-19-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 124

HENDRICKS County

File 4-7-94
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 4-7-94
Name of Physician Robert Avella, M.D.

MALE APPLICANT

Name: First Stephen Middle Michael Last House
Date of Birth: Month 3 Day 26 Year 65
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. 88 Sycamore St. City Brownsburg County Hendricks State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Alvin Charles House
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Noblesville, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Diane Bowman
   (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 Stephen M House Date 4/7/94

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 Stephen M House
New Address Same
Subscribed and sworn to before me this 7th day of April, 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 Melissa Middle Gaye Last McCoy
Date of Birth: Month 6 Day 30 Year 66
Place of Birth (State or foreign country) Danville, In.
Residence Address: Street or R.R. 88 Sycamore St. City Brownsburg County Hendricks State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Brittney Nicole McCoy 7 yrs.
6. (a) Full name of applicant's father Robert Cleary McCoy
   (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 Ethel Pauline Hudson
   (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 Melissa G. McCoy Date 4-7-94

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 Melissa G McCoy
New Address Same
Subscribed and sworn to before me this 7th day of April, 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* 4-7-94, *authorizing the marriage of* STEPHEN MICHAEL HOUSE *and* MELISSA GAYE McCOY. *I further certify that the following marriage certificate was filed in my office: I,* REV. WILLIAM R. BURKLEY *(name), certify that on* APRIL 30, 1994 *(date), at* WESTFIELD *in* HAMILTON *County, Indiana,* STEPHEN MICHAEL HOUSE *of* HENDRICKS *County* IN *(state), and* MELISSA GAYE 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* 4-7-94. *Signed by:* /s/ REV. WILLIAM. R. BURKLEY, MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-2-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 125

File

4-8-94
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 ☐ 3-2-94
If No, Medical Examination or Report Dated
Name of Physician Bradley Meyers, M.D.

MALE APPLICANT

Name: First James Middle Lewis Last Wells Sr.

Date of Birth: Month 2 Day 15 Year 56

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

Residence Address: Street or R.R. 3950N 1000E City Lot 97 County Brownsburg State In.

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1994

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Trish Marie Wells 11yrs. James L. Wells Jr. 9 yrs. Austin Wells 6 mo.
6. (a) Full name of applicant's father Lewis Wells
   (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 Audrey Mae 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 James L Wells SR. 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 L Wells SR.

New Address Same

Subscribed and sworn to before me this 8th day of April, 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 Jayne Last Connell

Date of Birth: Month 4 Day 29 Year 60

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

Residence Address: Street or R.R. 3950 N 1000 E City Lot 97 County State Brownsburg, 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. Ryan Connell 17 yrs. Rhonda Connell 16 yrs Michael Connell 7 yrs. Anthony Connell 1 yr. Austin Wells 6 mo.
6. (a) Full name of applicant's father Raymond William Henry Norris
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Sondra Paulette Green
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant Paula Connell 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 Paula Connell

New Address Same

Subscribed and sworn to before me this 8th day of April, 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* 4-8-94 *, authorizing the marriage of* JAMES LEWIS WELLS, SR. *and* PAULA JAYNE CONNELL *. I further certify that the following marriage certificate was filed in my office: I,* CINDY SPENCE *(name), certify that on* APRIL 8, 1994 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* JAMES LEWIS WELLS, SR. *of* HENDRICKS *County* IN *(state), and* PAULA JAYNE CONNELL *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-8-94 *. Signed by:* /s/ CINDY SPENCE *,* 1ST DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-8-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 126

HENDRICKS County

File 4-8-94
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 3-24-94
Name of Physician L. Lee, M.D.

MALE APPLICANT

Name: First Scott Middle Allen Last Ricketts
Date of Birth: Month 4 Day 12 Year 70
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. 10564 Epperson Ln. # 8 City Camby County State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lee

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Myron K. Ricketts
   (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 Patricia M. Uhle
   (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 [signature] Date 4-8-94

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 [signature]
New Address SAME
Subscribed and sworn to before me this 8th day of April, 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 Marie Last Dee
Date of Birth: Month 7 Day 11 Year 70
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. 10564 Epperson Ln. # 8 City Camby County Indiana
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Michael O. Dee
   (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 Pamela J. Curtis
   (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 [signature] Date 4-8-94

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 [signature]
New Address SAME
Subscribed and sworn to before me this 8th day of April, 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* April 8, 1994 *, authorizing the marriage of* SCOTT ALLEN RICKETTS *and* JENNIFER MARIE DEE *. I further certify that the following marriage certificate was filed in my office: I,* DONALD ENDSLY *(name), certify that on* APRIL 8, 1994 *(date), at* MOORESVILLE *in* HENDRICKS *County, Indiana,* SCOTT ~~ALLEN RICKETTS~~ *of* ~~HENDRICKS~~ *County* ~~INDIANA~~ *(state), and* JENNIFER ~~MARIE DEE~~ *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* MAY 28, 1994 *Signed by: _____, _____ (official designation) Filed and recorded in accordance with the laws of the State of Indiana on* JUNE 3, 1994 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 127

HENDRICKS County

File

4-8-94
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 ☐ 4-4-94
If No, Medical Examination or Report Dated
Name of Physician C. Pinkerton, M.D.

MALE APPLICANT

Name: First William Middle Andrew Last Snodgrass

Date of Birth: Month 4 Day 30 Year 64

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

Residence Address: Street or R.R. 521 N. Maple 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 Marquis Snodgrass
   (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 Augusta Jean Ruse
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg, In
   Birthplace of mother (State or foreign country) Netherlands (Holland)

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 A Snodgrass Date 4-8-94

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 William A Snodgrass

New Address Same

Subscribed and sworn to before me this 8th day of April, 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 Leann Middle Sue Last Scott

Date of Birth: Month 4 Day 1 Year 72

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

Residence Address: Street or R.R. 521 N. Maple St 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 Ronald Scott
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Logansport In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Kathleen Cecil
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Logansport In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant Leann S. Scott Date 4-8-94

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 Leann S. Scott

New Address Same

Subscribed and sworn to before me this 8th day of April, 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* 4-8-94 *, authorizing the marriage of* WILLIAM ANDREW SNODGRASS *and* LEANN SUE SCOTT *. I further certify that the following marriage certificate was filed in my office: I,* EDWARD DEAN DICKINSON *(name), certify that on* APRIL 23, 1994 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* EDWARD DEAN DICKINSON *of* HENDRICKS *County* IN *(state), and* LEANN SUE SCOTT *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-8-94 *. Signed by:* /s/ EDWARD DEAN DICKINSON *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-26-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 128

HENDRICKS County

File 4-8-94
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 4-6-94
Name of Physician Mark Bryant, M.D.

MALE APPLICANT

Name: First Lyle Middle Dean Last Baker
Date of Birth: Month 1 Day 25 Year 48
Place of Birth (State or foreign country) Greencastle, In
Residence Address: Street or R.R. 6953 S Putnam Co Rd City Coatesville County State In
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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Wayne Baker
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Stilesville, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Martha Pender
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Stilesville, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Lyle D Baker Date 4-8-94

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 Lyle D Baker
New Address Same
Subscribed and sworn to before me this 8th day of April, 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 Janet Middle Lynne Last Wood
Date of Birth: Month 8 Day 31 Year 52
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 2
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. Natalie Wood 15 yrs.
6. (a) Full name of applicant's father Leland Joseph Clark Jr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Betty Jean Wilbur
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Janet L. Wood Date 4-8-94

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 Janet L Wood
New Address 6953 S Putnam Co Rd Coatesville
Subscribed and sworn to before me this 8th day of April, 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* 4-8-94 *, authorizing the marriage of* Lyle D. Baker *and* Janet L. Wood *. I further certify that the following marriage certificate was filed in my office: I,* Homer E. Henderson *(name), certify that on* 4-9-94 *(date), at* Crown Center *in* Morgan *County, Indiana,* Lyle D. Baker *of* Hendricks *County* Indiana *(state), and* Janet L. Wood *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* 4-8-94 *. Signed by:* /s/Homer E. Henderson *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-23-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 129

HENDRICKS County

File 4-11-94
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 Hudnall Hobbs, M.D.

MALE APPLICANT

Name First Mark Middle Steven Last Wiser

Date of Birth Month 11 Day 19 Year 59

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

Residence Address Street or R.R. 509 Hanley 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 female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Jared Steven Wiser 9 yrs.
6. (a) Full name of applicant's father Joseph Erhard Wiser
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Germany
   (b) Full maiden name of applicant's mother Ingeborg Illotha Spiegel
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Germany

ACKNOWLEDGMENT

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

Signature of Applicant Mark S Wiser Date 4-11-94

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 S Wiser

New Address SAME

Subscribed and sworn to before me this 11th day of April, 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 Michelle Last Smith

Date of Birth Month 3 Day 9 Year 68

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

Residence Address Street or R.R. 509 Hanley 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 Whitney Albert Smith
   (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 Michelle Marie Pfeil
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Speedway, 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 Susan M. Smith Date 4-11-94

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 Susan M. Smith

New Address Same

Subscribed and sworn to before me this 11th day of April, 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* 4-11-94 *, authorizing the marriage of* MARK STEVEN WISER *and* SUSAN MICHELLE SMITH *. I further certify that the following marriage certificate was filed in my office: I,* WILLIAM R. CLAYTON *(name), certify that on* MAY 21, 1994 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* MARK STEVEN WISER *of* HENDRICKS *County* IN *(state), and* SUSAN MICHELLE 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* 5-21-94 *. Signed by:* /s/ WILLIAM R. CLAYTON *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-23-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 130

HENDRICKS County

File

4.12.94
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 David Hadley

MALE APPLICANT

Name: First Kerry Middle Lynn Last Vestile

Date of Birth: Month 6 Day 15 Year 55

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. PO Box 107 City Clayton County State

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

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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Marie, James Tyler
6. (a) Full name of applicant's father James Leri Vestile
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Madison IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Ava Nell Williams
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Madison IN
   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).

Signature of Applicant K L Vestile Date 4/12/94

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 K L Vestile

New Address _____

Subscribed and sworn to before me this 12 day of April, 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 Leticia Middle Bett Last Hamilton

Date of Birth: Month 2 Day 7 Year 61

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. PO Box 107 City Clayton 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. —
6. (a) Full name of applicant's father ~~Boyd~~ Donald Isaac Hamilton
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) ~~Hanover~~ Hanover IN
   Birthplace of father (State or foreign country) KY
   (b) Full maiden name of applicant's mother Mary Ethel Mahoney
   (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 Leticia B. Hamilton Date 4/12/94

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 Leticia B Hamilton

New Address _____

Subscribed and sworn to before me this 12 day of April, 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* 4-12-94, *authorizing the marriage of* KERRY LYNN VESTILE *and* LETICIA BETT HAMILTON. *I further certify that the following marriage certificate was filed in my office: I,* CARMEN R. ALTOP *(name), certify that on* APRIL 22, 1994 *(date), at* NASHVILLE *in* BROWN *County, Indiana,* KERRY LYNN VESTILE *of* HENDRICKS *County* IN *(state), and* LETICIA BETT HAMILTON *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-12-94. *Signed by:* /s/ CARMEN R. ALTOP, CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-29-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 131

HENDRICKS County

File

4-12-94
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 T. Beard, M.D.

MALE APPLICANT

Name: First Michael Middle Lewis Last Thompson
Date of Birth: Month 12 Day 22 Year 70
Place of Birth (State or foreign country) Greenfield, In.
Residence Address: Street or R.R. 241 Corrattoman Ct. City Indpls. County State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Lewis Thompson
   (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 Burnett
   (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 L. Thompson Date 4-12-94

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 Michael L. Thompson
New Address Same
Subscribed and sworn to before me this 12th day of April, 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 Jennie Middle Anna Last Smith
Date of Birth: Month 7 Day 1 Year 72
Place of Birth (State or foreign country) Flint Mich.
Residence Address: Street or R.R. 241 N. Corrattoman Ct. City Indpls. State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   (a) Full name of applicant's father Gary Alan Smith
   (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 Carol Lee Hook
   (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 Jennie A. Smith Date 4-12-94

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 Jennie A Smith
New Address Same
Subscribed and sworn to before me this 12th day of April, 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* 4-12-94, *authorizing the marriage of* MICHAEL LEWIS THOMPSON *and* JENNIE ANNA SMITH. *I further certify that the following marriage certificate was filed in my office:*

I, REV. H. THOMAS PITCHER *(name), certify that on* APRIL 30, 1994 *(date), at* AVON *in* HENDRICKS *County, Indiana,* MICHAEL LEWIS THOMPSON *of* HENDRICKS *County* IN *(state), and* JENNIE ANNA SMITH *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-12-94.

Signed by: /s/ H. THOMAS PITCHER, MINISTER *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 5-4-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 132

HENDRICKS County

File 4-12-94
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 ☐ 4-12-94
If No, Medical Examination of Report Dated
Name of Physician Charles Tripple, M.D.

MALE APPLICANT

Name: First Frederick Middle Lee Last La Plante
Date of Birth: Month 8 Day 18 Year 71
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R.R. 125 Krewson St Apt 4 City Plainfield County State In
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Frederick Lee La Plante Date 4-12-94

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 Frederick Lee La Plante
New Address SAME
Subscribed and sworn to before me this 12th day of April, 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 Angel Middle Nicole Last Vanjelgerhuis
Date of Birth: Month 4 Day 11 Year 73
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. 152 N Mill St. City Plainfield County State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Vanjelgerhuis
   (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 Jean Jamison
   (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 Angel Nicole Vanjelgerhuis Date 4-12-94

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 Angel Nicole Vanjelgerhuis
New Address 125 Krewson Apt. 4 Plfd. IN 46168
Subscribed and sworn to before me this 12th day of April, 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* 4-12-94 *, authorizing the marriage of* FREDERICK LEE LA PLANTE *and* ANGEL NICOLE VANJELGERHUIS *. I further certify that the following marriage certificate was filed in my office: I,* R. FRED RODKEY *(name), certify that on* APRIL 30, 1994 *(date), at* AVON *in* HENDRICKS *County, Indiana,* FREDERICK LEE LA PLANTE *of* HENDRICKS *County* IN *(state), and* ANGEL NICOLE VANJELGERHUIS *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-12-94 *. Signed by:* /s/ R. FRED RODKEY *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-6-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 133

HENDRICKS County

File

4-14-94
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 Dr Signature unreadable

MALE APPLICANT

Name: First Jeffrey Middle G. Last Bundy

Date of Birth: Month 9 Day 6 Year 56

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

Residence Address: Street or R.R. 8263 Harcastle Rd 39 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 Merrill George Bundy
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Madison, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Barbara Ann Todd
   (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 Jeffrey G. Bundy Date 4-14-94

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 Jeffrey G. Bundy
New Address 908 W. Lincoln, Danville, In

Subscribed and sworn to before me this 14th day of April, 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 Kathleen Middle Sue Last Farrell

Date of Birth: Month 1 Day 23 Year 53

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

Residence Address: Street or R.R. 908 W Lincoln 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 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. Christopher Derstynen 19 yrs.
   Zachary Farrell 14 yrs.
6. (a) Full name of applicant's father Leroy Swaynie
   (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 Diana Dean Cale
   (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 Kathleen S Farrell Date 4-14-94

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 Kathleen S. Farrell
New Address Same

Subscribed and sworn to before me this 14th day of April, 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* APRIL 14, 1994 *, authorizing the marriage of* JEFFREY G BUNDY *and* KATHLEEN SUE FARRELL *. I further certify that the following marriage certificate was filed in my office: I,* FRANK M NARDI *(name), certify that on* MAY 28, 1994 *(date), at* INDIANAPOLIS *in* HENDRICKS *County, Indiana,* JEFFREY G BUNDY *of* MARION *County* INDIANA *(state), and* KATHLEEN SUE FARRELL *of* HENDRICKS *County* INDIANA *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* APRIL 14, 1994 *Signed by:* FRANK M NARDI *,* JUDGE *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* JUNE 14, 1994 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 134

File

4-14-94
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 4-8-94
Name of Physician Dr. Whitmer, MD

MALE APPLICANT

Name: First Alvin Middle Robert Last Barnes Sr.

Date of Birth: Month 4 Day 27 Year 38

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

Residence Address: Street or R.R. 1948 N Co Rd 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 1979

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Dempsey Roscoe Barnes
   (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 Corinda Ann Obermeyer
   (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 Pamela Middle June Last Rose

Date of Birth: Month 10 Day 5 Year 53

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

Residence Address: Street or R.R. 1948 N. Co. Rd. 600 E. City Danville County State In.

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

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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Elsward Rose
   (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 Rona Catherine Smith
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Sharonville, 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 Alvin R. Barnes SR Date 4/14-94

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 Alvin R. Barnes SR.

New Address SAME.

Subscribed and sworn to before me this 14th day of April, 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 Pamela J. Rose Date 4/14-94

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 Pamela J. Rose

New Address SAME

Subscribed and sworn to before me this 14th day of April, 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* 4-14-94 *, authorizing the marriage of* ALVIN ROBERT BARNES, SR. *and* PAMELA JUNE ROSE *. I further certify that the following marriage certificate was filed in my office: I,* CINDY SPENCE *(name), certify that on* APRIL 27, 1994 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* ALVIN ROBERT BARNES, SR. *of* HENDRICKS *County* IN *(state), and* PAMELA JUNE ROSE *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-27-94 *. Signed by:* /s/ CINDY SPENCE *,* 1ST DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-27-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 135

HENDRICKS County

File 4-14-94 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 4-15-94
Name of Physician Dr. Breast

MALE APPLICANT

Name: First Brad Middle A. Last Debney

Date of Birth: Month 2 Day 2 Year 72

Place of Birth (State or foreign country) Michigan

Residence Address: Street or R.R. 2401 S. Co Rd. 1050 E. City Indpls County Hend State In.

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

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

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers licens I.D. card.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Kent Debney
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Westerville Ohio.
   Birthplace of father (State or foreign country) Michigan
   (b) Full maiden name of applicant's mother Susan Evarard
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Westerville Ohio
   Birthplace of mother (State or foreign country) Michigan

ACKNOWLEDGMENT

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

Signature of Applicant X Brad Debney Date 4-14-94

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 Brad Debney

New Address _____

Subscribed and sworn to before me this 14th day of April, 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 Tricia Middle M. Last Rideneer

Date of Birth: Month 1 Day 11 Year 72

Place of Birth (State or foreign country)

Residence Address: Street or R.R. 2401 S. Co Rd. 1050 E. 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 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. none
6. (a) Full name of applicant's father James R. Rideneer
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Ind
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of applicant's mother Becky J. Cook
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Ind.
   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 Tricia M Rideneer Date 4-14-94

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 Tricia M Rideneer

New Address _____

Subscribed and sworn to before me this 14th day of April, 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* 4-14-94, *authorizing the marriage of* BRAD A. DEBNEY *and* TRICIA M. RIDENER. *I further certify that the following marriage certificate was filed in my office: I,* DANNY VAUGHN *(name), certify that on* APRIL 23, 1994 *(date), at* PITTSBORO *in* HENDRICKS *County, Indiana,* BRAD A. DEBNEY *of* HENDRICKS *County* IN *(state), and* TRICIA M. RIDENER *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-23-94. *Signed by:* /s/ DANNY VAUGHN, JUDGE PT *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-26-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 136

HENDRICKS County

File 4-15-94
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 R. Stegemoller, M.D.

MALE APPLICANT

Name: First Joseph Middle Bernard Last Schubert
Date of Birth: Month 2 Day 8 Year 67
Place of Birth (State or foreign country): Livermore, Calif
Residence Address: Street or R.R. 162 N Indiana 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 Joseph Bernard Schubert
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Liston, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Sally Bean
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Liston, 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 Joseph B Schubert Jr. Date 4/15/94

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 Joseph B. Schubert Jr
New Address _____
Subscribed and sworn to before me this 15th day of April, 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 Delight Middle Diann Last Van Est
Date of Birth: Month 4 Day 8 Year 71
Place of Birth (State or foreign country) Danville In.
Residence Address: Street or R.R. 199½ W Broadway City Danville County In State
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Robert Ellis Van Est
   (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 Karen Laverne Keller
   (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 Delight D. Van Est Date 4-15-94

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 Delight D. Van Est
New Address _____
Subscribed and sworn to before me this 15th day of April, 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* 4-15-94, *authorizing the marriage of* JOSEPH BERNARD SCHUBERT, JR. *and* DELIGHT DIANN VAN EST. *I further certify that the following marriage certificate was filed in my office: I,* REV. STEPHEN FINKE *(name), certify that on* MAY 7, 1994 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* JOSEPH BERNARD SCHUBERT JR. *of* HENDRICKS *County* IN *(state), and* DELIGHT DIANN VAN EST *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-15-94. *Signed by:* /s/ REV. STEPHEN FINKE, MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-16-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 137

HENDRICKS County

File

4-15-94 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 Richard Floyd M.D.

MALE APPLICANT

Name: First Tice Middle Edward Last Estes

Date of Birth: Month 9 Day 26 Year 58

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

Residence Address: Street or R.R. 1710 E 110th St. City Indianapolis County Hamilton 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.
   Eddie Estes 14 yrs.
   Laurie Estes 12 yrs.
6. (a) Full name of applicant's father Robert Delmare Estes
   (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 Reba Jo Luttrell
   (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 Tice Edward Estes Date 4-15-94

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 Tice Edward Estes
New Address 1710 E. 110 TH ST. INDPLS

Subscribed and sworn to before me this 15th day of APRIL, 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 Kristy Middle Ann Last Oliver

Date of Birth: Month 1 Day 18 Year 72

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

Residence Address: Street or R.R. 1224 Bluff 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.
   Bitdany Ann Oliver 4 yrs.
6. (a) Full name of applicant's father Ray Edward Oliver
   (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 Patricia Ann Wingler
   (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 Kristy Ann Oliver Date Apr. 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 Kristy Ann Oliver
New Address 1710 E. 110th Str. Apt. 46280

Subscribed and sworn to before me this 15th day of April, 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* 4-15-94 *, authorizing the marriage of* TICE EDWARD ESTES *and* KRISTY ANN OLIVER *. I further certify that the following marriage certificate was filed in my office: I,* HUBERT GREER *(name), certify that on* APRIL 16, 1994 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* TICE EDWARD ESTES *of* HAMILTON *County* IN *(state), and* KRISTY ANN 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* 4-15-94 *. Signed by:* /s/ HUBERT GREER *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-19-94 *(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. 138

File

4-18-94
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
Name of Physician Tom Thomas, M.D.

MALE APPLICANT

Name: First William Middle Allen Last Bartlett

Date of Birth: Month 1 Day 6 Year 1972

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 1030 Pamela Dr. 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) 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 Forest W. Melton II
   (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 Christina K. McCree
   (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 A Bartlett Date 4-18-94

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 x William A Bartlett
New Address Same as above
Subscribed and sworn to before me this 18 day of April, 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 Taysha Middle Lynn Last Delk

Date of Birth: Month 6 Day 20 Year 1975

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 1030 Pamela Dr. 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 P. Delk
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Betty J. Hostetler
   (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 Taysha Lynn Delk Date 4-18-94

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 x Taysha Lynn Delk
New Address Same as above
Subscribed and sworn to before me this 18 day of April, 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* 4-18-94 *, authorizing the marriage of* WILLIAM ALLEN BARTLETT *and* TAYSHA LYNN DELK *. I further certify that the following marriage certificate was filed in my office: I,* E. PAUL ALBRECHT *(name), certify that on* APRIL 23, 1994 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* WILLIAM ALLEN BARTLETT *of* HENDRICKS *County* IN *(state), and* TAYSHA LYNN DELK *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-23-94 *. Signed by:* /s/ E. PAUL ALBRECHT, SENIOR PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-26-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 139

File

4-18-94
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 4-12-94
Name of Physician Deborah L. Williams

MALE APPLICANT

Name: First Michael Middle Ray Last Wyatt
Date of Birth: Month 10 Day 19 Year 70
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. 12437 Rockville Rd. City Indpls. County 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) Dr. Lic.

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Michael Wyatt Date 4-18-94

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 Michael Wyatt
New Address SAME
Subscribed and sworn to before me this 18th day of April, 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 Heather Middle Joann Last Deremer
Date of Birth: Month 4 Day 18 Year 77
Place of Birth (State or foreign country) Danville, In.
Residence Address: Street or R.R. 1308 N 600 E City Danville County State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages ☒
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☒ Birth Certificate ☒ Other (Specify) Birth Certificate

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Mariah Deremer 15 mo.
6. (a) Full name of applicant's father Patrick Leon Deremer
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Virginia Dean Pittcock
   (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 Heather DeRemer Date 4-18-94

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 Heather DeRemer
New Address 12437 Rockville Rd. Indpls, IN 46234
Subscribed and sworn to before me this 18 day of April, 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 Patrick DeRemer ID # 307-52-7316
Mother Virginia Pidwell ID # 316-62-3902
Subscribed and sworn to before me this 18th day of April, 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* 4-18-94 *, authorizing the marriage of* MICHAEL RAY WYATT *and* HEATHER JOANN DEREMER *. I further certify that the following marriage certificate was filed in my office: I,* CINDY SPENCE *(name), certify that on* APRIL 18, 1994 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* MICHAEL RAY WYATT *of* HENDRICKS *County* IN *(state), and* HEATHER JOANN DEREMER *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-18-94 *. Signed by:* /s/ CINDY SPENCE *,* 1ST DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-18-94 *(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. 140

HENDRICKS County

File 4-18-94
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 3-15-94
Name of Physician Richard Floyd, M.D.

MALE APPLICANT

Name: First James Middle Edward Last RARDIN
Date of Birth: Month 8 Day 12 Year 70
Place of Birth (State or foreign country) Midwest City, OK.
Residence Address: Street or R.R. 5046 E Co Rd 800 N City Pittsboro County In. State
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Jack Havens Rardin
   (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 Nancy Joan Halsey
   (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 James E. Rardin Date 4-18-94

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 James E. Rardin
New Address 4935 W. 13TH SPEEDWAY, IN
Subscribed and sworn to before me this 18th day of April, 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 Natashia Middle Noel Last Jones
Date of Birth: Month 12 Day 15 Year 69
Place of Birth (State or foreign country) Bowling Green, Ky.
Residence Address: Street or R.R. 297 E. Co. 100 N. City Danville County In. State
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Matthew Jones
   (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 Barbara Sue Shields
   (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 Natashia N. Jones Date 4-18-94

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 Natashia N. Jones
New Address 4935 W. 13th Speedway, IN
Subscribed and sworn to before me this 18th day of April, 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* 4-18-94 *, authorizing the marriage of* JAMES EDWARD RARDIN *and* NATASHIA NOEL JONES *. I further certify that the following marriage certificate was filed in my office: I,* REV. LEONARD MAYNARD *(name), certify that on* APRIL 23, 1994 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* JAMES EDWARD RARDIN *of* HENDRICKS *County* IN *(state), and* NATASHIA NOEL JONES *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-23-94 *. Signed by:* /s/ REV. LEONARD MAYNARD *,* ASST. PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-9-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 141

HENDRICKS County

File

4-19-94
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 4-1-94
Name of Physician Dr. Rabbitt, M.D.

MALE APPLICANT

Name First: Kevin Middle: Michael Last: Taylor

Date of Birth Month: 8 Day: 4 Year: 62

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

Residence Address: Street or R.R.: RR#4 Box 272-A City: Clayton County: State: In.

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

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

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

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Kevin M. Taylor Date 4-19-94

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 M. Taylor
New Address SAME
Subscribed and sworn to before me this 19th day of April, 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: Phyllis Middle: Elaine Last: Lacy

Date of Birth Month: 7 Day: 5 Year: 61

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

Residence Address: Street or R.R.: RR#4 Box 272-A City: Clayton County: State: In.

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

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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Philip Eugene Lacy
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) N. Jefferson, Ct.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Jewel Mae Condiff
   (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 Phyllis E. Lacy Date 4-19-94

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 Phyllis E. Lacy
New Address SAME
Subscribed and sworn to before me this 19th day of April, 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* 4-19-94 *, authorizing the marriage of* KEVIN MICHAEL TAYLOR *and* PHYLLIS ELAINE LACY *. I further certify that the following marriage certificate was filed in my office: I,* FATHER C. S. CHESEBROUGH *(name), certify that on* APRIL 23, 1994 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* KEVIN MICHAEL TAYLOR *of* HENDRICKS *County* IN *(state), and* PHYLLIS ELAINE LACY *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-23-94 *. Signed by:* /s/ FR. C. S. CHESEBROUGH *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-2-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 142

HENDRICKS County

File

4-19-94
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 2-14-91
Name of Physician A. Johnson

MALE APPLICANT

Name: First Larry Middle Lavern Last Wing

Date of Birth: Month 12 Day 10 Year 58

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

Residence Address: Street or R.R. 10576 Epperson Ln Lot #11 City Carmby County In. State

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. Amanda Suzanne Wing 11 yrs.
   Michael Joseph Wing 9 yrs
6. (a) Full name of applicant's father Lawrence Earl Wing
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Jamestown, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Betty Marie McMillen
   (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 Larry L. Wing Date 4-19-94

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 L. Wing
New Address same

Subscribed and sworn to before me this 19th day of April, 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 April Middle Colleen Last Kirkpatrick

Date of Birth: Month 4 Day 7 Year 49

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

Residence Address: Street or R.R. 10576 Epperson Ln Lot #11 City Carmby 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 Marion Kyle Kirkpatrick
   (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 Marjorie Rachael Wolfe
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Virginia

ACKNOWLEDGMENT

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

Signature of Applicant April C Kirkpatrick Date 4-19-94

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 April Kirkpatrick
New Address same

Subscribed and sworn to before me this 19th day of April, 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* 4-19-94 *, authorizing the marriage of* LARRY LAVERN WING *and* APRIL COLLEEN KIRKPATRICK *. I further certify that the following marriage certificate was filed in my office: I,* RICHARD C. EVERTS *(name), certify that on* APRIL 25, 1994 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* LARRY LAVERN WING *of* HENDRICKS *County* IN *(state), and* APRIL COLLEEN KIRKPATRICK *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-19-94 *. Signed by:* /s/ RICHARD C. EVERTS *,* UNITY MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-29-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 143

File

4-19-94 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 IU Health Center

MALE APPLICANT

Name: First David Middle Guy Last Wiley

Date of Birth: Month 8 Day 2 Year 69

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 431 Vestal Rd 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 James Paul Wiley
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plfd IN
   Birthplace of father (State or foreign country) AL
   (b) Full maiden name of applicant's mother Barbara Anne Beard
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plfd IN
   Birthplace of mother (State or foreign country) KY

ACKNOWLEDGMENT

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

Signature of Applicant X [signature] Date 4/19/94

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 [signature]

New Address _____

Subscribed and sworn to before me this 19 day of April, 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 Elizabeth Middle Sarah Last Anne Racette

Date of Birth: Month 2 Day 5 Year 67

Place of Birth (State or foreign country) New Zealand

Residence Address: Street or R.R. 3905 Winddrift Dr. W. City Indpls County IN State

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

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

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

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

ACKNOWLEDGMENT

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

Signature of Applicant X E. Racette Date 4/19/94

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 E. Racette

New Address 3905 Winddrift Dr. W. Indpls IN 46254

Subscribed and sworn to before me this 19 day of April, 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* 4-19-94 *, authorizing the marriage of* DAVID GUY WILEY *and* ELIZABETH SARAH ANNE RACETTE *. I further certify that the following marriage certificate was filed in my office: I,* CHARLOTTE R. KEMNITZ *(name), certify that on* MAY 1, 1994 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* DAVID GUY WILEY *of* HENDRICKS *County* IN *(state), and* ELIZABETH SARAH ANNE RACETTE *of* MARION *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 5-1-94 *. Signed by:* /s/ CHARLOTTE R. KEMNITZ *,* JUDGE *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-6-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 144

HENDRICKS County

File

4-20 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 ☐ 4-18-94
If No, Medical Examination or Report Dated
Name of Physician Dr James Black

MALE APPLICANT

Name: First Albert Middle L. Last Turk

Date of Birth: Month 12 Day 23 Year 68

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

Residence Address: Street or R.R. 7895 N. 650 E. City Brownsburg County State In.

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

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

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) 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 Albert Louis Turk
   (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 Genevieve Tank
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) same above
   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 Albert L Turk Date 4-20-94

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 Albert L Turk

New Address _____

Subscribed and sworn to before me this 20 day of April, 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 Jo Ann Middle Last Konovsek

Date of Birth: Month 3 Day 12 Year 73

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

Residence Address: Street or R.R. 5325 E. 450 N. City Brownsburg County Hend. State In.

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

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

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

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

6. (a) Full name of applicant's father Frank J. Konovsek
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indpls same Abov
   Birthplace of father (State or foreign country) Indpls.
   (b) Full maiden name of applicant's mother Frances M. Lavins
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same as above.
   Birthplace of mother (State or foreign country) Owensboro 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 Jo Ann Konovsek Date 4-20-94

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 Jo Ann Konovsek

New Address _____

Subscribed and sworn to before me this 20 day of April, 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* 4-20-94 *, authorizing the marriage of* ALBERT LOUIS TURK *and* JO ANN KONOVSEK *. I further certify that the following marriage certificate was filed in my office: I,* REV. WILFRED E. DAY *(name), certify that on* APRIL 30, 1994 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* ALBERT LOUIS TURK, JR. *of* HENDRICKS *County* IN *(state), and* JO ANN KONOVSEK *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-20-94 *. Signed by:* /s/ REV. WILFRED E. DAY *,* CATHOLIC PRIEST *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-3-94 *(date).*

Signed Connie Lawson Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 145

HENDRICKS County

File

4-20-94
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 ☐ 9-1-93
If No, Medical Examination or Report Dated
Name of Physician L. Lorenz, M.D.

MALE APPLICANT

Name First Middle Last: Troy Allen Wade

Date of Birth Month Day Year: 2 12 70

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

Residence Address Street or R.R. City County State: 120 N Carr Rd Plainfield, In.

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

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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Jessica Danielle Wade 5 wks
6. (a) Full name of applicant's father Edward Floyd Wade
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Betty Sue Testment
   (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 Troy A. Wade Date 4-20-94

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 Troy A. Wade 4-20-94

New Address

Subscribed and sworn to before me this 20th day of April, 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: Rebecca Lyan Langley

Date of Birth Month Day Year: 3 21 72

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

Residence Address Street or R.R. City County State: 4610 Londonderry Ct. 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. Steven Langley 18 mos.
   Jessica Danielle Wade 5 wks
6. (a) Full name of applicant's father Mike Langley
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Washington
   Birthplace of father (State or foreign country) California (?)
   (b) Full maiden name of applicant's mother Laura Alice Denham
   (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 Rebecca Langley Date 4-20-94

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 Rebecca Langley 4-20-94

New Address

Subscribed and sworn to before me this 20th day of April, 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* 5/26/94 *, authorizing the marriage of* TROY A WADE *and* REBECCA L LANGLEY *. I further certify that the following marriage certificate was filed in my office: I,* DEBRA A HEDRICK *(name), certify that on* 5/26/94 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* TROY A WADE *of* HENDRICKS *County* INDIANA *(state), and* REBECCA L LANGLEY *of* MARION *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* 5/26/94 *. Signed by:* DEBRA A HEDRICK *,* 1ST DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5/26/94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 146

HENDRICKS County

File

4-20-94
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 4-14-94
Name of Physician J. Villalta, M.D.

MALE APPLICANT

Name: First Mellis Middle Wayne Last Beck

Date of Birth: Month 5 Day 5 Year 51

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

Residence Address: Street or R.R. 4421 Cross Bridge Ct. 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. Ivan Von Beck 18 yrs.
6. (a) Full name of applicant's father Melvin Wayne Beck
   (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 Opal Vina Leisure
   (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 Mellis W. Beck Date 4-20-94

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 Mellis W. Beck

New Address Same

Subscribed and sworn to before me this 20th day of April, 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 Deborah Middle Fern Last Sparks

Date of Birth: Month 10 Day 16 Year 49

Place of Birth (State or foreign country) Albuquerque N. Mex.

Residence Address: Street or R.R. 4421 Cross Bridge Ct. City Plainfield 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 Wallace Cody Sparks
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Oklahoma
   (b) Full maiden name of applicant's mother Fern Elizabeth Thompson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, In.
   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 Deborah F. Sparks Date 4-20-94

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 Deborah F. Sparks

New Address Same

Subscribed and sworn to before me this 20th day of April, 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* 4-20-94, *authorizing the marriage of* MELLIS WAYNE BECK *and* DEBORAH FERN SPARKS. *I further certify that the following marriage certificate was filed in my office: I,* ORVAL V. SUTTON *(name), certify that on* JUNE 4, 1994 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* MELLIS WAYNE BECK *of* HENDRICKS *County* IN *(state), and* DEBORAH FERN SPARKS *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-20-94. *Signed by:* /s/ REV. ORVAL V. SUTTON, MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-10-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 147

File

4-21-94
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 Dr. Black M.D.

MALE APPLICANT

Name: First DICKIE Middle RAY Last HAYDEN

Date of Birth: Month MARCH Day 31 Year 1949

Place of Birth (State or foreign country) BLACKWELL, OKLAHOMA

Residence Address: Street or R.R. 6966 W MAIN City DNVL County State

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 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. KIMBERLY S HAYDEN
6. (a) Full name of applicant's father OTIS R. HAYDEN
   (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 ROSA M. POLAND
   (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 Dickie Hayden Date 4-21-94

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 X Dickie R. Hayden
New Address X Same
Subscribed and sworn to before me this 21st day of April, 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 SARAH Middle RUTH Last PRICE

Date of Birth: Month JAN Day 29 Year 59

Place of Birth (State or foreign country) CLINTON CO., INDIANA

Residence Address: Street or R.R. R.R. #2 BOX 279 City ROACHDALE County IN State 46172

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

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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. NATHAN T. S. HURLESS
   JERICO LEE PRICE
6. (a) Full name of applicant's father HAROLD D MARTIN
   (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 HAZEL L HENTHORNE
   (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 Sarah Price Date 4-21-94

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 X Sarah Price
New Address X 6966 W. Main Danville IN
Subscribed and sworn to before me this 21st day of April, 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*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 148

HENDRICKS County

File

4-21-94
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 National Health Laboratories

MALE APPLICANT

Name: First Deric Middle Wayne Last Malicoat

Date of Birth: Month 8 Day 8 Year 65

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

Residence Address: Street or R.R. 1723 Hemlock 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 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. Kelsey Mae Malicoat 4yrs.
6. (a) Full name of applicant's father James J. Malicoat
   (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 Beatrice Irene Tigner
   (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 Deric W Malicoat Date 4/21/94

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 Deric W. Malicoat

New Address Same

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

Date of Birth: Month 12 Day 20 Year 72

Place of Birth (State or foreign country): Toledo, OH.

Residence Address: Street or R.R. 1723 Hemlock 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 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. Edward P Gregory 5yrs. Ryan M. Gregory 4yrs. Kyle D. Gregory 2yrs.
6. (a) Full name of applicant's father Mark Allen Floyd 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 Kathy Sue Allen
   (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 Shelly L Gregory Date 4-21-94

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 Shelly L Gregory

New Address SAME

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 149

File

4-22-94 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 4-19-94
Name of Physician Donald Trainor, M.D.

MALE APPLICANT

Name First Eric Middle Bruce Last EDELSON

Date of Birth Month 4 Day 13 Year 69

Place of Birth (State or foreign country) Germany

Residence Address 5246 E 25th St Street or R.R. City Marion County State IN

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

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

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

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

ACKNOWLEDGMENT

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

Signature of Applicant Eric B Edelson Date 4-22-94

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 Eric B Edelson
New Address SAME AS Above

Subscribed and sworn to before me this 22nd day of April, 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 Schanda Middle Colleen Last Hadley

Date of Birth Month 4 Day 29 Year 74

Place of Birth (State or foreign country) Indiana

Residence Address 615 W Mill Street or R.R. City Danville County Hend State IN

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

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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father David George Hadley
   (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 Joyce Ann Windell
   (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 Schanda Colleen Hadley Date 4-22-94

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 Schanda Colleen Hadley
New Address _____

Subscribed and sworn to before me this 22nd day of April, 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* 4-22-94 *, authorizing the marriage of* ERIC BRUCE EDELSON *and* SCHANDA COLLEEN HADLEY *. I further certify that the following marriage certificate was filed in my office: I,* P. MICHAEL THORNBURG *(name), certify that on* APRIL 23, 1994 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* ERIC BRUCE EDELSON *of* MARION *County* IN *(state), and* SCHANDA COLLEEN HADLEY *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-23-94 *. Signed by:* /s/ P. MICHAEL THORNBURG *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-27-94 *(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. 150

HENDRICKS County

File 4-21-94
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 ☐ 4-11-94
If No, Medical Examination or Report Dated
Name of Physician L. Lovell, M.D.

MALE APPLICANT

Name: First Lawrence Middle Carl Last Bennett

Date of Birth: Month 3 Day 2 Year 50

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

Residence Address: 4510 Brittany Rd Street or R.R. Indianapolis City In. County State

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1981

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

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

6. (a) Full name of applicant's father James Hamilton Bennett
   (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 Kathlyn Joahne Farney
   (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 Lawrence C Bennett Date 042194

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

Clerk of 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 C Bennett

New Address _____

Subscribed and sworn to before me this 21st day of April, 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 Christi Middle Jane Last Crum

Date of Birth: Month 10 Day 10 Year 53

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

Residence Address: 1225 Holiday Ln Street or R.R. E. Brownsburg City In County State

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 Melvin Leslie Kahler
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Delphi, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Dorcas Gwen Coble
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Delphi, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant Christi J. Crum Date 4-21-94

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 Christi J. Crum

New Address _____

Subscribed and sworn to before me this 21st day of April, 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* 4-21-94 *, authorizing the marriage of* LAWRENCE CARL BENNETT *and* CHRISTI JANE CRUM *. I further certify that the following marriage certificate was filed in my office: I,* JAMES H. BENNETT *(name), certify that on* MAY 14, 1994 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* LAWRENCE CARL BENNETT *of* MARION *County* IN *(state), and* CHRISTI JANE CRUM *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 5-14-94 *. Signed by:* /s/ JAMES H. BENNETT *,* REVEREND *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-16-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 151

File

4-22-94
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 4-22-94
Name of Physician Mark Thyrat, M.D.

MALE APPLICANT

Name: First Brett Middle Andrew Last Ritchie

Date of Birth: Month 1 Day 15 Year 72

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

Residence Address: Street or R.R. 105 Surrey Rd apt #6 City Monticello County ___ State Ill.

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

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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. ___
6. (a) Full name of applicant's father David Lawrence Ritchie
   (If adopted, list adoptive parents only) ___
   Residence of father (if deceased, so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Sandra Kay Hurt
   (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 Brett A. Ritchie Date 4-22-94

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 Brett A. Ritchie

New Address SAME

Subscribed and sworn to before me this 22nd day of April, 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 Constance Middle Ann Last Faulkner

Date of Birth: Month 9 Day 27 Year 68

Place of Birth (State or foreign country) Tucson, Az.

Residence Address: Street or R.R. PO Box 92 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 George Gilbert Faulkner
   (If adopted, list adoptive parents only) ___
   Residence of father (if deceased, so state) Plainfield, In.
   Birthplace of father (State or foreign country) Okla.
   (b) Full maiden name of applicant's mother Renee Marie Champlain
   (If adopted, list adoptive parents only) ___
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) New York

ACKNOWLEDGMENT

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

Signature of Applicant Constance A. Faulkner Date 4-22-94

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 Constance A. Faulkner

New Address 105 Surrey Rd #6 Monticello IL 61856

Subscribed and sworn to before me this 22nd day of April, 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* 4-22-94 *, authorizing the marriage of* BRETT ANDREW RITCHIE *and* CONSTANCE ANN FAULKNER *. I further certify that the following marriage certificate was filed in my office: I,* REVEREND RICHARD ZORE *(name), certify that on* MAY 14, 1994 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* BRETT ANDREW RITCHIE *of* PIATT *County* IL *(state), and* CONSTANCE ANN FAULKNER *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-22-94 *. Signed by:* /s/ REV. RICHARD ZORE *,* PRIEST *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-17-94 *(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

HENDRICKS County

No. 152

File

4-22-94
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 4-12 94
Name of Physician DR Poe

MALE APPLICANT

Name: Ronald First G. Middle STinson Last

Date of Birth: Month 4 Day 30 Year 54

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

Residence Address: Street or R.R. 147 E. CarLisLe. 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) 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 Herston. H. STINSON
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield
   Birthplace of father (State or foreign country) Tenn
   (b) Full maiden name of applicant's mother Vester Overton
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield
   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 ℵ Ronald G. Stinson 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 ℵ Ronald G. Stinson

New Address

Subscribed and sworn to before me this 22 day of April, 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: Linda First K. Middle Vanes Last

Date of Birth: Month 7 Day 14 Year 49

Place of Birth (State or foreign country): Ill

Residence Address: Street or R.R. R#2 Box 435 City Clayton County Hend 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) 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 Norman Miles Shell
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Ith
   Birthplace of father (State or foreign country) Ith
   (b) Full maiden name of applicant's mother Juanita Pearl Harris
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Ith
   Birthplace of mother (State or foreign country) Ith.

ACKNOWLEDGMENT

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

Signature of Applicant ℵ Linda K. Vanes 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 ℵ Linda K. Vanes

New Address

Subscribed and sworn to before me this 22 day of April, 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* APRIL 22, 1994 *, authorizing the marriage of* RONALD G STINSON *and* LINDA K VANES *. I further certify that the following marriage certificate was filed in my office: I,* STEVAN W RANSON *(name), certify that on* MAY 22, 1994 *(date), at* HAZELWOOD *in* HENDRICKS *County, Indiana,* RONALD G STINSON *of* MORGAN *County* INDIANA *(state), and* LINDA K VANES *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 . Signed by:* STEVAN W RANSON *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* JUNE 3, 1994 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 153

File

4-22-94
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

MALE APPLICANT

Name (First, Middle, Last): William Wayne Lamb
Date of Birth (Month, Day, Year): 6 5 50
Place of Birth (State or foreign country): Beech Grove In.
Residence Address (Street or R.R., City, County, State): 296 N Bell St Apt 6 Plainfield In
Previous Marital Status: 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 Everett Lamb
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state): Harrison Ar.
   Birthplace of father (State or foreign country): Indiana
   (b) Full maiden name of applicant's mother: Mary Magdalene Mullins
   (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: William W. Lamb Date 4-22-94

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 William W. Lamb 4-22-94
New Address 210 HOLIDAY DR, PLFD, IN
Subscribed and sworn to before me this 22nd day of April, 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): Verna Gail McCauley
Date of Birth (Month, Day, Year): 2 5 35
Place of Birth (State or foreign country): Two Rivers Wis
Residence Address (Street or R.R., City, County, State): 210 Holiday Dr. Plainfield 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: Kermit C. Jessmer
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state): Deceased
   Birthplace of father (State or foreign country): Wisconsin
   (b) Full maiden name of applicant's mother: Sylvia A. Zermuehlem
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state): Deceased
   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: Verna McCauley Date 4-22-94

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 Verna McCauley 4-22-94
New Address _____
Subscribed and sworn to before me this 22nd day of April, 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* 4-22-94 *, authorizing the marriage of* William W. Lamb *and* Verna G. McCauley

I, _____ *(name), certify that on* _____ *(date)* _____ *in* _____ *County, Indiana,* _____ *County* _____ *(state), and* _____ *County* _____ *(state) were married by me as authorized under* _____ *the Circuit Court of* HENDRICKS *County, Indiana, dated* _____. *Signed* _____ *Filed* _____, _____ *(official designation)* _____ *State of Indiana on* _____ *(date).*

Signed _____ *Clerk*
HENDRICKS *Circuit Court*

BOYCE FOR

license was expired at time of marriage

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 154

HENDRICKS County

File 4-22-94 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 ☐ 4-25-94
If No, Medical Examination or Report Dated
Name of Physician C. Wills, M.D.

MALE APPLICANT

Name First Gregg Middle Laurence Last Jones

Date of Birth Month 10 Day 24 Year 65

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

Residence Address Street or R.R. 106 Pin Oak 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 Jack Laurence Jones
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Georgia
   (b) Full maiden name of applicant's mother Diana Lynn Humphrey
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Georgia

ACKNOWLEDGMENT

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

Signature of Applicant Gregg L Jones Date 4-22-94

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 Gregg L Jones
New Address Same

Subscribed and sworn to before me this 22nd day of April, 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 Jean Last Miller

Date of Birth Month 7 Day 1 Year 70

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

Residence Address Street or R.R. 106 Pin Oak 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 male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Miller 5 yrs.

6. (a) Full name of applicant's father James Edward Hoover
   (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 Arnetta Jean Fusco
   (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 Angela J. Miller Date 4-22-94

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 Angela J. Miller
New Address Same

Subscribed and sworn to before me this 22nd day of April, 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* 4-22-94 *, authorizing the marriage of* GREGG LAURENCE JONES *and* ANGELA JEAN MILLER *. I further certify that the following marriage certificate was filed in my office: I,* LARRY L. BELLVILLE *(name), certify that on* APRIL 30, 1994 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* GREGG LAURENCE JONES *of* HENDRICKS *County* IN *(state), and* ANGELA JEAN 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* 4-22-94 *. Signed by:* /s/ LARRY L. BELLVILLE *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-4-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 155

HENDRICKS County

File

4-25-94
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
Name of Physician

MALE APPLICANT

Name: First Bradley Middle Clark Last Davis

Date of Birth: Month 11 Day 29 Year 62

Place of Birth (State or foreign country): Pasagoula, Ms.

Residence Address: Street or R.R. 10101 Otter Creek 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 female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Davis 19 ms.
6. (a) Full name of applicant's father Francis Dale Davis
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Swiftz City, In.
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of applicant's mother Patty Ann Payne
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Parsons, W. Va.
   Birthplace of mother (State or foreign country) W. Va.

ACKNOWLEDGMENT

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

Signature of Applicant Bradley C Davis Date 04.25.94

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 Bradley C Davis

New Address 229 Buddy Ln Camby IN 46113

Subscribed and sworn to before me this 25 day of April, 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 Toni Middle Rae Last Norrick

Date of Birth: Month 7 Day 9 Year 68

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

Residence Address: Street or R.R. 10101 Otter Creek 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. Ashley Rae Davis 19 ms.
6. (a) Full name of applicant's father Bobby Ray Norrick
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Newburg, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Donna Faye Buchanan
   (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 Toni Rae Norrick Date 4.25.94

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 Toni Norrick

New Address 229 Buddy Ln Camby, IN 46113

Subscribed and sworn to before me this 25 day of April, 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* April 25,1994 *, authorizing the marriage of* Bradley Clark Davis *and* Toni Rae Norrick *. I further certify that the following marriage certificate was filed in my office: I,* Patrick Chavis IV *(name), certify that on* June 15, 1994 *(date), at* Indianapolis *in* Marion *County, Indiana,* Bradley Clark Davis *of* Hendricks *County* Indiana *(state), and* Toni Rae Norrick *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* 4-25-94 *. Signed by:* /s/ Patrick Chavis IV *,* T.J. *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-5-94 *(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. 156

HENDRICKS County

File

4.25.94
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
Name of Physician Stephen Heeger

MALE APPLICANT

Name: First Gary Middle Dean Last Caulk
Date of Birth: Month 5 Day 19 Year 64
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. 541 Hanley St City Plainfield County State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 C. Caulk
   (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 Rose Marie 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 Gary D. Caulk Date 4/25/94

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 Gary D. Caulk
New Address
Subscribed and sworn to before me this 25th day of April, 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 Rhonda Middle Donita Last Roberts
Date of Birth: Month 4 Day 3 Year 59
Place of Birth (State or foreign country) Beech Grove, In.
Residence Address: Street or R.R. 541 Hanley 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) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Roberts 7 yrs.
6. (a) Full name of applicant's father Ray Donald Murray
   (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 Wanda Anita Handlon
   (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 Rhonda D. Roberts Date 4/25/94

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 Rhonda D. Roberts
New Address Same
Subscribed and sworn to before me this 25th day of April, 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* 4-25-94, *authorizing the marriage of* GARY DEAN CAULK *and* RHONDA DONITA ROBERTS. *I further certify that the following marriage certificate was filed in my office: I,* REV. LONNIE A RICHARDSON *(name), certify that on* MAY 13, 1994 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* GARY DEAN CAULK *of* HENDRICKS *County* IN *(state), and* RHONDA DONITA 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* 4-25-94. *Signed by:* /s/ REV. LONNIE A. RICHARDSON, CLERGY *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-19-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 157

HENDRICKS County

File

4-25-94
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 4-5-94
Name of Physician K. Hensell, M.D.

MALE APPLICANT

Name: First Donald Middle Leon Last Smith
Date of Birth: Month 3 Day 12 Year 67
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. 7046 E. US Hiway 36 City apt Indpls. County In. State
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Donald Smith Date 4/25/94

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 Donald Smith
New Address Same
Subscribed and sworn to before me this 25th day of April, 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 Hellena Middle Marie Last Watkins
Date of Birth: Month 6 Day 25 Year 68
Place of Birth (State or foreign country) Denver. Co.
Residence Address: Street or R.R. 7046 E US Hiway 36 City apt Indpls. County In. State
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Watkins
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Loomis, Ca.
   Birthplace of father (State or foreign country) Kit.
   (b) Full maiden name of applicant's mother Bonnie Sue Anderson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Eaton, 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 Hellena Watkins Date 4-25-94

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 Hellena Watkins
New Address ~~7046~~ - Same -
Subscribed and sworn to before me this 25th day of April, 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* APRIL 25, 1994 *, authorizing the marriage of* DONALD LEON SMITH *and* HELLENA MARIE WATKINS *. I further certify that the following marriage certificate was filed in my office: I,* J. NATHAN THOMAS *(name), certify that on* MAY 15,1994 *(date), at* AVON *in* HENDRICKS *County, Indiana,* DONALD LEON SMITH *of* HENDRICKS *County* INDIANA *(state), and* HELLENA MARIE WATKINS *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* MAY 15, 1994 *Signed by:* /s/ J. NATHAN THOMAS *,* ORDAINED MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* JUNE 14, 1994 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 158

HENDRICKS County

File 4-25-94
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 3-25-94
Name of Physician DR. DONALD LAUER

MALE APPLICANT

Name: First JAMES Middle LEE Last MCDANIEL
Date of Birth: Month AUGUST Day 10 Year 1963
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. 152 E. Main 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) 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 Lee McDaniel
   (If adopted, list adoptive parents only) —
   Residence of father (if deceased, so state) Liston, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Patricia Fern Craig
   (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 James Lee McDaniel Date 4-25-94

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 James Lee McDaniel
New Address 5154 E
Subscribed and sworn to before me this 25th day of April, 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 CHARLENE Middle ANN Last BURNS
Date of Birth: Month OCTOBER Day 19 Year 1962
Place of Birth (State or foreign country) Woodbridge, Va.
Residence Address: Street or R.R. 152 E. Main 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) 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 Garfield Burns
   (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 Bobbie Ann Stinson
   (If adopted, list adoptive parents only) —
   Residence of mother (if deceased, so state) Pittsboro, In.
   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 Charlene A Burns Date 4/25/94

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 Charlene A Burns
New Address Same
Subscribed and sworn to before me this 25th day of April, 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* 4-25-94 *, authorizing the marriage of* JAMES LEE McDANIEL *and* CHARLENE ANN BURNS *. I further certify that the following marriage certificate was filed in my office: I,* REV. FRED SHARP *(name), certify that on* APRIL 30, 1994 *(date), at* CARMEL *in* HAMILTON *County, Indiana,* JAMES LEE McDANIEL *of* HENDRICKS *County* IN *(state), and* CHARLENE ANN BURNS *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-25-94 *. Signed by:* /s/ REV. FRED SHARP *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-3-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 159

HENDRICKS County

File

4-25-94
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
Name of Physician

MALE APPLICANT

Name First Neal Middle Aris Last Harvey
Date of Birth Month 4 Day 11 Year 17
Place of Birth (State or foreign country) Danville In.
Residence Address Street or R.R. P.O. Box 91 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 Carl Harvey
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana (Hends. Co.)
   (b) Full maiden name of applicant's mother Bertha Neal
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Indiana (Hends. 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 Neal A. Harvey Date 4-25-94

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 Neal A. Harvey
New Address 8620 S CO Rd 400 W Stilesville, In
Subscribed and sworn to before me this 25th day of April, 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 Cleora Middle Mae Last Wagoner
Date of Birth Month 5 Day 10 Year 18
Place of Birth (State or foreign country) Hollandsburg, In.
Residence Address Street or R.R. 8620 S Co Rd 400 W City Stilesville County State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 1980
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Frank Earl Kerr
   (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 Pearl Carmicheal
   (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 Cleora M. Wagoner Date 4-25-94

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 Cleora M. Wagoner
New Address same
Subscribed and sworn to before me this 25th day of April, 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* 4-25-94 *, authorizing the marriage of* NEAL ARIS HARVEY *and* CLEORA MAE WAGONER *. I further certify that the following marriage certificate was filed in my office: I,* S. V. STILES *(name), certify that on* APRIL 29, 1994 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* NEAL ARIS HARVEY *of* HENDRICKS *County* IN *(state), and* CLEORA MAE WAGONER *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-25-94 *. Signed by:* /s/ S. V. STILES *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-3-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 160

HENDRICKS County

File 4-25-94
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 4-25-94
Name of Physician D. Bain, M.D.

MALE APPLICANT

Name: First Matthew Middle Russell Last Cornelison

Date of Birth: Month 10 Day 20 Year 71

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

Residence Address: Street or R.R. 2414 Fontana 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 John Cornelison (Wm)
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield, In.
   Birthplace of father (State or foreign country) Ky. (?) Ill. (?)
   (b) Full maiden name of applicant's mother Francine Hope York
   (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 Matthew R. Cornelison Date 4-26-94

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 Matthew R. Cornelison
New Address _____
Subscribed and sworn to before me this 26th day of April, 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 Tonya Middle Laree Last Russell

Date of Birth: Month 5 Day 17 Year 72

Place of Birth (State or foreign country) Saginaw, Mich

Residence Address: Street or R.R. 2418 Fontana Dr. City Indpls. County Hend. State In. 46234

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

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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Richard Thomas Russell
   (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 Richelle Lynn Wild
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Waukasha, Wisc.
   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 Tonya Russell Date 4-26-94

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 Tonya Russell
New Address _____
Subscribed and sworn to before me this 25th day of April, 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* 4-26-94 *, authorizing the marriage of* MATTHEW RUSSELL CORNELISON *and* TONYA LAREE RUSSELL *. I further certify that the following marriage certificate was filed in my office: I,* ROBERT F. GAMMON *(name), certify that on* APRIL 27, 1994 *(date), at* LAWRENCE *in* MARION *County, Indiana,* MATTHEW RUSSELL CORNELISON *of* HENDRICKS *County* IN *(state), and* TONYA LAREE RUSSELL *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-26-94 *. Signed by:* /s/ R. F. GAMMON *,* JUDGE *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-29-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 161

HENDRICKS County

File

4-25-94
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 4-25-94
Name of Physician W. Edwards, M.D.

MALE APPLICANT

Name: First Matthew Middle Douglas Last Shaw

Date of Birth: Month 1 Day 30 Year 71

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

Residence Address: Street or R.R. 6051 Agusta Dr. City N. 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) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Shaw
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis, In
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of applicant's mother Phyllis Rogers
   (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 Matthew A Shaw Date 4-25-94

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 Matthew A Shaw

New Address _____

Subscribed and sworn to before me this 25th day of April, 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 Kimberly Middle Kay Last Crouch

Date of Birth: Month 10 Day 18 Year 76

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

Residence Address: Street or R.R. 5571 E 75 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 Wayne Alva Crouch
   (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 Kay Welsh
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville, In.
   Birthplace of mother (State or foreign country) California

ACKNOWLEDGMENT

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

Signature of Applicant Kimberly K Crouch Date 4-25-94

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 Kimberly K Crouch

New Address _____

Subscribed and sworn to before me this 25th day of April, 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 Wayne A Crouch ID # 307-42-1926

Mother Rebecca K Crouch ID # 315-50-3306

Subscribed and sworn to before me this 25th day of April, 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* 4-25-94, *authorizing the marriage of* MATTHEW DOUGLAS SHAW *and* KIMBERLY KAY CROUCH. *I further certify that the following marriage certificate was filed in my office: I,* REV. CARL D. GILMORE *(name), certify that on* APRIL 25, 1994 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* MATTHEW DOUGLAS SHAW *of* MARION *County* IN *(state), and* KIMBERLY KAY CROUCH *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-25-94. *Signed by:* /s/ CARL D. GILMORE, MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-27-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 162

HENDRICKS County

File

4-26-94
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 4-25-94
Name of Physician S. Segal, M.D.

MALE APPLICANT

Name: First Robert Middle Montgomery Last Jackson

Date of Birth: Month 6 Day 10 Year 54

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

Residence Address: Street or R.R. 125 W Tilden City Brunsburg County Dr. 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. same →
6. (a) Full name of applicant's father Edgar D. Jackson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Al.
   (b) Full maiden name of applicant's mother Evelyn Lee Montgomery
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Al.

ACKNOWLEDGMENT

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

Signature of Applicant Robert Jackson Date

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

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

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

Signed Robert Jackson

New Address Same

Subscribed and sworn to before me this 26th day of April, 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 Regina Middle Nannette Last Jackson

Date of Birth: Month 8 Day 8 Year 60

Place of Birth (State or foreign country) Omaha, Ne.

Residence Address: Street or R.R. 125 W. Tilden City Brunsburg County Dr. 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. Joshua & Jeremy Jackson 12 yrs
   Aimee Jackson 8 yrs.
6. (a) Full name of applicant's father George Francis Koval
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Jamestown, In.
   Birthplace of father (State or foreign country) Pa.
   (b) Full maiden name of applicant's mother Nannadean Napier
   (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 Regina N. Jackson Date 4-26-94

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 Regina N. Jackson

New Address Same

Subscribed and sworn to before me this 26th day of April, 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* 4-26-94 *, authorizing the marriage of* ROBERT MONTGOMERY JACKSON *and* REGINA NANNETTE JACKSON *. I further certify that the following marriage certificate was filed in my office: I,* CINDY SPENCE *(name), certify that on* APRIL 26, 1994 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* ROBERT MONTGOMERY JACKSON *of* HENDRICKS *County* IN *(state), and* REGINA NANNETTE JACKSON *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-26-94 *. Signed by:* /s/ CINDY SPENCE *,* 1ST DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-26-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 163

HENDRICKS County

File

4-27-94
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 ☐
If No, Medical Examination or Report Dated
Name of Physician I. Poe, M.D.

MALE APPLICANT

Name: First Todd Middle E. Last Deno

Date of Birth: Month 9 Day 19 Year 72

Place of Birth (State or foreign country) INDIANA City Brook, In.

Residence Address: Street or R.R. 4718 W 500 N City W. Lafayette, 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 Rogers Louis Deno
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Fowler, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Alana Faton Lack
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Fowler, 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 Todd Deno Date 4/27/94

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 Todd Deno
New Address Same.

Subscribed and sworn to before me this 27th day of April, 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 L. Last Eaton

Date of Birth: Month 6 Day 24 Year 71

Place of Birth (State or foreign country) INDIANA City Indianapolis

Residence Address: Street or R.R. 807 N 200 W City Danville County State In.

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

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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Phillip Eaton
   (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 Sandra Kay Jones
   (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. Eaton Date 4-27-94

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 Jennifer L. Eaton
New Address 4718 W. 500 N. West Lafayette Ind.

Subscribed and sworn to before me this 27th day of April, 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* 4-27-94 *, authorizing the marriage of* TODD E. DENO *and* JENNIFER L. EATON *. I further certify that the following marriage certificate was filed in my office: I,* FATHER C. S. CHESEBROUGH *(name), certify that on* MAY 21, 1994 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* TODD E. DENO *of* TIPPECANOE *County* IN *(state), and* JENNIFER L. EATON *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 5-21-94 *. Signed by:* /s/ FR. C. S. CHESEBROUGH *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-24-94 *(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. 164

File

4-28-94 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 4-21-94
Name of Physician J. Ford, M.D.

MALE APPLICANT

Name: First Randy Middle Allen Last Kennedy

Date of Birth: Month 12 Day 23 Year 57

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

Residence Address: Street or R.R. 890 Ridgewood Dr. 204A 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. Jarrod Allen Kennedy 6 yrs.
6. (a) Full name of applicant's father Donald Kenneth Kennedy
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Ruby Sutton
   (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 Randy Allen Kennedy Date 4/28/94

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 Randy Allen Kennedy

New Address SAME

Subscribed and sworn to before me this 28th day of April, 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 Judith Middle Lynn Last Green

Date of Birth: Month 11 Day 10 Year 65

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

Residence Address: Street or R.R. 890 Ridgewood Dr. 204A 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 Lowell Green
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Rosemary Garrison
   (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 Judith L Green Date 4-28-94

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 Judith L Green

New Address Same

Subscribed and sworn to before me this 28th day of April, 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* 4-28-94, *authorizing the marriage of* RANDY ALLEN KENNEDY *and* JUDITH LYNN GREEN. *I further certify that the following marriage certificate was filed in my office: I,* CALVIN BRANDENBURG *(name), certify that on* MAY 8, 1994 *(date), at* TERRE HAUTE *in* VIGO *County, Indiana,* RANDY ALLEN KENNEDY *of* HENDRICKS *County* IN *(state), and* JUDITH LYNN GREEN *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-28-94. *Signed by:* /s/ CALVIN BRANDENBURG, MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-10-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 165

HENDRICKS County

File

4-28-94 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 4-25-94
Name of Physician D. Yeager, M.D.

MALE APPLICANT

Name: First David Middle Allen Last Hedge

Date of Birth: Month 4 Day 27 Year 70

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

Residence Address: Street or R.R. 10771 E. Co Rd 700 S. City Camby County State In.

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

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

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

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

6. (a) Full name of applicant's father Bert Alfred Hedge
   (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 Wanda 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 David A. Hedge Date 4/28

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

Clerk of 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. Hedge
New Address Same

Subscribed and sworn to before me this 28th day of April, 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 Renee Last George

Date of Birth: Month 4 Day 21 Year 70

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

Residence Address: Street or R.R. 10771 E. C.R. 700 S. City Camby County State In.

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

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

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

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

6. (a) Full name of applicant's father Dalton Ray George Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis In.
   Birthplace of father (State or foreign country) Ala.
   (b) Full maiden name of applicant's mother Brenda Sue Kimbley
   (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 Paula R. George Date 4/29

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

Clerk of 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 R. George
New Address Same

Subscribed and sworn to before me this 29th day of April, 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* 4-29-94 *, authorizing the marriage of* DAVID ALLEN HEDGE *and* PAULA RENEE' GEORGE *. I further certify that the following marriage certificate was filed in my office: I,* REV. FRANK GOODWIN *(name), certify that on* APRIL 30, 1994 *(date), at* CAMBY *in* MARION *County, Indiana,* _____ *(state), and* _____ *DAVID ALLEN HEDGE of* HENDRICKS *County* IN *(state), PAULA RENEE' GEORGE of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-30-94 *. Signed by:* /s/ FRANK GOODWIN *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-11-94 *(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. 166

HENDRICKS County

File

4-29-94
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 4-25-94
Name of Physician S. Heeger, M.D.

MALE APPLICANT

Name: First Asif Middle Q. Last Tai

Date of Birth: Month 9 Day 29 Year 72

Place of Birth (State or foreign country) Dhandacha India

Residence Address: Street or R.R. 8120 N. Washington St. City Indianapolis County [illegible] State [illegible]

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

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

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

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

ACKNOWLEDGMENT

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

Signature of Applicant A. F. Tai Date 4-29-94

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 A. F. Tai

New Address _____

Subscribed and sworn to before me this 29th day of April, 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 Parveen Middle G. Last Kapadia

Date of Birth: Month 6 Day 28 Year 75

Place of Birth (State or foreign country) Amreli, India

Residence Address: Street or R.R. 2520 E. Main City Plainfield County [illegible] State In.

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

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

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

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

ACKNOWLEDGMENT

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

Signature of Applicant Parveen Kapadia Date 4-29-94

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 Parveen Kapadia

New Address _____

Subscribed and sworn to before me this 29th day of April, 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* 4-29-94 *, authorizing the marriage of* ASIF I. TAI *and* PARVEEN G. KAPADIA *. I further certify that the following marriage certificate was filed in my office: I,* M. SALEEM KAYANI *(name), certify that on* MAY 14, 1994 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* ASIF I. TAI *of* MARION *County* IN *(state), and* PARVEEN G. KAPADIA *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 5-14-94 *. Signed by:* /s/ M. SALEEM KAYANI *DIRECTOR,* RELIGIOUS AFFAIRS *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-24-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 167

HENDRICKS County

File

4-29-94
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 Barbara Koewler M.D.

MALE APPLICANT

Name: First Robert Middle Lee Last Adams Jr.

Date of Birth: Month 12 Day 9 Year 68

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

Residence Address: Street or R.R. PO Box 272 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 Robert Lee Adams
   (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 MaryAnn Beaver
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Logansport, In
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant Robert Lee Adams Jr. Date 4-29-94

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 Lee Adams Jr.

New Address SAME

Subscribed and sworn to before me this 29th day of April, 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 Lynn Last Ward

Date of Birth: Month 5 Day 2 Year 69

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

Residence Address: Street or R.R. PO Box 272 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 James Arnold Pierce
   (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 Ethel Mae Pickel
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant Michelle Ward Date 4-29-94

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 Michelle Ward

New Address Same

Subscribed and sworn to before me this 29th day of April, 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* 4-29-94 *, authorizing the marriage of* ROBERT LEE ADAMS, JR. *and* MICHELLE LYNN WARD *. I further certify that the following marriage certificate was filed in my office: I,* DEBRA A. HEDRICK *(name), certify that on* APRIL 29, 1994 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* ROBERT LEE ADAMS, JR. *of* HENDRICKS *County* IN *(state), and* MICHELLE LYNN WARD *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-29-94 *. 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* 4-29-94 *(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. 168

HENDRICKS County

File

5-2-94
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 5-2-94
Name of Physician The Medical Laboratory

MALE APPLICANT

Name: First Stephen Middle W. Last Weddle

Date of Birth: Month 6 Day 30 Year 50

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 100 S. Center St. City North Salem County Hendricks State In.

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

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 2-92

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

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

6. (a) Full name of applicant's father Edward Ross Weddle
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Rosemary Pritchett
   (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 Stephen W. Weddle Date 5-2-94

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 X Stephen W. Weddle
New Address Same

Subscribed and sworn to before me this 2nd day of May, 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 J. Last Hartman

Date of Birth: Month 5 Day 19 Year 50

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 3-88

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. Laura Hartman

6. (a) Full name of applicant's father Claude Frazier
   (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 Lois M. Delashmit
   (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 Barbara J. Hartman Date 5-2-94

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 X Barbara J. Hartman
New Address _____

Subscribed and sworn to before me this 2nd day of May, 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* MAY 2, 1994 *, authorizing the marriage of* STEPHEN WAYNE WEDDLE *and* BARBARA J. HARTMAN *. I further certify that the following marriage certificate was filed in my office: I,* CAROL D. FRITZ *(name), certify that on* JUNE 19, 1994 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* STEPHEN W. WEDDLE *of* HENDRICKS *County* INDIANA *(state), and* BARBARA J. HARTMAN *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* MAY 2, 1994 *. Signed by:* /s/ REV. CAROL D. FRITZ *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* JUNE 21, 1994 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 169

HENDRICKS County

File

5-2-94
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 4-15-94
Name of Physician D. Decatur, M.D.

MALE APPLICANT

Name First Matthew Middle David Last Whetstone

Date of Birth Month 4 Day 4 Year 69

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

Residence Address Street or R.R. 713 Easton St. City Brownsburg County Hendricks State In.

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

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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Klein Whetstone
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Connersville, In.
   Birthplace of father (State or foreign country) Pa.
   (b) Full maiden name of applicant's mother Patricia Louise Feigert
   (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 Matthew D Whetstone Date 5/2/94

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: 304-90-3744 swear/affirm that the information given on this application is true and correct.

Signed Matthew D Whetstone

New Address SAME

Subscribed and sworn to before me this 2nd day of May, 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 Deanna Middle Michelle Last Wilson

Date of Birth Month 8 Day 5 Year 71

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

Residence Address Street or R.R. 713 Easton 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 male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Edward Wilson
   (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 Donna Jean Schmid
   (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 Deanna M. Wilson Date 5-2-94

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: 312-96-3494 swear/affirm that the information given on this application is true and correct.

Signed Deanna M. Wilson

New Address SAME

Subscribed and sworn to before me this 2nd day of May, 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* 5-2-94 *, authorizing the marriage of* MATTHEW DAVID WHETSTONE *and* DEANNA MICHELLE WILSON *. I further certify that the following marriage certificate was filed in my office: I,* KENT C. ODOR *(name), certify that on* MAY 7, 1994 *(date), at* NEW PALESTINE *in* HANCOCK *County, Indiana,* MATTHEW DAVID WHETSTONE *of* HENDRICKS *County* IN *(state), and* DEANNA MICHELLE 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* 5-7-94 *. Signed by:* /s/ KENT C. ODOR *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-10-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 170

HENDRICKS County

File

5-4-94
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 3-22-94
Name of Physician D. Harris, M.D.

MALE APPLICANT

Name: First John Middle Robert Last Stucker

Date of Birth: Month 12 Day 18 Year 69

Place of Birth (State or foreign country) Terre Haute In

Residence Address: Street or R.R. 2132 E. 900 S. 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 Robert Lee Stucker
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Clayton, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Carol Klaine Blake
   (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 John R. Stucker Date 5/4/94

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 John R. Stucker
New Address PO Box 415 N. Salem In 46165
Subscribed and sworn to before me this 4th day of May, 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 Britton Middle Lane Last Cox

Date of Birth: Month 2 Day 9 Year 70

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

Residence Address: Street or R.R. 5 S Broadway City North Salem County State In.

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

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

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

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

6. (a) Full name of applicant's father Connely Joseph Cox
   (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 Nancy Sue Faulkenberg
   (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 Britton Lane Cox Date 5/4/94

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 Britton Cox
New Address 5 S. BROADWAY N. SALEM, IN
Subscribed and sworn to before me this 4th day of May, 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* 5-4-94, *authorizing the marriage of* JOHN ROBERT STUCKER *and* BRITTON LANE COX. *I further certify that the following marriage certificate was filed in my office: I,* CARL AKARD RILEY *(name), certify that on* MAY 6, 1994 *(date), at* NORTH SALEM *in* HENDRICKS *County, Indiana,* JOHN ROBERT STUCKER *of* HENDRICKS *County* IN *(state), and* BRITTON LANE 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* 5-6-94. *Signed by:* /s/ CARL AKARD RILEY, MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-10-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 171

HENDRICKS County

File

5-4-94
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 5-4-94
Name of Physician R. Stegemoller, M.D.

MALE APPLICANT

Name: First Joseph Middle Leray Last Kite

Date of Birth: Month 12 Day 24 Year 71

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

Residence Address: Street or R.R. 302 Raintree Dr. City Danville County State In.

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

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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father James Leray Kite
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville, In
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Mary Margaret Buskirk
   (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 Joseph L. Kite Date 5-4-94

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 Joseph L. Kite
New Address Same

Subscribed and sworn to before me this 4th day of May, 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 Lynn Last Melton

Date of Birth: Month 2 Day 1 Year 71

Place of Birth (State or foreign country) Paris, Illinois

Residence Address: Street or R.R. 4306 Gibbs Rd. City Danville County State In.

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

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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 E. Melton
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Paris, Il.
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of applicant's mother Donna Sue Wiley
   (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 Kelly Melton Date 5-5-94

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 Kelly Melton
New Address Same

Subscribed and sworn to before me this 5th day of May, 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* 5-4-94, *authorizing the marriage of* JOSEPH LEROY KITE *and* KELLY LYNN MELTON. *I further certify that the following marriage certificate was filed in my office: I,* E. S. RALPH *(name), certify that on* MAY 7, 1994 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* JOSEPH LEROY KITE *of* HENDRICKS *County* IN *(state), and* KELLY LYNN MELTON *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 5-7-94. *Signed by:* /s/ E. S. RALPH, MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-10-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 172

HENDRICKS County

File

5-4-94
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 4-7-94
Name of Physician R. Hansell, M.D.

MALE APPLICANT

Name: First John Middle Allan Last Kolodziej

Date of Birth: Month 7 Day 11 Year 64

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

Residence Address: Street or R.R. 16 Elm 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 Casimir Kolodziej
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Mass.
   (b) Full maiden name of applicant's mother Norma Mae Brown
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, 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 John Allan Kolodziej Date 5.4.94

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 John A. Kolodziej
New Address 1691 Keller Hill Rd Mooresville IN 46158

Subscribed and sworn to before me this 4th day of May, 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 — Last Tyszkiewicz

Date of Birth: Month 7 Day 10 Year 69

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

Residence Address: Street or R.R. 1691 Keller Hill Rd 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 male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Tyszkiewicz
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Highland, In.
   Birthplace of father (State or foreign country) Poland
   (b) Full maiden name of applicant's mother Waclawa Merska
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Highland, In.
   Birthplace of mother (State or foreign country) Poland

ACKNOWLEDGMENT

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

Signature of Applicant Lisa Tyszkiewicz Date 5-4-94

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 Lisa Tyszkiewicz
New Address _____

Subscribed and sworn to before me this 4th day of May, 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* 5-4-94 *, authorizing the marriage of* JOHN ALLAN KOLODZIEJ *and* LISA TYSZKIEWICZ *. I further certify that the following marriage certificate was filed in my office: I,* REV. RICHARD WOSIAK *(name), certify that on* MAY 7, 1994 *(date), at* EASH CHICAGO *in* LAKE *County, Indiana,* JOHN ALLAN KOLODZIEJ *of* HENDRICKS *County* IN *(state), and* LISA TYSZKIEWICZ *of* MORGAN *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 5-4-94 *. Signed by:* /s/ REV. RICHARD WOSIAK *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-11-94 *(date).*

Signed Connie Lawson Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 173

HENDRICKS County

File

5-4-94
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 5-4-94
Name of Physician K. Johns, M.D.

MALE APPLICANT

Name First Thomas Middle Edwin Last Spencer

Date of Birth Month 8 Day 13 Year 71

Place of Birth (State or foreign country) Danville In

Residence Address 3905 Wind Drift Dr Apt 1-B Street or R.R. Indpls City Marion County In State

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

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

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

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Thomas E Spencer Date 5-4-94

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 Thomas E Spencer
New Address 5AME
Subscribed and sworn to before me this 4th day of May, 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 Jean Last Downing

Date of Birth Month 3 Day 3 Year 70

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

Residence Address 5190E Co Rd 750N Street or R.R. Pittsboro City Marion County In State

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

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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Ray Downing
   (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 Rebecca Jean Barton
   (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 Angela J. Downing Date 5-4-94

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 Angela J. Downing
New Address 3905 Wind Drift Dr. Apt 1-B
Subscribed and sworn to before me this 4th day of May, 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* 5-12-94 *, authorizing the marriage of* Thomas Edwin Spencer *and* Angela Jean Downing *. I further certify that the following marriage certificate was filed in my office: I,* Peter D. Haskins *(name), certify that on* 7-9-94 *(date), at* Speedway *in* Marion *County, Indiana,* ~~Thomas Edwin Spencer~~ *of* Marion *County* Indiana *(state), and* ~~Angela Jean Downing~~ *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* 5-12-94 *. Signed by:* /s/ Rev. Peter D. Haskins *,* Assoc. Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-12-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 174

HENDRICKS County

File

5.5.94
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 Mark Beatty

MALE APPLICANT

Name: First Joseph Middle William Last Burton II

Date of Birth: Month 9 Day 26 Year 75

Place of Birth (State or foreign country) Washington

Residence Address: Street or R.R. 7095 S Manor Dr. City B'burg County State

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

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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Anthony Vincent Burton
6. (a) Full name of applicant's father Joseph William Burton I
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Farmersburg IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Cindy Lonise Green
   (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 Joseph W. Burton II Date 5/5/94

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 Joseph W. Burton II
New Address Same as above

Subscribed and sworn to before me this 5 day of May, 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 Christina Middle Dawn Last Langley

Date of Birth: Month 2 Day 20 Year 74

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. E Semt 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. Anthony Vincent Burton
6. (a) Full name of applicant's father Ronald G. Langley
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Carlisle PA
   Birthplace of father (State or foreign country) IL
   (b) Full maiden name of applicant's mother Charlene Malow
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Fillmore 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 Christina D. Langley Date May 5, 1994

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Christina D. Langley
New Address _____

Subscribed and sworn to before me this 5 day of May, 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* 5-5-94, *authorizing the marriage of* JOSEPH WILLIAM BURTON II *and* CHRISTINA DAWN LANGLEY. *I further certify that the following marriage certificate was filed in my office: I,* CINDY SPENCE *(name), certify that on* MAY 5, 1994 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* JOSEPH W. BURTON II *of* HENDRICKS *County* IN *(state), and* CHRISTINA D. LANGLEY *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 5-5-94. *Signed by:* /s/ CINDY SPENCE, 1ST DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-5-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 175

HENDRICKS County

File

5-5-94
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 7-9-93
Name of Physician L. Olgar, 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 Richfield Ln City Danville County State In

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

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

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

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

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

Clerk of 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 5th day of May, 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 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 Richfield Ln City Danville County State In

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

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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 6 mo.
6. (a) Full name of applicant's father James Harrell
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield, Ind.
   Birthplace of father (State or foreign country) Georgia
   (b) Full maiden name of applicant's mother Ruth A. 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 5-5-94

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 Robin Harrell

New Address same

Subscribed and sworn to before me this 5th day of May, 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* 5-5-94 *, authorizing the marriage of* DENNIS MICHAEL CRANOR *and* ROBIN KAY HARRELL *. I further certify that the following marriage certificate was filed in my office: I,* CINDY SPENCE *(name), certify that on* MAY 5, 1994 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* DENNIS MICHAEL CRANOR *of* HENDRICKS *County* IN *(state), and* ROBIN KAY HARRELL *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 5-5-94 *. Signed by:* /s/ CINDY SPENCE *,* 1ST DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-5-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 176

HENDRICKS County

File

Date of Application

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

Female Applicant 50 No ☒ Yes ☐ 4/27/94
If No, Medical Examination or Report Dated
Name of Physician Marie V. Fletcher, M.D.

MALE APPLICANT

Name: First George Middle Delano Last Albrecht

Date of Birth: Month 1 Day 5 Year 41

Place of Birth (State or foreign country) INDIANA

Residence Address: Street or R.R. 514 City Rodney St. County Brownsburg 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 female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Cornelius Albrecht
   (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 Louise Reinhart
   (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 George D. Albrecht Date 5/5/94

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 D. Albrecht
New Address 7653 Sheila Drive Brownsburg In 46112

Subscribed and sworn to before me this 5 day of May, 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 Ellen Middle Marie Last Loviscek

Date of Birth: Month 12 Day 27 Year 47

Place of Birth (State or foreign country) INDIANA

Residence Address: Street or R.R. 7653 City Sheila Drive County Brownsburg 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. Gina Marie Loviscek 18 yrs.
6. (a) Full name of applicant's father Michael Joseph Kavanagh
   (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 Bernetta Geraldine Dontin
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) DECEASED
   Birthplace of mother (State or foreign country) Pennsylvania

ACKNOWLEDGMENT

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

Signature of Applicant X Ellen M. Loviscek Date 5/5/94

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 Ellen M. Loviscek
New Address Same as above

Subscribed and sworn to before me this 5 day of May, 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* 5-5-94 *, authorizing the marriage of* GEORGE DELANO ALBRECHT *and* ELLEN MARIE LOVISCEK *. I further certify that the following marriage certificate was filed in my office: I,* REVEREND DENNIS L. DODSON *(name), certify that on* JUNE 3, 1994 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* GEORGE DELANO ALBRECHT *of* HENDRICKS *County* INDIANA *(state), and* ELLEN MARIE LOVISCEK *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* MAY 5, 1994
Signed by: /s/ REV. DENNIS L. DODSON *,* MINISTER *(official designation)*
Filed and recorded in accordance with the laws of the State of Indiana on JUNE 6, 1994 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 177

File

5-6-94 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 4-22-94
Name of Physician D. Haggard, M.D.

MALE APPLICANT

Name: First Douglas Middle Lee Last Jones

Date of Birth: Month 2 Day 17 Year 71

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

Residence Address: Street or R.R. 118 Hanley 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 1994

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Burley Jones 4 yrs.
   Douglas Lee Jones Jr. 2 yrs.
6. (a) Full name of applicant's father Gary Lee Jones
   (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 Cheryldan White
   (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 Douglas L Jones Date 5/6/94

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 Douglas L Jones

New Address Same

Subscribed and sworn to before me this 6th day of May, 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 Denise Middle Marie Last Tabler

Date of Birth: Month 3 Day 8 Year 68

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

Residence Address: Street or R.R. 118 Hanley 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 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. Collin Walker 2 yrs.
6. (a) Full name of applicant's father Ray Melvin Walker
   (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 Marie Stephenson
   (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 Denise M. Tabler Date 5/6/94

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 Denise M. Tabler

New Address Same

Subscribed and sworn to before me this 6th day of May, 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* 5-6-94, *authorizing the marriage of* DOUGLAS LEE JONES *and* DENISE MARIE TABLER. *I further certify that the following marriage certificate was filed in my office: I,* CINDY SPENCE *(name), certify that on* MAY 6, 1994 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* DOUGLAS LEE JONES *of* HENDRICKS *County* IN *(state), and* DENISE MARIE TABLER *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 5-6-94. *Signed by:* /s/ CINDY SPENCE, 1ST DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-6-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 178

HENDRICKS County

File

5-6-94
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 4-19-94
Name of Physician Robert J Roberson, M.D.

MALE APPLICANT

Name: First Bronson Middle James Last Rose

Date of Birth: Month 5 Day 9 Year 74

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

Residence Address: Street or R.R. 1964 Kaker Ct City Brownsburg, In. County State

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

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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Leon Rose
   (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 Sharon Sue Wesseler
   (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 Bronson J Rose Date 5/6/94

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 Bronson J Rose

New Address _____

Subscribed and sworn to before me this 6th day of May, 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 Rae Last Sharbaugh

Date of Birth: Month 4 Day 28 Year 74

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

Residence Address: Street or R.R. 10316 N St Rd 267 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 Norman Francis Sharbaugh
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Pa.
   (b) Full maiden name of applicant's mother Teresa Anne Hubble
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant Julie R Sharbaugh Date 5-6-94

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 Julie R Sharbaugh

New Address _____

Subscribed and sworn to before me this 6th day of May, 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* 5-6-94, *authorizing the marriage of* BRONSON JAMES ROSE *and* JULIE ROE SHARBAUGH. *I further certify that the following marriage certificate was filed in my office: I,* REV. JAMES F. BURT *(name), certify that on* MAY 21, 1994 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* BRONSON JAMES ROSE *of* HENDRICKS *County* IN *(state), and* JULIE ROE SHARBAUGH *of* MARION *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 5-21-94. *Signed by:* /s/ REV. JAMES F. BURT, PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-25-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 179

File

5-6-94 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 5-5-94
Name of Physician Dr. M. Benson, M.D.

MALE APPLICANT

Name: First Mark Middle Alan Last Heishman

Date of Birth: Month 5 Day 12 Year 61

Place of Birth (State or foreign country) Ft Campbell, Ky.

Residence Address: Street or R.R. 6027 Cheshire 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 female applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father Wayne Heishman
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Logansport, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Marilyn Sue Briggs
   (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. Heishman Date 5/6/94

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 Mark A. Heishman
New Address 6027 CHESHIRE RD. APT. B.

Subscribed and sworn to before me this 6th day of May, 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 Kimberlie Middle Lyn Last Neal

Date of Birth: Month 7 Day 9 Year 74

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

Residence Address: Street or R.F.D. 867 N Co Rd 450 E City Danville County State In.

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

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

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

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

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

ACKNOWLEDGMENT

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

Signature of Applicant Kim Neal Date 5-6-94

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 Kim Neal
New Address 6027 Cheshire Rd. Apt. B

Subscribed and sworn to before me this 6th day of May, 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* 5-6-94 *, authorizing the marriage of* MARK ALAN HEISHMAN *and* KIMBERLIE LYN NEAL *. I further certify that the following marriage certificate was filed in my office: I,* CINDY SPENCE *(name), certify that on* MAY 6, 1994 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* MARK ALAN HEISHMAN *of* MARION *County* IN *(state), and* KIMBERLIE LYN NEAL *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 5-6-94 *. Signed by:* /s/ CINDY SPENCE *,* 1ST DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-6-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 180

File

5-6-94 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. Benson M.D.

MALE APPLICANT

Name: First Nicholas Middle V Last Suding

Date of Birth: Month 12 Day 7 Year 70

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R.R. RR1 Box 318 City Trafalgar County State IN 46181

Previous Marital Status: 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. ∅

6. (a) Full name of applicant's father Eugene Charles Suding
   (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 Dolores Blandford
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Ill IN
   Birthplace of mother (State or foreign country) Ill

ACKNOWLEDGMENT

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

X Signature of Applicant [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.

X Signed [signature]
New Address Route 1 Box 75-B Monrovia, IN 46157

Subscribed and sworn to before me this 6th day of May, 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 Tamara Middle S Last Linton

Date of Birth: Month 6 Day 27 Year 71

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R.R. 27 Martin Dr. City Danville County State IN 46122

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

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

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) 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 Donis Dwayne Linton
   (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 Linnie Alma Woodrum
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) Kentucky

ACKNOWLEDGMENT

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

X Signature of Applicant Tamara S. Linton Date 5-6-94

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 Tamara S. Linton
New Address Route 1 Box 75-B Monrovia, IN 46157

Subscribed and sworn to before me this 6th day of May, 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* 5-6-94 *, authorizing the marriage of* NICHOLAS V. SUDING *and* TAMARA S. LINTON *. I further certify that the following marriage certificate was filed in my office: I,* ROGER L. STROUP *(name), certify that on* MAY 7, 1994 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* NICHOLAS V. SUDING *of* MORGAN *County* IN *(state), and* TAMARA S. LINTON *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 5-7-94 *. Signed by:* /s/ ROGER L. STROUP *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-10-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 181

File

5-6-94
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 Danville Health Clinic

MALE APPLICANT

Name: First Mitchell Middle Finn Last Scott

Date of Birth: Month 1 Day 13 Year 40

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 194 N Jefferson 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 85

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Mitchell Scott
6. (a) Full name of applicant's father Grady Mack Scott
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) TN
   (b) Full maiden name of applicant's mother Tessie Velmer Davis
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) TN

ACKNOWLEDGMENT

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

Signature of Applicant X Mitchell F Scott Date 5-6-94

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 Mitchell F Scott

New Address Same as above

Subscribed and sworn to before me this 6 day of May, 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 Frances Middle Sue Last Caton

Date of Birth: Month 10 Day 18 Year 54

Place of Birth (State or foreign country) VA

Residence Address: Street or R.R. 5368 E Main 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. Brian Mitchell Scott
6. (a) Full name of applicant's father Joe Womer
   (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 Nannie Molly Lawson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville IN
   Birthplace of mother (State or foreign country) VA

ACKNOWLEDGMENT

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

Signature of Applicant X Frances Sue Caton Date 5-6-94

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 Frances Sue Caton

New Address _____

Subscribed and sworn to before me this 6 day of May, 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* 5-6-94 *, authorizing the marriage of* MITCHELL F. SCOTT *and* FRANCES S. CATON *. I further certify that the following marriage certificate was filed in my office: I,* DEBRA A. HEDRICK *(name), certify that on* MAY 6, 1994 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* MITCHELL F. SCOTT *of* HENDRICKS *County* IN *(state), and* FRANCES S. CATON *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 5-6-94 *. 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* 5-9-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 182

HENDRICKS County

File

5-6-94
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 X Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Kenneth Maynard (Natl Health Lab)

MALE APPLICANT

Name: First Allen Middle Eugene Last Fox

Date of Birth: Month 5 Day 18 Year 49

Place of Birth (State or foreign country) OH

Residence Address: Street or R.R. 7620 Eagle Valley Pass City Indpls County State IN

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

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

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

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

ACKNOWLEDGMENT

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

X Signature of Applicant Allen E. Fox Date 5/6/94

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 Allen E. Fox
New Address

Subscribed and sworn to before me this 6 day of May, 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 Mae Last Page

Date of Birth: Month 12 Day 2 Year 47

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. [redacted] City B'burg County State IN

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 81

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

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

X Signature of Applicant Karen M. Page Date 5/6/94

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 Karen M. Page
New Address

Subscribed and sworn to before me this 6 day of May, 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* May 6, 1994 *, authorizing the marriage of* Allen Eugene Fox *and* Karen Mae Page *. I further certify that the following marriage certificate was filed in my office: I,* Myron Barnard *(name), certify that on* 6-25-94 *(date), at* Brownsburg *in* Hendricks *County, Indiana,* Allen Eugene Fox *of* Hendricks *County* Indiana *(state), and* Karen Mae Page *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* May 6, 1994 *. Signed by:* /s/ Myron Barnard , Judge *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-29-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 183

HENDRICKS County

File

5.9.94
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 The Medical Lab. Indpls.

MALE APPLICANT

Name: First John Middle Herron Last Dotlich

Date of Birth: Month 2 Day 26 Year 70

Place of Birth (State or foreign country) Georgia

Residence Address: Street or R.R. 105 East Tilden Dr. City Brownsburg County Hend. State In

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

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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the 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 Nicholas Herron
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Florida
   Birthplace of father (State or foreign country) Oraiane
   (b) Full maiden name of applicant's mother Susan Kay Dotlich
   (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 Herron Dotlich Date 6-29-94

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 John Herron Dotlich
New Address

Subscribed and sworn to before me this 29th day of June, 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 Shane Middle Sharese Last Brown

Date of Birth: Month 2 Day 9 Year 73

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 1272 Argyle Dr. City Pfld. County State

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

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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Leroy Brown
   (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 Paula Jeanette Huffman
   (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 Shane S. Brown Date 5/9/94

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 X Shane S. Brown
New Address

Subscribed and sworn to before me this 9 day of May, 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* 6-29-94 *, authorizing the marriage of* John H. Dotlich *and* Shane S. Brown *. I further certify that the following marriage certificate was filed in my office: I,* Dr. Andrew P. Crowley *(name), certify that on* 7-16-94 *(date), at* Speedway *in* Marion *County, Indiana,* ~~John H. Dotlich~~ *of* Hendricks *County* Indiana *(state), and* ~~Shane S. Brown~~ *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* 6-29-94 *. Signed by:* /s/ Dr. Andrew P. Crowley *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-19-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 184

HENDRICKS County

File

5-9-94
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 Maurice Middle D Last Unversaw

Date of Birth: Month 2 Day 5 Year 37

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 207 S. Pearl City Amo County IN State

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 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 Delbert M. Unversaw
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Coatesville Amo IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Dorothy A. Balay
   (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 Maurice D. Unversaw Date 5-8-94

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 Maurice D. Unversaw
New Address Same as Above

Subscribed and sworn to before me this 9 day of May, 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 J Last Toney

Date of Birth: Month 8 Day 23 Year 39

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 3338 N Georgetown Rd. City Indpls. County State

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 85'

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 O Adkins
   (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 Alma Louise Roberts
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Greenwood 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 Barbara J Toney Date 5/9/94

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 Barbara J Toney
New Address P.O. Box 206 Amo In. 46103

Subscribed and sworn to before me this 9 day of May, 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* MAY 9, 1994 *, authorizing the marriage of* MAURICE D UNVERSAW *and* BARBARA J TONEY *. I further certify that the following marriage certificate was filed in my office: I,* CHARLES ELSTON *(name), certify that on* MAY 21, 1994 *(date), at* AMO *in* HENDRICKS *County, Indiana,* MAURICE D. UNVERSAW *of* HENDRICKS *County* INDIANA *(state), and* BARBARA J. TONEY *of* MARION *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* MAY 21, 1994
Signed by: CHARLES ELSTON *,* MINISTER *(official designation)*
Filed and recorded in accordance with the laws of the State of Indiana on JUNE 3, 1994 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 185

HENDRICKS County

File

5-9-94
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 4-26-94
Name of Physician Steven Pollum

MALE APPLICANT

Name: First Thomas Middle S. Last Merritt

Date of Birth: Month 7 Day 27 Year 65

Place of Birth (State or foreign country) Hendricks Co.

Residence Address: Street or R.R. 334 Enderly Ave City Brownsburg County Hend State Ind

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1985

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. George Bradley age 9,
6. (a) Full name of applicant's father STANley George Merritt
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brownsburg
   Birthplace of father (State or foreign country) Indpls In.
   (b) Full maiden name of applicant's mother Doris Delare Lollar Tovey
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Lebanon
   Birthplace of mother (State or foreign country) Canby Ja.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 S. Merritt Date 5-9-94

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 ☒ Thomas S. Merritt

New Address _____

Subscribed and sworn to before me this 9 day of May, 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 Carla Middle E. Last Hunter

Date of Birth: Month 4 Day 1 Year 66

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

Residence Address: Street or R.R. 1517 Mobres Manor City Indpls County Marion State In.

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

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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father James Lee Hunter
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indpls
   Birthplace of father (State or foreign country) Indpls
   (b) Full maiden name of applicant's mother Dolores Mary Kremer Hunter
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indpls.
   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 ☒ Carla E. Hunter Date 5-9-94

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 ☒ Carla E. Hunter

New Address _____

Subscribed and sworn to before me this 9 day of May, 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* MAY 9, 1994 *, authorizing the marriage of* THOMAS S. MERRITT *and* CARLA E. HUNTER *. I further certify that the following marriage certificate was filed in my office: I,* JOHN A. HERFURTH *(name), certify that on* JUNE 4, 1994 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* THOMAS S. MERRITT *of* HENDRICKS *County* INDIANA *(state), and* CARLA E. HUNTER *of* MARION *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* MAY 9, 1994 *. Signed by:* /s/ REVEREND JOHN A. HERFURTH *,* REVEREND *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* JUNE 13, 1994 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 186

HENDRICKS County

File

5-9-94
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 5-9-94
Name of Physician Dr. David Hadley, M.D.

MALE APPLICANT

Name: First C Middle Bradley Last White

Date of Birth: Month 11 Day 28 Year 63

Place of Birth (State or foreign country): Ind

Residence Address: Street or R.R. 18 Walnut City St. Coatesville County Hend State Ind

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. Brandon Allen White 4yrs,
6. (a) Full name of applicant's father Billy Ray White
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) 875 S. STRd 39 Danville Ind.
   Birthplace of father (State or foreign country) Ky
   (b) Full maiden name of applicant's mother JANICE MARIE WINSKETTER
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) SAME AS FATHER
   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 ☒ Charles Bradley White Date 5-9-94

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 ☒ Charles Bradley White

New Address _____

Subscribed and sworn to before me this 9 day of May, 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 Crystal Middle Anna Elizabeth Last Bundy

Date of Birth: Month 8 Day 18 Year 74

Place of Birth (State or foreign country): Hendricks Co. Ind.

Residence Address: Street or R.R. P.O. Box 182 City Coatesville County In Hend. State

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

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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Edward Clinton Bundy Jr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) PO Box 68 Ame Ind.
   Birthplace of father (State or foreign country)
   (b) Full maiden name of applicant's mother Donna Sue Kadwell
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same as Bride
   Birthplace of mother (State or foreign country) Greencastle In.

ACKNOWLEDGMENT

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

Signature of Applicant ☒ Crystal Anna Elizabeth Bundy Date 5/9/94

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 Crystal Anna Elizabeth Bundy

New Address _____

Subscribed and sworn to before me this 9 day of May, 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* 5-9-94 *, authorizing the marriage of* CHARLES BRADLEY WHITE *and* CRYSTAL ANNA ELIZABETH BUNDY *. I further certify that the following marriage certificate was filed in my office: I,* TED A. MILLER *(name), certify that on* MAY 22, 1994 *(date), at* AMO *in* HENDRICKS *County, Indiana,* CHARLES BRADLEY WHITE *of* HENDRICKS *County* IN *(state), and* CRYSTAL ANNA ELIZABETH BUNDY *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 5-9-94 *. Signed by:* /s/ TED. A. MILLER *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-24-94 *(date).*

Signed Connie Lawson Clerk
HENDRICKS Circuit Court

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 187

HENDRICKS County

File

5-9-94
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 Norman E. Whitsitt

MALE APPLICANT

Name: Carl First Franklin Middle Wethington Last
Date of Birth: Month 12 Day 8 Year 61
Place of Birth (State or foreign country): Indiana
Residence Address: 131 S Vine St Street or R.R. Plainfield City Hend County IN State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
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 female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Ray Wethington
   Travis Jordan Wethington
6. (a) Full name of applicant's father Lawrence P. Wethington
   (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 Phyllis J. Threewitts
   (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 Carl F Wethington Date 5/9/94

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 Carl F Wethington

New Address _____

Subscribed and sworn to before me this 9th day of May, 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: Anita First Rose Middle Scott Last
Date of Birth: Month 11 Day 22 Year 71
Place of Birth (State or foreign country): IN
Residence Address: 638 Street or R.R. Keller Hill Rd City Mooresville 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 male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Lane Finchum
6. (a) Full name of applicant's father Charles M Scott
   (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 S Walkup
   (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 Anita R Scott Date 5-9-94

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 Anita R Scott

New Address _____

Subscribed and sworn to before me this 9th day of May, 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* 5-12-94 *, authorizing the marriage of* CARL FRANKLIN WETHINGTON *and* ANITA ROSE SCOTT *. I further certify that the following marriage certificate was filed in my office: I,* MYRON BARNARD *(name), certify that on* MAY 14, 1994 *(date), at* INDIANAPOLIS *in* HENDRICKS *County, Indiana,* CARL FRANKLIN WETHINGTON *of* HENDRICKS *County* IN *(state), and* ANITA ROSE SCOTT *of* MORGAN *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 5-12-94 *. Signed by:* /s/ MYRON BARNARD *,* JUDGE *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-19-94 *(date).*

Signed Connie Lawson Clerk
HENDRICKS Circuit Court

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 188

HENDRICKS County

File

5.9.94
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 Bradley P. Hamrick Danville

MALE APPLICANT

Name: First Brett Middle Alan Last Hart

Date of Birth: Month 1 Day 13 Year 71

Place of Birth (State or foreign country) MD

Residence Address: Street or R.R. 6720 Apollo Way City Indpls County IN State

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

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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Benton Hart
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indpls IN
   Birthplace of father (State or foreign country) MD
   (b) Full maiden name of applicant's mother Judith Anne Rideout
   (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[signature] Date 5-9-94

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 x[signature]

New Address 147 S. Wayne Apt 6 Danville, IN

Subscribed and sworn to before me this 9 day of May, 19 94

[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 Molly Middle Jo Last Davidson

Date of Birth: Month 12 Day 10 Year 70

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 147 S Wayne Apt 6 City Danville County State IN

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

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

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

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

6. (a) Full name of applicant's father Robert Alan Davidson
   (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 Geraldine Sue Berry
   (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[signature] Date 5-9-94

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 x[signature]

New Address _____

Subscribed and sworn to before me this 9 day of May, 19 94

[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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-9-94, *authorizing the marriage of* BRETT ALAN HART *and* MOLLY JO DAVIDSON. *I further certify that the following marriage certificate was filed in my office: I,* REV. RONALD E. McDUGLE *(name), certify that on* MAY 21, 1994 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* BRETT ALAN HART *of* MARION *County* IN *(state), and* MOLLY JO 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* 5-21-94. *Signed by:* /s/ REV. RONALD E. McDUGLE, SENIOR MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-24-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 189

HENDRICKS County

File

5-10-94
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 5-10-94
Name of Physician Philip Batista M.D.

MALE APPLICANT

Name: First Scott Middle Allen Last Smith

Date of Birth: Month 8 Day 2 Year 71

Place of Birth (State or foreign country) Indpls.

Residence Address: Street or R.R. 18 Fair Field Dr. City Brownsburg County Hend State In.

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

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

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) 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 Stephen Glen Smith
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brownsburg
   Birthplace of father (State or foreign country) Indpls.
   (b) Full maiden name of applicant's mother Alana Irene Thurman
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg
   Birthplace of mother (State or foreign country) Indpls

ACKNOWLEDGMENT

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

Signature of Applicant Scott A Smith Date 5/10/94

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 A Smith

New Address _____

Subscribed and sworn to before me this 10 day of May, 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 Tracy Middle Renee Last Feldman

Date of Birth: Month 6 Day 7 Year 73

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

Residence Address: Street or R.R. 10076 N 800 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 Dennis Kay Feldman
   (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 Caralinn Richard
   (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 Tracy Feldman Date 5-10-94

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 Tracy Feldman

New Address _____

Subscribed and sworn to before me this 10 day of May, 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* 5-10-94 *, authorizing the marriage of* SCOTT ALLEN SMITH *and* TRACY RENEE FELDMAN *. I further certify that the following marriage certificate was filed in my office: I,* RICHARD McGHEE *(name), certify that on* MAY 21, 1994 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* SCOTT ALLEN SMITH *of* HENDRICKS *County* IN *(state), and* TRACY RENEE FELDMAN *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 5-21-94 *. Signed by:* /s/ RICHARD McGHEE *,* ASSOCIATE PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-24-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 190

HENDRICKS County

File

5-10-94
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 5-6 94
Name of Physician Philip Countryman, M.D.

MALE APPLICANT

Name: First Johnny Middle Joe Last Smith
Date of Birth: Month 7 Day 24 Year 64
Place of Birth (State or foreign country) Hot Springs Ar.
Residence Address: Street or R.R. 434 Sycamore St 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 Joe Talford Smith
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Hot Springs, Ar.
   Birthplace of father (State or foreign country) Arkansas
   (b) Full maiden name of applicant's mother Darlene Mildred Miller
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Scottsburg 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 John Smith Date 5-10-94

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 John Smith
New Address _____
Subscribed and sworn to before me this 10th day of May, 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 Renee Last Brown
Date of Birth: Month 5 Day 7 Year 67
Place of Birth (State or foreign country) Lafayette, In.
Residence Address: Street or R.R. 8364 Lakeshore Apt 1534 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 Kenneth Lee Brown
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Attica, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Mary Kathleen Grant
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Attica, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 R. Brown Date 5-10-94

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 Kelly R Brown
New Address _____
Subscribed and sworn to before me this 10th day of May, 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* MAY 10, 1994 *, authorizing the marriage of* JOHNNY JOE SMITH *and* KELLY RENEE BROWN *. I further certify that the following marriage certificate was filed in my office: I,* RODNEY L ANDREWS *(name), certify that on* MAY 21, 1994 *(date), at* MONTICELLO *in* WHITE *County, Indiana,* JOHNNY JOE SMITH *of* HENDRICKS *County* INDIANA *(state), and* KELLY RENEE BROWN *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* MAY 10, 1994 *Signed by:* RODNEY L ANDREWS *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* JUNE 3, 1994 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 191

HENDRICKS County

File

5-11-94
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 4-25-94
Name of Physician L. Trammell, M.D.

MALE APPLICANT

Name First: Gary Middle: Patrick Last: Atkinson

Date of Birth Month: 8 Day: 1 Year: 62

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

Residence Address Street or R.R.: 67 East 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: John Moran Atkinson
   (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: Beverly Lenore Bailey
   (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: Gary Atkinson Date: 5-11-94

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 Gary Atkinson

New Address _____

Subscribed and sworn to before me this 11th day of May, 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: Nancy Middle: Sue Last: Burnell

Date of Birth Month: 9 Day: 26 Year: 59

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

Residence Address Street or R.R.: 67 East 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 male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Burnell 8 yrs.

6. (a) Full name of applicant's father: William Edward Borer
   (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: Mavis Fleta Von Behrens
   (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: Nancy Sue Burnell Date: 5-11-94

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 Nancy Sue Burnell

New Address _____

Subscribed and sworn to before me this 11th day of May, 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* May 11, 1994 *, authorizing the marriage of* Gary Patrick Atkinson *and* Nancy Sue Burnell *. I further certify that the following marriage certificate was filed in my office: I,* Robert F. Gammon *(name), certify that on* June 11, 1994 *(date), at* Danville *in* Hendricks *County, Indiana,* Gary Patrick Atkinson *of* Hendricks *County* Indiana *(state), and* Nancy Sue Burnell *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* May 11, 1994 *Signed by:* /s/ Robert F. Gammon *,* Judge *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* June 24, 1994 *(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. 192

HENDRICKS County

File

5-11-94
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 3-9-94
Name of Physician J. Hirsch, M.D.

MALE APPLICANT

Name: First Brian Middle Ellsworth Last Livingston

Date of Birth: Month 11 Day 24 Year 69

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

Residence Address: Street or R.R. 575 Mac Beth Dr. City Avon County State In.

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

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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Bryson Livingston 2½ yrs.
6. (a) Full name of applicant's father Oran Ellsworth Livingston
   (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 Vivian Lee Simmons
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Florida (?)

ACKNOWLEDGMENT

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

Signature of Applicant Brian E. Livingston Date 5-11-94

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 Brian E. Livingston

New Address 9241 W. 30TH St. Indianapolis, In 46234

Subscribed and sworn to before me this 11TH day of MAY, 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 Diane Last Laser

Date of Birth: Month 10 Day 19 Year 69

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

Residence Address: Street or R.R. 751 W. Hadley 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 James Leroy Laser
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Sandra Kay Austerburn
   (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 D Laser Date 5-11-94

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 Pamela D Laser

New Address 9241 W. 30th St, Indpls, IN 46234

Subscribed and sworn to before me this 11th day of May, 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* 5-11-94 *, authorizing the marriage of* BRIAN ELLSWORTH LIVINGSTON *and* PAMELA DIANE LASER *. I further certify that the following marriage certificate was filed in my office: I,* CINDY SPENCE *(name), certify that on* MAY 11, 1994 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* BRIAN ELLSWORTH LIVINGSTON *of* HENDRICKS *County* IN *(state), and* PAMELA DIANE LASER *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 5-11-94 *. Signed by:* /s/ CINDY SPENCE *,* 1ST DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-11-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 193

HENDRICKS County

File

5.13.94
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
Name of Physician David C. Lamx

MALE APPLICANT

Name: First Richard Middle William Lawrence Last

Date of Birth: Month 12 Day 24 Year 70

Place of Birth (State or foreign country) California

Residence Address: Street or R.R. 232 S. Franklin St City Knightstown County Henry State In

Previous Marital Status: 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. No

6. (a) Full name of applicant's father Steven Wayne Lawrence
   (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 Jean Ann Murray
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Knightstown, 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 Richard Lawrence Date 5/11/94

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 Richard Lawrence

New Address 36 West 3rd St, Knightstown, In 46148

Subscribed and sworn to before me this 11 day of May, 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 Suzanne Middle marie Last Albers

Date of Birth: Month 5 Day 1 Year 69

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 2345 N ST Rd 39 City Danville County IN State

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

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

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

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

6. (a) Full name of applicant's father William Julius Albers
   (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 Laura Jane Dale
   (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 Suzanne Albers Date 5-13-94

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 X Suzanne Albers

New Address 36 West 3rd St. Knightstown In 46148

Subscribed and sworn to before me this 13 day of May, 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* MAY 13, 1994 *, authorizing the marriage of* RICHARD W LAWRENCE *and* SUZANNE M ALBERS *. I further certify that the following marriage certificate was filed in my office: I,* WALLACE M NEEL *(name), certify that on* MAY 14, 1994 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* RICHARD W LAWRENCE *of* HENRY *County* INDIANA *(state), and* SUZANNE M ALBERS *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* 5-13-94 *. Signed by:* WALLACE M NEEL *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* JUNE 3, 1994 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 194

HENDRICKS County

File

5-11-94
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 5-10-94
Name of Physician J. Black, M.D.

MALE APPLICANT

Name: First Lonnie Middle Dean Last Keith

Date of Birth: Month 11 Day 16 Year 49

Place of Birth (State or foreign country) Marysville, Tenn.

Residence Address: Street or R.R. 10069 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 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 Major Roosevelt Keith
   (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 Bonnie Estelle Campbell
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Marysville, 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 Lonnie D. Keith Date 5-11-94

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 Lonnie D. Keith

New Address SAME

Subscribed and sworn to before me this 11th day of May, 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 Deborah Middle Joan Last Clark

Date of Birth: Month 1 Day 22 Year 54

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

Residence Address: Street or R.R. 10069 Pataka Dr. City Indpls. County, State 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. —
6. (a) Full name of applicant's father William Thomas Kershaw
   (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 Joyce Claire Miller
   (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 Deborah J. Clark Date 5-11-94

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 Deborah J. Clark

New Address Same

Subscribed and sworn to before me this 11th day of May, 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* 5-11-94 *, authorizing the marriage of* Lonnie Dean Keith *and* Deborah Joan Clark *. I further certify that the following marriage certificate was filed in my office: I,* Bradford F. Purdy *(name), certify that on* June 23, 1994 *(date), at* Indianapolis *in* Marion *County, Indiana,* Lonnie Dean Keith *of* Hendricks *County* Indiana *(state), and* Deborah Joan Clark *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* 5-11-94 *. Signed by:* /s/ Bradford F. Purdy *,* Clergyman *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-27-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 195

HENDRICKS County

File

5-12-94
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 5-9-94
Name of Physician Larry Lovell, M.D.

MALE APPLICANT

Name: First Mitchell Middle Wayne Last Goodwin

Date of Birth: Month 10 Day 8 Year 70

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

Residence Address: Street or R.R. 10727 N Co Rd 400 E City Pittsboro County In State

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

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

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

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

6. (a) Full name of applicant's father Ronald Wayne Goodwin
   (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 Nedra Ella Muston
   (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 Mitchell W. Goodwin Date 5/12/94

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 Mitchell W. Goodwin

New Address 7125 Islander Drive Apt D Indianapolis IN

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 Paula Middle Jean Last Sorrentino

Date of Birth: Month 8 Day 11 Year 71

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

Residence Address: Street or R.R. 4515 Redbud Tr City Brownsburg County In State

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

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

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

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

6. (a) Full name of applicant's father Paul John Sorrentino
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brownsburg, In.
   Birthplace of father (State or foreign country) New York
   (b) Full maiden name of applicant's mother Judith Ann Hicks
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) New York

ACKNOWLEDGMENT

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

Signature of Applicant Paula J. Sorrentino Date 5-12-94

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 Paula J. Sorrentino

New Address 7125 Islander Dr. Apt D Indpls. IN

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

_____ Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* MAY 12, 1994 *, authorizing the marriage of* MITCHELL WAYNE GOODWIN *and* PAULA JEAN SORRENTINO *. I further certify that the following marriage certificate was filed in my office: I,* LEONARD MAYNARD *(name), certify that on* JUNE 11, 1994 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* MITCHELL WAYNE GOODWIN *of* HENDRICKS *County* INDIANA *(state), and* PAULA JEAN SORRENTINO *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* MAY 12,1994 *. Signed by:* /s/ REV. LEONARD MAYNARD *,* ASST. PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* JUNE 17, 1994 *(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. 196

HENDRICKS County

File

5-12-94
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 J. Weida, M.D.

MALE APPLICANT

Name: First John Middle Richard Last Lazaro Jr.
Date of Birth: Month 10 Day 19 Year 70
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R.R. 202 Melissa Ann Ct. City Indpls. County Hendricks State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

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

FEMALE APPLICANT

Name: First Sophie Middle Jane Last Geisler
Date of Birth: Month 7 Day 17 Year 72
Place of Birth (State or foreign country) Lafayette In.
Residence Address: Street or R.R. 2528 E. 600 N. City W. Lafayette County State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Dale Geisler
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) W. Lafayette, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Sue Ann Newman
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) W. Lafayette In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant John Richard Lazaro Jr. Date 5/12/94

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 John Richard Lazaro Jr.
New Address 9900 E US. 36 INDPLS, IN 46234
Subscribed and sworn to before me this 12th day of May, 19 94
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 Sophie Jane Geisler Date 5.12.94

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 Sophie Jane Geisler
New Address 9960 E. US. 36 INDPLS, IN 46234
Subscribed and sworn to before me this 12th day of May, 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

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* MAY 12, 1994 *, authorizing the marriage of* JOHN RICHARD LAZARO, JR *and* SOPHIE JANE GEISLER *. I further certify that the following marriage certificate was filed in my office: I,* LEWIS RUMAN *(name), certify that on* MAY 12, 1994 *(date), at* BATTLE GROUND *in* TIPPECANOE *County, Indiana,* JOHN RICHARD LAZARO, JR *of* HENDRICKS *County* INDIANA *(state), and* SOPHIE JANE GEISLER *of* TIPPECANOE *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 —. Signed by:* LEWIS RUMAN *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* JUNE 3, 1994 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 197

HENDRICKS County

File

5-12-94
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 5-2-94
Name of Physician CHARLES H. TRIPPLE

MALE APPLICANT

Name: First Jamey Middle Andrew Last Boyd
Date of Birth: Month Jan Day 13 Year 1969
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R.R. 311 Hancock City Plainfield County Hen. State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify)

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Jamey Boyd Date 5-13-94

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 X Jamey Boyd
New Address 6969 E. 425 N. Brownsburg, IN
Subscribed and sworn to before me this 13 day of May, 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 Eydith Middle Marie Last Thompson
Date of Birth: Month 3 Day 19 Year 65
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R.R. 6969 E 425 N. City Brownsburg County Hen. State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lyons

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Jeanette N. Thompson, Rachael N. Thompson
6. (a) Full name of applicant's father Walter Jones
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brownsburg, In.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of applicant's mother Virginia Brandstarm
   (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 Eydith Marie Thompson Date 5-13-94

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 X Eydith Marie Thompson
New Address 6969 E. 425 N. Brownsburg, In. 46112
Subscribed and sworn to before me this 13 day of May, 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* MAY 13, 1994 *, authorizing the marriage of* JAMEY ANDREW BOYD *and* EYDITH MARIE THOMPSON *. I further certify that the following marriage certificate was filed in my office: I,* STEPHEN WHITE *(name), certify that on* MAY 14, 1994 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* JAMEY ANDREW BOYD *of* HENDRICKS *County* INDIANA *(state), and* EYDITH MARIE THOMPSON *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* MAY 13, 1994
Signed by: _____, _____ *(official designation)*
Filed and recorded in accordance with the laws of the State of Indiana on JUNE 3, 1994 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 198

HENDRICKS County

File

5-13-94
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 5-12-94
Name of Physician Ellen Shoppen

MALE APPLICANT

Name: First Jeffrey Middle A. Last Corn

Date of Birth: Month 7 Day 30 Year 52

Place of Birth (State or foreign country) Indpls

Residence Address: Street or R.R. 107 Lincoln Ave City Brownsburg County Hend State Ind

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) Drivers License

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

6. (a) Full name of applicant's father Charles Albert Corn
   (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 Betty Louise Baker
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) 108E. 200N. Brownsburg
   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 [signature] Date 5-13-94

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 [signature]

New Address _____

Subscribed and sworn to before me this 13 day of May, 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 Kathryn Middle L. Last Vann

Date of Birth: Month 8 Day 4 Year 62

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R.R. 107 Lincoln Av. 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 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 William Alfred Briggs
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) 3950 N. 1000 E. Bburg
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of applicant's mother Ruth Ellen Hardy
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) same above
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

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

Signature of Applicant Kathryn L. Vann Date 5-13-94

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 Kathryn L. Vann

New Address _____

Subscribed and sworn to before me this 13 day of May, 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* MAY 13, 1994 *, authorizing the marriage of* JEFFREY ALBERT CORN *and* KATHRYN LYNN VANN *. I further certify that the following marriage certificate was filed in my office: I,* JERRY LASTINE *(name), certify that on* JUNE 11, 1994 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* JEFFREY ALBERT CORN *of* HENDRICKS *County* INDIANA *(state), and* KATHRYN LYNN VANN *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* MAY 13, 1994 *Signed by:* /s/ JERRY LASTINE, MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* JUNE 15, 1994 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 199

HENDRICKS County

File

5-13-94
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
Name of Physician David Hadley

MALE APPLICANT

Name: First Gary Middle Edward Last Elmore

Date of Birth: Month 2 Day 15 Year 72

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 1109 S Waldemere City Indpls County State IN

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 9-92

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father ~~James Hilbert~~ Gary Raymond Elmore
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) ?
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Amy Jo Collins
   (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 ✕ Gary E. Elmore Date 5/13/94

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 ✕ Gary E. Elmore
New Address _____
Subscribed and sworn to before me this 13th day of May, 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 Jacqueline Middle Dawn Last Lay

Date of Birth: Month 1 Day 28 Year 72

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 815 Lodge 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 7-92

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Bobby Allen Lay
   (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 Carolyn Ann King
   (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 ✕ Jacqueline D. Lay Date 5/13/94

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 ✕ Jacqueline D. Lay
New Address 7342 Bahama Ct Indpls 46214
Subscribed and sworn to before me this 13 day of May, 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* 5-13-94 *, authorizing the marriage of* GARY EDWARD ELMORE *and* JACQUELINE DAWN LAY *. I further certify that the following marriage certificate was filed in my office: I,* CINDY SPENCE *(name), certify that on* MAY 13, 1994 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* GARY EDWARD ELMORE *of* MARION *County* IN *(state), and* JACQUELINE DAWN LAY *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 5-13-94 *. Signed by:* /s/ CINDY SPENCE, 1ST DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-13-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 200

HENDRICKS County

File

5/13/94
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 4/28/94
Name of Physician Dr. Pinkerton

MALE APPLICANT

Name: First Robert Middle Paul Last Mann

Date of Birth: Month 11 Day 5 Year 69

Place of Birth (State or foreign country)

Residence Address: Street or R.R. 7262 Wharfside Lane City Apt 1B County Marion State IN

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

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

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

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

6. (a) Full name of applicant's father Kenneth Paul Mann
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Arizona
   Birthplace of father (State or foreign country) Arizona
   (b) Full maiden name of applicant's mother Jane Anne Peel
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Arizona
   Birthplace of mother (State or foreign country) DesMoines, 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 Robert Paul Mann Date 5/13/94

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 X Robert Paul Mann
New Address 7262 Wharfside Lane Apt. 1B Indpls In.

Subscribed and sworn to before me this 13 day of May, 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 Lynette Last Willis

Date of Birth: Month 6 Day 15 Year 71

Place of Birth (State or foreign country)

Residence Address: Street or R.R. 6567 Kings Court City Danville County Hendricks State In

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

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

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

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

6. (a) Full name of applicant's father Stephen Michael Willis
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) INDIANA
   Birthplace of father (State or foreign country) TEXAS
   (b) Full maiden name of applicant's mother Sandra Carol Parson
   (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 Jennifer L. Willis Date 5/13/94

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 X Jennifer L. Willis
New Address Same as Males

Subscribed and sworn to before me this 13 day of May, 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* MAY 13, 1994 *, authorizing the marriage of* ROBERT PAUL MANN *and* JENNIFER LYNETTE WILLIS *. I further certify that the following marriage certificate was filed in my office: I,* H. E. PHILLIPS *(name), certify that on* JUNE 10, 1994 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* ROBERT PAUL MANN *of* MARION *County* INDIANA *(state), and* JENNIFER LYNETTE WILLIS *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* MAY 13, 1994 *Signed by:* /s/ H. E. PHILLIPS *,* EVANGELIST *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* JUNE 15,1994 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 201

HENDRICKS County

File

5/13/94 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 4/27/94
Name of Physician D. R. Jones

MALE APPLICANT

Name: First Martin Middle Andrew Last McLoed

Date of Birth: Month 5 Day 4 Year 62

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

Residence Address: Street or R.R. 2 Green Acre Court 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 Neal McLoed
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Evelyn Carine Poe
   (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 Martin A. McLoed Date 5/13/94

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 Martin A. McLoed

New Address SAME

Subscribed and sworn to before me this 13th day of May, 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 Louise Last Tucker

Date of Birth: Month 8 Day 12 Year 66

Place of Birth (State or foreign country) Greenville, Ms.

Residence Address: Street or R.R. 2 Green Acre Court 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 Allan Halder Tucker
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Germantown, Tenn.
   Birthplace of father (State or foreign country) Mississippi
   (b) Full maiden name of applicant's mother Barbara Madge Hayden
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Germantown, Tenn.
   Birthplace of mother (State or foreign country) Louisiana

ACKNOWLEDGMENT

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

Signature of Applicant Cynthia L. Tucker Date 5/13/94

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 Cynthia L. Tucker

New Address SAME

Subscribed and sworn to before me this 13 day of May, 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* MAY 13, 1994 *, authorizing the marriage of* MARTIN ANDREW MCLOED *and* CYNTHIA LOUISE TUCKER *. I further certify that the following marriage certificate was filed in my office: I,* JOE G. EMERSON *(name), certify that on* JUNE 11, 1994 *(date), at* CARMEL *in* HAMILTON *County, Indiana,* MARTIN ANDREW MCLOED *of* HENDRICKS *County* INDIANA *(state), and* CYNTHIA LOUISE TUCKER *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* MAY 13,1994. *Signed by:* /s/ JOE G. EMERSON, MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* JUNE 14,1994 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 202

HENDRICKS County

File

5-11-94
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 1-27-94
Name of Physician Dr. Berry

MALE APPLICANT

Name: First Reginald Middle Last Scott

Date of Birth: Month 12 Day 1 Year 62

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R.R. 727 Moon Rd City Plainfield County Hendrick 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) D.O.C Record

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. DEANNA 13
6. (a) Full name of applicant's father Floyd Scott 3-3-28
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Gary, Indiana
   Birthplace of father (State or foreign country) Tuscaloosa, Alabama
   (b) Full maiden name of applicant's mother Mary Lee Ree Scott 10-10-35
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Gary, Indiana
   Birthplace of mother (State or foreign country) Tuscaloosa, 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 ☒ Reginald Scott Date 5-11-94

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 ☒ Reginald Scott

New Address _____

Subscribed and sworn to before me this 11 day of May, 19 94

Connie Lawson Clerk of the HENDRICKS Circuit Court

~~Sandra K. Nelson Notary Public Comm. Expires 12-3-95 Hendricks County~~ SANDRA K. NELSON

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Sheila Middle Annette Last Gage

Date of Birth: Month 1 Day 3 Year 61

Place of Birth (State or foreign country) TX

Residence Address: Street or R.R. P.O. Box 280/1601 St. Barbe City Hempstead County Waller State TX.

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

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

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) 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 male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Charles 14, Alex 10 Bishop 3
6. (a) Full name of applicant's father Ernest MACK Gage
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) TX
   Birthplace of father (State or foreign country) TX
   (b) Full maiden name of applicant's mother Hattie RAY Garfield Gage
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) TX
   Birthplace of mother (State or foreign country) TX

ACKNOWLEDGMENT

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

Signature of Applicant ☒ Sheila A. Gage 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 ☒ Sheila A. Gage

New Address _____

Subscribed and sworn to before me this 11 day of May, 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* 5-11-94 *, authorizing the marriage of* REGINALD SCOTT *and* SHEILA ANNETTE GAGE *. I further certify that the following marriage certificate was filed in my office: I,* ALFRED BROWN JR. *(name), certify that on* MAY 18, 1994 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* REGINALD SCOTT *of* HENDRICKS *County* INDIANA *(state), and* SHEILA ANNETTE GAGE *of* LAKE *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* MAY 18, 1994 *Signed* ALFRED BROWN JR. *,* CLERGY *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* JUNE 7, 1994 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 203

File

5-13-94
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 5-10-94
Name of Physician R. Hensell, M.D.

MALE APPLICANT

Name: First James Middle Thomas Last Farthing
Date of Birth: Month 1 Day 17 Year 76
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R.R. PO Box 166 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 Lowell D. Farthing
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Stilesville, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Elizabeth D. Kershaw
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Stilesville, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant James T Farthing Date 5-13-94

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 James T Farthing
New Address 706 S. Cross DANVille. IN

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 Pauline Middle Rachel Last Parr
Date of Birth: Month 2 Day 17 Year 76
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. 706 S Cross 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 Joseph B. Parr
   (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 A. Burford
   (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 Pauline R. Parr Date 5-13-94

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 Pauline R. Parr
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 _____, 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. 202 A

HENDRICKS County

File

5-16-94 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. Edwards

MALE APPLICANT

Name: First Brenton Middle W. Last Russell

Date of Birth: Month 2 Day 17 Year 71

Place of Birth (State or foreign country) KS

Residence Address: Street or R.R. R#3 Box 70 City Rosedale County Tipp. State IN.

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

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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Arthur Russell
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Rockville IN.
   Birthplace of father (State or foreign country) Clinton In.
   (b) Full maiden name of applicant's mother JoAnn Differding
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Clinton 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 Brenton W. Russell 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 Brenton W. Russell

New Address

Subscribed and sworn to before me this 16 day of May, 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 A Last Tuttle

Date of Birth: Month 4 Day 2 Year 71

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 355 W. Lincoln St. City Danville County State IN

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

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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Carl Tuttle
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Barbara Barnhart
   (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 Catherine A. Tuttle Date 5/16/94

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 Catherine A. Tuttle

New Address

Subscribed and sworn to before me this 16 day of May, 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* MAY 16,1994 *, authorizing the marriage of* BRENTON W. RUSSELL *and* CATHERINE A. TUTTLE *. I further certify that the following marriage certificate was filed in my office: I,* FATHER CHARLES DEAN CHESEBRAUGH *(name), certify that on* JUNE 4,1994 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* BRENTON W. RUSSELL *of* PARKE *County* INDIANA *(state), and* CATHERINE A. TUTTLE *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* JUNE 4,1994 *Signed by:* FATHER CHARLES DEAN CHESEBRAUGH *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* JUNE 7, 1994 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 203 A

File

5-18-94
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
Name of Physician

MALE APPLICANT

Name: First Leon Middle Edwin Last Ford Jr.
Date of Birth: Month 9 Day 29 Year 45
Place of Birth (State or foreign country) Muncie, In.
Residence Address: Street or R.R. 3655 N 1000 E City Brownsburg County State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 4
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. Thomas Ken Ford 13 yrs.
6. (a) Full name of applicant's father Leon Edwin Ford
   (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 Doris Jean Gabriel
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Ohio

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Leon E. Ford Jr. Date 5-18-94

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 Leon E. Ford Jr.
New Address _____
Subscribed and sworn to before me this 18th day of May, 19 94 5-18-94
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 Sheila Middle Kay Last Ford
Date of Birth: Month 10 Day 22 Year 46
Place of Birth (State or foreign country) Portland, In.
Residence Address: Street or R.R. 3655 N 1000 E City Brownsburg County State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 4
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 Gerald Albert Janney
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Defiance, Ohio
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Helen Lucille Cap
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Defiance 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 Sheila K Ford Date 5-18-94

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 Sheila K Ford
New Address _____
Subscribed and sworn to before me this 18th day of May, 19 94 5-18-94
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*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 204

HENDRICKS County

File

5-17-94
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 5-13-94
Name of Physician Charles Tripple, M.D.

MALE APPLICANT

Name: First Jonathan Middle Michael Last Hannell

Date of Birth: Month 8 Day 16 Year 65

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

Residence Address: Street or R.R. RR3 Box 334 City Clayton 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 female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Lawrence Hannell
   (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 Norma Jean McCrary
   (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 Jonathan M. Hannell Date 5-17-94

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 Jonathan M. Hannell

New Address Same

Subscribed and sworn to before me this 17th day of May, 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 Penelope Last LeCompte

Date of Birth: Month 2 Day 20 Year 75

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

Residence Address: Street or R.R. RR3 Box 334 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. —

(a) Full name of applicant's father Lester LeCompte Jr.
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Fillmore In.
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Martha Jo Lemley
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Fillmore, In.
Birthplace of mother (State or foreign country) Georgia

ACKNOWLEDGMENT

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

Signature of Applicant Leslie P. LeCompte Date 5-17-94

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 Leslie P. LeCompte

New Address Same

Subscribed and sworn to before me this 17th day of May, 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* MAY 17, 1994 *, authorizing the marriage of* JONATHAN MICHAEL HANNELL *and* LESLIE PENELOPE LECOMPTE *. I further certify that the following marriage certificate was filed in my office: I,* Curtis B. Eskew *(name), certify that on* June 13,1994 *(date), at* Corydon *in* Harrison *County, Indiana,* Jonathan Michael Hannell *of* Hendricks *County* Indiana *(state), and* Leslie Penelope LeCompte *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* 5-17-94 *. Signed by:* /s/ Curtis B. Eskew *,* Judge *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-6-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 205

File

5-17-94
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 4-26-94
Name of Physician M. Pizzata, D.O.

MALE APPLICANT

Name (First Middle Last) Christian Matthew Wishmeier
Date of Birth (Month Day Year) 6 20 74
Place of Birth (State or foreign country) Indianapolis In.
Residence Address (Street or R.R. City County State) 8709 Crawfordsville Rd. Clermont Marion In.
Previous Marital Status: 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 Christian Wishmeier
   (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 Kay Wills
   (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 Christian Wishmeier Date 5/17/94

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 Christian Wishmeier
New Address 610 Maple Ct. Brownsburg, In
Subscribed and sworn to before me this 17th day of May, 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 Middle Last) Angela Renee Branham
Date of Birth (Month Day Year) 8 6 75
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address (Street or R.R. City County State) 610 Maple Ct Brownsburg, In.
Previous Marital Status: 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 Gregary Dale Branham
   (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 Robin Diane White
   (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 Angela Branham. Date 5/17/94

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 Angela Branham
New Address 610 Maple ct. Brownsburg, In.
Subscribed and sworn to before me this 17th day of May, 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* MAY 17, 1994, *authorizing the marriage of* CHRISTIAN MATTHEW WISHMEIER *and* ANGELA RENEE BRANHAM. *I further certify that the following marriage certificate was filed in my office: I,* RONALD E WHITE *(name), certify that on* MAY 17, 1994 *(date), at* CLERMONT *in* HENDRICKS *County, Indiana,* CHRISTIAN MATTHEW WISHMEIER *of* MARION *County* INDIANA *(state), and* ANGELA RENEE BRANHAM *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* MAY 28, 1994 *Signed by:* RONALE E WHITE, MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* JUNE 3, 1994 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 206

HENDRICKS County

File

5-17-94 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 B.K. Stegemoller

MALE APPLICANT

Name: First Gary Middle fb Lee Last Golay Jr.

Date of Birth: Month 8 Day 19 Year 72

Place of Birth (State or foreign country) IN

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

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

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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Golay Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indpls IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Barbara Lou Dostin
   (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 Gary L Golay Jr. Date

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

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Gary L Golay Jr.

New Address

Subscribed and sworn to before me this 17 day of May, 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 Mindi Middle Lynn Last Russell

Date of Birth: Month 1 Day 4 Year 75

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 110 E Lincoln St. City Plfd. County State IN

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

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

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

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

6. (a) Full name of applicant's father Daniel Allen Russell
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plfd IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Tami Jo Gentry
   (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 Mindi L. Russell 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 Mindi L. Russell

New Address

Subscribed and sworn to before me this 17 day of May, 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* MAY 17, 1994 *, authorizing the marriage of* GARY LEE GOLAY, JR. *and* MINDI LYNN RUSSELL *. I further certify that the following marriage certificate was filed in my office: I,* HUBERT GREER *(name), certify that on* JUNE 4, 1994 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* GARY LEE GOLAY, JR. *of* HENDRICKS *County* INDIANA *(state), and* MINDI LYNN RUSSELL *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* MAY 17,1994 *Signed by:* HUBERT GREER *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* JUNE 7, 1994 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 207

File

5-18-94
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 3-22-94
Name of Physician Michelle Bayed, M.D.

MALE APPLICANT

Name: First William Middle Martin Last Overbey
Date of Birth: Month 12 Day 6 Year 50
Place of Birth (State or foreign country) Hamilton, Ohio
Residence Address: Street or R.R. 8525 Lighthorse 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.
   William Scott 19 yrs.
   Kyle Martin 13 yrs.
6. (a) Full name of applicant's father Kenneth Overbey
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Hamilton, Oh.
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of applicant's mother Bertie Jewel Williams
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Hamilton, Oh.
   Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant William M. Overbey Date 5-18-94

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 William M. Overbey
New Address 9969 BROOKSIDE CT.
Subscribed and sworn to before me this 18th day of May, 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 Ann Last McAllister
Date of Birth: Month 10 Day 30 Year 52
Place of Birth (State or foreign country) Muncie, In.
Residence Address: Street or R.R. 9969 Brookside Ct. City Indpls. 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 male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Wykoff
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Madison, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Barbara Lee Fredrickson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Madison, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Leeann McAllister Date 5-18-94

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 Leeann McAllister
New Address 9969 Brookside Ct.
Subscribed and sworn to before me this 18th day of May, 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* MAY 18, 1994 *authorizing the marriage of* WILLIAM MARTIN OVERBEY *and* LEE ANN MCALLISTER. *I further certify that the following marriage certificate was filed in my office: I,* DOUGLAS L. TALLEY *(name), certify that on* JUNE 11, 1994 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* WILLIAM MARTIN OVERBEY *of* MARION *County* INDIANA *(state), and* LEE ANN MCALLISTER *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* MAY 18, 1994. *Signed by:* /s/ REV. DR. DOUGLAS L. TALLEY MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* JUNE 17, 1994 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 208

HENDRICKS County

File

5-18-94
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
Name of Physician Cynthia Wills

MALE APPLICANT

Name First: Jason Middle: Bradley Last: Love

Date of Birth Month: 12 Day: 24 Year: 72

Place of Birth (State or foreign country): IN

Residence Address Street or R.R.: 122 L William Dr. City: B'burg County: IN State:

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

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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Ronald Love
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Pittsboro IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Brenda Mae Hendricks
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Pittsboro IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

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

Signature of Applicant X Jason B Love Date 5-18-94

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 X Jason B. Love

New Address _____

Subscribed and sworn to before me this 18 day of May, 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: Tina Middle: Dian Last: Gibbs

Date of Birth Month: 3 Day: 28 Year: 72

Place of Birth (State or foreign country): IN

Residence Address Street or R.R.: E Some 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 Gary Leo Gibbs
   (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 Sharon Lynn Clark
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Pfld IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

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

Signature of Applicant X Tina D. Gibbs Date 5-18-94

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 Tina D. Gibbs

New Address _____

Subscribed and sworn to before me this 18 day of May, 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* 5-18-94 *, authorizing the marriage of* JASON BRADLEY LOVE *and* TINA DIAN GIBBS *. I further certify that the following marriage certificate was filed in my office: I,* CLYDE D. WAKE *(name), certify that on* MAY 21, 1994 *(date), at* PITTSBORO *in* HENDRICKS *County, Indiana,* JASON BRADLEY LOVE *of* HENDRICKS *County* IN *(state), and* TINA DIAN GIBBS *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 5-18-94 *. Signed by:* /s/ CLYDE D. WAKE *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-25-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 209

HENDRICKS County

File

5-18-94
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 5-11-94
Name of Physician W Edwards, M.D.

MALE APPLICANT

Name: First Martin Middle David Last Mills

Date of Birth: Month 5 Day 25 Year 74

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

Residence Address: Street or R.R. 1400 E. Hanna 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Mills
   (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 Jo Ellen Westfall
   (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 Martin Mills Date 5-18-94

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 Martin Mills
New Address 3206 Avon Rd. Suite 220 Plainfield IN
Subscribed and sworn to before me this 18th day of May, 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 Tiffany Middle Lynn Last Kinnaird

Date of Birth: Month 11 Day 11 Year 74

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

Residence Address: Street or R.R. 3206 Avon Rd. Suite 220 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 David Anthony Kinnaird
   (If adopted, list adoptive parents only) Miamisburg
   Residence of father (if deceased, so state) Dayton Oh.
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of applicant's mother Erma Jane Persinger
   (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 Tiffany Kinnaird Date 5-18-94

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 Tiffany Kinnaird
New Address SAME
Subscribed and sworn to before me this 18th day of May, 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* MAY 20, 1994 *, authorizing the marriage of* MARTIN DAVID MILLS *and* TIFFANY LYNN KINNAIRD *. I further certify that the following marriage certificate was filed in my office: I,* EVERETT BARNARD *(name), certify that on* JUNE 10, 1994 *(date), at* MOORESVILLE *in* MORGAN *County, Indiana,* MARTIN DAVID MILLS *of* MORGAN *County* INDIANA *(state), and* TIFFANY LYNN KINNAIRD *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* MAY 20,1994 *. Signed by:* /s/ EVERETT BARNARD *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* JUNE 20, 1994 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 210

HENDRICKS County

File 5-19-94 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 5-2-94
Name of Physician Richard Donnelly MD

MALE APPLICANT

Name: First Clifford Middle William Last Kardokus Jr.
Date of Birth: Month 10 Day 20 Year 71
Place of Birth (State or foreign country) Dalhart, Tx.
Residence Address: Street or R.R. 124 Columbia Hts. City Brooklyn County State N.Y.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 William Kardokus Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Guymon, Ok.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother June Ellen Beason
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Guymon, ok.
   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 Clifford William Kardokus Jr. Date 5/19/94

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 Clifford William Kardokus Jr.
New Address SAME
Subscribed and sworn to before me this 19th day of May, 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 Suzanna Middle Ellen Last Ferris
Date of Birth: Month 11 Day 17 Year 68
Place of Birth (State or foreign country) Beech Grove, In.
Residence Address: Street or R.R. 2188 W Co. Rd 300 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 Larry Allen Ferris
   (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 Pike
   (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 Suzanna Ellen Ferris Date 5-19-94

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 Suzanna Ellen Ferris
New Address 124 Columbia Heights, Brooklyn NY 11201-1698
Subscribed and sworn to before me this 19th day of May, 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* 5-19-94, *authorizing the marriage of* CLIFFORD WILLIAM KARDOKUS, JR. *and* SUZANNA ELLEN FERRIS. *I further certify that the following marriage certificate was filed in my office: I,* DAVID K. BOOTH *(name), certify that on* MAY 21, 1994 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* CLIFFORD WILLIAM KARDOKUS, JR. *of* KINGS *County* N. Y. *(state), and* SUZANNA ELLEN FERRIS *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 5-21-94. *Signed by:* /s/ DAVID K. BOOTH, MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-25-94 *(date).*

Signed Connie Lawson Clerk
HENDRICKS Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 211

HENDRICKS County

File

5-20-94 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 5-14-94
Name of Physician Robert Aiello, M.D.

MALE APPLICANT

Name: First Larry Middle Allen Last McElfresh Jr.
Date of Birth: Month 11 Day 16 Year 76
Place of Birth (State or foreign country) Elwood, In.
Residence Address: Street or R.R. 2346 Norris Dr. City Lake of Lanterns 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. Jacob Allen McElfresh 3 yrs.
6. (a) Full name of applicant's father Larry Allen McElfresh
   (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 Elena Desantis
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Monrovia In.
   Birthplace of mother (State or foreign country) Argentina

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 McElfresh Date 5-20-94

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 Larry McElfresh
New Address Same
Subscribed and sworn to before me this 20th day of May, 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 Tina Middle Melissa Last McBay
Date of Birth: Month 11 Day 5 Year 70
Place of Birth (State or foreign country) Danville, In.
Residence Address: Street or R.R. 2346 Norris Dr. City Lake of Lanterns County Hendricks Indianapolis, In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Ryan McElfresh 20 mos.
6. (a) Full name of applicant's father James Thomas McBay
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Pittsboro, In
   Birthplace of father (State or foreign country) Arkansas
   (b) Full maiden name of applicant's mother Bessann Young
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Pittsboro, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Tina McBay Date 5-20-94

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 Tina McBay
New Address Same
Subscribed and sworn to before me this 20th day of May, 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* 5-20-94, *authorizing the marriage of* LARRY ALLEN McELFRESH, JR. *and* TINA MELISSA McBAY. *I further certify that the following marriage certificate was filed in my office: I,* DEBRA A. HEDRICK *(name), certify that on* MAY 20, 1994 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* LARRY ALLEN McELFRESH, JR. *of* HENDRICKS *County* IN *(state), and* TINA MELISSA McBAY *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 5-20-94. *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* 5-20-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 212

HENDRICKS County

File

5-20-94
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 Mike Gentry (New Life Assoc.

MALE APPLICANT

Name: First Clifford Middle Allen Last McMann

Date of Birth: Month 12 Day 25 Year 62

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 1173 S. Co. Rd. 300 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 McMann
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Mooresville IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Judy McCool
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Mooresville, IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

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

Signature of Applicant X Clifford A McMann Date 5/20

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Clifford A McMann

New Address _____

Subscribed and sworn to before me this 20 day of May, 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 Rhonda Middle Irene Last Maddex

Date of Birth: Month 7 Day 23 Year 64

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 1173 S. Co. Rd. 300 E City Danville County State IN

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

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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Richard Maddex
   (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 Carol Cochran
   (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 Rhonda I. Maddex Date 5-20-94

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 Rhonda I. Maddex

New Address _____

Subscribed and sworn to before me this 20 day of May, 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* 5-20-94, *authorizing the marriage of* CLIFFORD ALLEN McMANN *and* RHONDA IRENE MADDEX. *I further certify that the following marriage certificate was filed in my office: I,* S. V. STILES *(name), certify that on* MAY 21, 1994 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* CLIFFORD ALLEN McMANN *of* HENDRICKS *County* IN *(state), and* RHONDA IRENE MADDEX *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 5-20-94. *Signed by:* /s/ S. V. STILES, PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-24-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 213

HENDRICKS County

File

5-20-94
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 National Health Lab.

MALE APPLICANT

Name First Kevin Middle Joseph Last Bowling

Date of Birth Month 5 Day 30 Year 61

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

Residence Address Street or R.R. 5853 Leisure Ln. City Pittsboro, County In. 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 female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Harry Bowling
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Logootee, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Orvilla Jan Strawn
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Logootee, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Kevin J. Bowling Date 5/20/94

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 Kevin J. Bowling
New Address same
Subscribed and sworn to before me this 20th day of May, 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 Connell

Date of Birth Month 9 Day 24 Year 65

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

Residence Address Street or R.R. 5853 Leisure Ln. City Pittsboro, County In. 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 male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Janee Strange 3 yrs.
6. (a) Full name of applicant's father Carl Frederick Connell
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Logootee, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Nancy Jane Wallace
   (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 Lisa A. Connell Date 5/20/94

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 Lisa A. Connell
New Address same
Subscribed and sworn to before me this 20th day of May, 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* MAY 20, 1994 *, authorizing the marriage of* KEVIN JOSEPH BOWLING *and* LISA ANN CONNELL *. I further certify that the following marriage certificate was filed in my office: I,* MYRON BARNARD *(name), certify that on* JUNE 6, 1994 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* KEVIN JOSEPH BOWLING *of* HENDRICKS *County* INDIANA *(state), and* LISA ANN CONNELL *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* JUNE 6, 1994 *Signed by:* /s/ MYRON BARNARD *,* JUDGE *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* JUNE 7, 1994 *(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. 214

File

5-20-94
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 5-13-94
Name of Physician C.A. Mencias, M.D.

MALE APPLICANT

Name: First Danny Middle Leroy Last McDaniel

Date of Birth: Month 2 Day 17 Year 49

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

Residence Address: Street or R.R. 204 N. East City Plainfield 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.
   Angela Renee McDaniel 19yrs.
   Tohyajo Suzanne McDaniel 16yrs.
6. (a) Full name of applicant's father Edwin Leroy McDaniel
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Port St Lucie, Fla.
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of applicant's mother Erma June Slusser
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Port St. Lucie, Fla.
   Birthplace of mother (State or foreign country) Ohio

ACKNOWLEDGMENT

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

Signature of Applicant [signature] Date 20 May 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 9767 Rolling Hill Rd. Greenwood

Subscribed and sworn to before me this 20th day of May, 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 Allison Last Black

Date of Birth: Month 8 Day 13 Year 53

Place of Birth (State or foreign country) Ashland Ky.

Residence Address: Street or R.R. 976 Rolling Hill Rd City Greenwood County Johnson 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.
   Joseph Dorogan Black 11yrs.
   Katelyn Kendal Black 6yrs.
6. (a) Full name of applicant's father Homer Eugene Riffe
   (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 Mary Grace Conway
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Chicago, Il.
   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 Jamie Black Date 5/20/94

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 Jamie Black

New Address SAME

Subscribed and sworn to before me this 20th day of May, 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* MAY 20, 1994 *, authorizing the marriage of* DANNY LEROY McDANIEL *and* JAMIE ALLISON BLACK *. I further certify that the following marriage certificate was filed in my office: I,* LEON L. NICHOLSEN *(name), certify that on* JUNE 4, 1994 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* DANNY LEROY McDANIEL *of* HENDICKS *County* INDIANA *(state), and* JAMIE ALLISON BLACK *of* JOHNSON *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* MAY 20, 1994 *Signed by:* LEON L. NICHOLSEN *,* CLERGY *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* JUNE 22, 1994 *(date).*

Signed [signature] *Clerk*

HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 215

File

5-23-94
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 5-20-94
Name of Physician L. Nascimben, M.D.

MALE APPLICANT

Name: First James Middle William Last Goff

Date of Birth: Month 1 Day 7 Year 57

Place of Birth (State or foreign country): Oak Park, Il.

Residence Address: Street or R.R. 677 Aspen 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 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.
   Allison Goff 8 yrs.
   Ryan Goff 6 "
6. (a) Full name of applicant's father James Enoch Goff
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) W. Palm Beach, Fl.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Martha Lee Grayson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) W. Palm Beach, Fl.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant James W Goff Date 5-23-94

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 James W Goff

New Address James

Subscribed and sworn to before me this 23rd day of May, 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 Vivian Middle Lee Last Nolan

Date of Birth: Month 2 Day 27 Year 57

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

Residence Address: Street or R.R. 4354 Malden Ct 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 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.
   ~~Stephanie Nolan~~ 12 yrs.
   Steven Nolan 12 yrs.
6. (a) Full name of applicant's father Frank Leroy Ellett
   (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 Jean Ann Sharp
   (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 Vivian L. Nolan Date 5/23/94

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 Vivian L. Nolan

New Address 677 Aspen Ct.

Subscribed and sworn to before me this 23rd day of May, 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* 5-23-94 *, authorizing the marriage of* JAMES WILLIAM GOFF *and* VIVIAN LEE NOLAN *. I further certify that the following marriage certificate was filed in my office: I,* CINDY SPENCE *(name), certify that on* MAY 23, 1994 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* JAMES WILLIAM GOFF *of* HENDRICKS *County* IN *(state), and* VIVIAN LEE NOLAN *of* MARION *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 5-23-94 *. Signed by:* /s/ CINDY SPENCE, 1ST DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-23-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 216

File

5-23-94
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
Name of Physician Dr. Batista

MALE APPLICANT

Name: First Thomas Middle A Last Reynolds
Date of Birth: Month 10 Day 1 Year 71
Place of Birth (State or foreign country)
Residence Address: Street or R.R. 2746 E CR 400 S 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) 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 Thomas Arden Reynolds
   (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 Patsy Marie Borders
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Alabama
   Birthplace of mother (State or foreign country) Alabama

ACKNOWLEDGMENT

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

X Signature of Applicant Thomas A. Reynolds Date 5-23-94

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 Thomas A. Reynolds
New Address 250 N. East St Apt 113 Plainfield IND.

Subscribed and sworn to before me this 23rd day of May, 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 Molly Middle Melissa Last Oliver
Date of Birth: Month 6 Day 4 Year 73
Place of Birth (State or foreign country)
Residence Address: Street or R.R. 1006 S Raceway 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)

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

ACKNOWLEDGMENT

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

X Signature of Applicant Molly M Oliver Date 5-23-94

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 Molly M Oliver
New Address 250 N. East St Apt 113 Plainfield IN.

Subscribed and sworn to before me this 23rd day of May, 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* MAY 23, 1994 *, authorizing the marriage of* THOMAS A REYNOLDS *and* MOLLY M OLIVER *. I further certify that the following marriage certificate was filed in my office: I,* MARK MAC WHORTER *(name), certify that on* MAY 27, 1994 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* THOMAS A. REYNOLDS *of* HENDRICKS *County* INDIANA *(state), and* MOLLY M. OLIVER *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* May 23, 1994 *Signed by:* MARK MAC WHORTER *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* JUNE 3, 1994 *(date).*

Signed Hendricks Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 217

File

5-23-94
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 5-23-94
Name of Physician Phillip Le ? (illegible) Hall Health Lab

MALE APPLICANT

Name: First JOHN Middle S. Last WILLIS
Date of Birth: Month 7 Day 23 Year 1965
Place of Birth (State or foreign country) DADE Co. Miami, Florida
Residence Address: Street or R.R. 120 WILLIAMS 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 female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 S. WILLIS SR.
   (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 Bernice Bragg GANDY
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Florida
   Birthplace of mother (State or foreign country) S. Carolina

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X John Willis Date 5/23/94

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 X John Willis
New Address 120 Williams Dr. Brownsburg
Subscribed and sworn to before me this 23 day of May, 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 Bethany Middle M. Last Plummer
Date of Birth: Month 6 Day 1 Year 1968
Place of Birth (State or foreign country) Martinsville, INDIANA
Residence Address: Street or R.R. 120 WILLIAMS 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 Gary Lee Plummer
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) INDIANA, Vincennes
   Birthplace of father (State or foreign country) INDIANA
   (b) Full maiden name of applicant's mother Beverly D. Bray
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) INDIANA, Vincennes
   Birthplace of mother (State or foreign country) INDIANA

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Bethany Plummer Date 5/23/94

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 X Bethany Plummer
New Address 120 Williams Dr. Brownsburg
Subscribed and sworn to before me this 23 day of May, 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* MAY 27, 1994 *, authorizing the marriage of* JOHN SLAYTON WILLIS *and* BETHANY MARISA PLUMMER *. I further certify that the following marriage certificate was filed in my office: I,* REV. SHERMAN G JENNA *(name), certify that on* MAY 28, 1994 *(date), at* VINCENNES *in* KNOX *County, Indiana,* JOHN SLAYTON WILLIS *of* KNOX *County* INDIANA *(state), and* BETHANY MARISA PLUMMER *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* MAY 27, 1994
Signed by: REV. SHERMAN G JENNE *,* PASTOR *(official designation)*
Filed and recorded in accordance with the laws of the State of Indiana on JUNE 3, 1994 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 218

File

5-23-94
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
Name of Physician

MALE APPLICANT

Name: First Joseph Middle C. Last Krutzsch, Jr.
Date of Birth: Month 1 Day 24 Year 40
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 27 Northridge Ct. City Brownsburg County Hendricks 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) 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. Brett A. Krutzsch (14)
6. (a) Full name of applicant's father Joseph C. Krutzsch, Sr.
   (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 Doris M. Worick
   (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 Joseph C. Krutzsch Jr. Date 5-23-94

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 Joseph C. Krutzsch Jr.
New Address Same as Above
Subscribed and sworn to before me this 23 day of May, 1994
Carie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 Ann Last Wilkinson
Date of Birth: Month 1 Day 13 Year 1943
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 27 Northridge Ct. City Brownsburg County Hendricks State Indiana
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 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 male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Miller
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother Dagi Hodgson
   (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 X Peggy A. Wilkinson 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 Peggy A Wilkinson
New Address Same as above
Subscribed and sworn to before me this 23 day of May, 19 93
Carie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

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

Signed _____ Clerk
HENDRICKS
Circuit Court

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 219

HENDRICKS County

File

5-23-94
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 5-12-94
Name of Physician D. Thomas, M.D.

MALE APPLICANT

Name: First Adam Middle Martin Last Worsham

Date of Birth: Month 12 Day 31 Year 71

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

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

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

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

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

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

ACKNOWLEDGMENT

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

Signature of Applicant Adam Worsham 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 Adam Worsham
New Address Same

Subscribed and sworn to before me this 23rd day of May, 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 Melana Last Nevais

Date of Birth: Month 6 Day 8 Year 67

Place of Birth (State or foreign country) St. Louis, Missouri

Residence Address: Street or R.R. 890 Ridgewood Dr. Apt 205-D 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. —
6. (a) Full name of applicant's father Lyburn Nevais
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Waterloo, Ill.
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of applicant's mother Erlene Emma Esther Prange
   (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 Michelle Nevais Date 5-23-94

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 Michelle Nevais
New Address Same

Subscribed and sworn to before me this 23rd day of May, 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* MAY 23, 1994 *, authorizing the marriage of* ADAM MARTIN WORSHAM *and* MICHELLE MELANA NEVAIS *. I further certify that the following marriage certificate was filed in my office: I,* ROBERT GAMMON *(name), certify that on* JUNE 18, 1994 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* ADAM MARTIN WORSHAM *of* HENDRICKS *County* INDIANA *(state), and* MICHELLE MELANA NEVAIS *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* MAY 23, 1994 *Signed by:* /s/ ROBERT GAMMON *, JUDGE (official designation) Filed and recorded in accordance with the laws of the State of Indiana on* JUNE 21, 1994 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 220

HENDRICKS County

File

5-24-94
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
Name of Physician Family Medical Ctr - Danville In

MALE APPLICANT

Name: First Karl Middle Ernest Last Bridgham

Date of Birth: Month 9 Day 27 Year 1954

Place of Birth (State or foreign country) Hawaii

Residence Address: Street or R.R. 143 Coon Village Dr. #82 City Indianapolis County Hendricks State In 46234

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) 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. Matthew Bridgham 5
   Jacob Bridgham 15
6. (a) Full name of applicant's father Don A. Bridgham
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Washington
   (b) Full maiden name of applicant's mother Virginia Cedis
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Connecticut

ACKNOWLEDGMENT

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

Signature of Applicant x Karl Ernest Bridgham Date 5-24-94

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 x Karl Ernest Bridgham

New Address Same as Above

Subscribed and sworn to before me this 24 day of May, 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 Koni Middle Sue Last Barr

Date of Birth: Month 10 Day 9 Year 1966

Place of Birth (State or foreign country) Illinois

Residence Address: Street or R.R. 143 Coon Village Dr. #82 City Indianapolis County Hendricks State Indiana 46234

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

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

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) 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 S. Baer
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of applicant's mother Diane E. Hill
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Illinois

ACKNOWLEDGMENT

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

Signature of Applicant x Koni Sue Barr Date 5/23/94

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 x Koni Sue Barr

New Address Same as Above

Subscribed and sworn to before me this 24 day of May, 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* 5-24-94 *, authorizing the marriage of* Karl Earnest Bridgham *and* Koni Sue Barr *. I further certify that the following marriage certificate was filed in my office: I,* Carl Akard Riley *(name), certify that on* 6-4-94 *(date), at* Plainfield *in* Hendricks *County, Indiana,* _____ *Karl Ernest Bridgham of* Hendricks *County* Indiana *(state), and* _____ *Koni Sue Barr 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* 5-24-94 *. Signed by:* /s/ Carl Akard Riley *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-1-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 221

File

Date of Application

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

MALE APPLICANT

Name: First David Middle W. Last JOHNSON

Date of Birth: Month 5 Day 22 Year 1973

Place of Birth (State or foreign country) Greenfield INDIANA

Residence Address: Street or R.R. 8757 Routiers Ct. City Indianapolis County State IN 46219

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

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

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Ind. Drivers Lic. 1950-01-4117

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Johnson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) 8757 Routiers Ct. Indpls
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Judy Mathews
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) 3071 S. Berlander, Noblesville Ind.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant X David Johnson Date 5-24-94

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 X David Johnson

New Address 7109 Islander DR. Apt. C 46214

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 Kristyn Middle M. Last Brummett

Date of Birth: Month 1 Day 18 Year 1975

Place of Birth (State or foreign country) Long Beach, California

Residence Address: Street or R.R. 5595 W. County Rd. 275 S. City Coatesville County State IN 46121

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

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

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify) Long Beach, Los Angeles Co. Calif.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Kenneth L. Brummett
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) 5595 W. Co. Rd. 275 S. Coatesville Ind
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Rebecca K. Angrick
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant X Kristyn Brummett Date 5-24-94

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 X Kristyn Brummett

New Address 7109 ISLANDER Drive Indpls. IN 46214

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* 5-24-94 *, authorizing the marriage of* David W. Johnson *and* Kristyn M. Brummett *. I further certify that the following marriage certificate was filed in my office: I,* Steven W. Ranson *(name), certify that on (date), at* Clayton *in* Hendricks *County, Indiana,* David W. Johnson *of* Marion *County* Indiana *(state), and* Kristyn M. Brummett *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* 5-24-94 *. Signed by:* /s/ Steven W. Ranson *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-6-94 *(date).*

Signed Connie Hanson *Clerk*

HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 227

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 Dr. Heeger

MALE APPLICANT

Name: First Kent Middle T Last Lyons

Date of Birth: Month 7 Day 24 Year 64

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 1093 Parkside Ct 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) 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 Larry Lyons
   (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 K. Timmons
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

X Signature of Applicant Kent T Lyons Date 5-24-94

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.

X Signed Kent T Lyons
New Address Same

Subscribed and sworn to before me this 24th day of May, 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 M Last Green

Date of Birth: Month 8 Day 6 Year 67

Place of Birth (State or foreign country)

Residence Address: Street or R.R. 1093 Parkside Court 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) Drivers License

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

ACKNOWLEDGMENT

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

X Signature of Applicant Diane M Green Date 5/24/94

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.

X Signed Diane M. Green
New Address (same as above)

Subscribed and sworn to before me this 24th day of May, 19 94

_____ Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

Father _____ ID # _____
Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* MAY 24, 1994 *, authorizing the marriage of* KENT T. LYONS *and* DIANE M. GREEN *. I further certify that the following marriage certificate was filed in my office: I,* WILLIAM R. CLAYTON *(name), certify that on* JUNE 11, 1994 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* KENT T. LYONS *of* HENDRICKS *County* INDIANA *(state), and* DIANE M. GREEN *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* JUNE 11, 1994 *Signed by:* /s/ WILLIAM R. CLAYTON *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* JUNE 15, 1994 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 223

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 Dr. Stegemoller

MALE APPLICANT

Name: First Matthew Middle Roland Last Fuson

Date of Birth: Month 7 Day 10 Year 1967

Place of Birth (State or foreign country) HENDRICKS Co. Indiana

Residence Address: Street or R.R. 126 E. Sugarwood Ln. 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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Roger A. Fuson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Dec'd
   Birthplace of father (State or foreign country) Danville Indiana
   (b) Full maiden name of applicant's mother La Veda K. Fuson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) 126 E. Sugarwood Ln. Plfd.
   Birthplace of mother (State or foreign country) Tipton Co. Indiana

ACKNOWLEDGMENT

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

Signature of Applicant X M. R. Fuson Date 5-25-94

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 X M. R. Fuson

New Address _____

Subscribed and sworn to before me this 25th day of May, 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 Christina Middle A. Last Rule

Date of Birth: Month 10 Day 3 Year 1969

Place of Birth (State or foreign country) Fort Harrison, Indiana

Residence Address: Street or R.R. 126 E. Sugarwood Lane City Plainfield County Hendricks Co. Ind. 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) Ind. Drivers Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father James Leroy Rule
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) dec'd
   Birthplace of father (State or foreign country)
   (b) Full maiden name of applicant's mother Joyce Ann Wilson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) 1566 Purpura Dr. Danville
   Birthplace of mother (State or foreign country) Odon, Indiana

ACKNOWLEDGMENT

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

Signature of Applicant X Christina Ann Rule Date 5/25/94

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 X Christina Ann Rule

New Address _____

Subscribed and sworn to before me this 25th day of May, 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* MAY 25, 1994 *, authorizing the marriage of* MATTHEW R FUSON *and* CHRISTINA A RULE *. I further certify that the following marriage certificate was filed in my office: I,* DANNY VAUGHN *(name), certify that on* MAY 27, 1994 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* MATTHEW ROLLAND FUSON *of* HENDRICKS *County* INDIANA *(state), and* CHRISTINA ANN RULE *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* MAY 25, 1994 *Signed by:* DANNY VAUGHN *,* JUDGE *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* JUNE 3, 1994 *(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. 224

File

5-26-94
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
Name of Physician M. Squires, M.D.

MALE APPLICANT

Name: First Daniel Middle Edward Last Novreske

Date of Birth: Month 5 Day 20 Year 1971

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 6003 Brookshire Dr. City Pittsboro County Hendricks State Indiana

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

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

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) 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 Daniel A. Novreske
   (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 Dwight
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) South 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 ☒ Daniel Edward Novreske Date 5-26-94

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 ☒ Daniel Edward Novreske

New Address

Subscribed and sworn to before me this 26th day of May, 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 Joy Last Guelden

Date of Birth: Month 7 Day 15 Year 1973

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 573 Othello Way City Plainfield County Hendricks State Indiana

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

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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Ronald H. Guelden
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Louisiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Marsha I. Pickett
   (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 ☒ Angela Joy Guelden Date 5-26-94

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 ☒ Angela Joy Guelden

New Address

Subscribed and sworn to before me this 26th day of May, 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* MAY 26, 1994, *authorizing the marriage of* DANIEL EDWARD NOVRESKE *and* ANGELA JAY GUELDEN. *I further certify that the following marriage certificate was filed in my office: I,* REV. WILLIAM H. STEINKE *(name), certify that on* JUNE 18, 1994 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* DANIEL EDWARD NOVRESKE *of* HENDRICKS *County* INDIANA *(state), and* ANGELA JAY GUELDEN *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* MAY 26, 1994 *Signed by:* /s/ REV. WILLIAM H. STEINKE, PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* JUNE 21, 1994 *(date).*

Signed Connie Lawson Clerk
HENDRICKS Circuit Court

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 225

HENDRICKS County

File

5-26-94
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 4-21-94
Name of Physician D. Johnson, M.D.

MALE APPLICANT

Name: First Clint Middle Gene Last Groeschen

Date of Birth: Month 10 Day 7 Year 70

Place of Birth (State or foreign country) Bay City, Mich

Residence Address: Street or R.R. 38033 Spring Lane City Farmington Hills County ~~Oakland~~ State Mi

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

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

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

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

6. (a) Full name of applicant's father Jacque Leo Groeschen
   (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 K. Meylan
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Bay City, 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 Clint G Groeschen Date 5/26/94

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 Clint G Groeschen
SAME
New Address

Subscribed and sworn to before me this 26th day of May, 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 Terain Middle Lynn Last Manning

Date of Birth: Month 2 Day 24 Year 70

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

Residence Address: Street or R.R. 1120 Birch Dr. Lot #26 City Indpls. County ~~Hendricks~~ State In.

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

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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Lynn Manning
   (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 Sue Williams
   (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 Terain L Manning Date 5/26/94

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 Terain L Manning
New Address 38033 SPRING LANE FARMINGTON HILLS

Subscribed and sworn to before me this 26th day of May, 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* 5-26-94 *, authorizing the marriage of* Clint Gene Groeschen *and* Terain Lynn Manning *. I further certify that the following marriage certificate was filed in my office: I,* John Caldwell *(name), certify that on* 7-23-94 *(date), at* Avon *in* Hendricks *County, Indiana,* Clint Gene Groeschen *of* Oakland *County* Michigan *(state), and* Terain Lynn Manning *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* 5-26-94 *. Signed by:* /s/ John Caldwell *,* Sr. Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-26-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 226

HENDRICKS County

File

5-27-94
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 ☐
If No, Medical Examination or Report Dated 5-7-94
Name of Physician Dr. Willis, M.D.

MALE APPLICANT

Name: First Kenneth Middle Wayne Last Kehl

Date of Birth: Month 5 Day 14 Year 44

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

Residence Address: Street or R.R. 4443 N Co Rd 1025 E 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. /
6. (a) Full name of applicant's father Frederick Thomas Kehl
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) New Jersey
   (b) Full maiden name of applicant's mother Mary Magdeline Kizzee
   (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 W. Kehl Date 5/27/94

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 Kenneth W. Kehl
New Address Same

Subscribed and sworn to before me this 27th day of May, 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 Glenda Middle Denise Last Wolfe

Date of Birth: Month 2 Day 1 Year 52

Place of Birth (State or foreign country) London, Ky.

Residence Address: Street or R.R. 4443 N Co Rd 1025 E City Indpls. County State In. 46234

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 George Jennings Wyatt
   (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 Vera Lois Webb
   (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 Glenda D. Wolfe Date 5/27/94

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 Glenda D. Wolfe
New Address Same

Subscribed and sworn to before me this 27th day of May, 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* MAY 27, 1994 *, authorizing the marriage of* KENNETH WAYNE KEHL *and* GLENDA DENISE WOLFE *. I further certify that the following marriage certificate was filed in my office: I,* ELDER GEORGE JONES *(name), certify that on* JUNE 17, 1994 *(date), at* INDIANAPOLIS *in* HENDRICKS *County, Indiana,* KENNETH WAYNE KEHL *of* HENDRICKS *County* INDIANA *(state), and* GLENDA DENISE WOLFE *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* MAY 27, 1994 *Signed by:* /s/ GEORGE JONES *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* JUNE 20, 1994 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 227

HENDRICKS County

File

5-27-94
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 ☐
If No, Medical Examination or Report Dated 1-16-86
Name of Physician R. Galvez, M.D.

MALE APPLICANT

Name: First Donald Middle Nathan Last Douglass
Date of Birth: Month 10 Day 7 Year 60
Place of Birth (State or foreign country) Frankfort, In.
Residence Address: Street or R.R. 8676 N Co Rd 150 E 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. same as →
6. (a) Full name of applicant's father Donald L. Douglass
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Leiton, In.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of applicant's mother Deanna K. Michael
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Leiton, In
   Birthplace of mother (State or foreign country) In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Donald N. Douglass Date 5-27-94

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 Donald N. Douglass
New Address same
Subscribed and sworn to before me this 27th day of May, 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 Corinne Last Douglass
Date of Birth: Month 7 Day 10 Year 64
Place of Birth (State or foreign country) Beech Grove, In.
Residence Address: Street or R.R. 430 Kinderly 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 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. Nathan R. Douglass 7yrs
   Allison K. Douglass 5yrs.
   Erin C. Douglass 5yrs.
6. (a) Full name of applicant's father Raymond E. Parker
   (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 Jean Rasauf
   (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 Susan C Douglass Date 5-27-94

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 C Douglass
New Address 8676 N. Co Rd 150 E. Pittsboro, In
Subscribed and sworn to before me this 27th day of May, 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* MAY 27,1994 *, authorizing the marriage of* DONALD NATHAN DOUGLASS *and* SUSAN CORINNE DOUGLAS *. I further certify that the following marriage certificate was filed in my office: I,* STEVEN T. REEVES *(name), certify that on* JUNE 4, 1994 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* DONALD NATHAN DOUGLASS *of* HENDRICKS *County* INDIANA *(state), and* SUSAN CORINNE DOUGLASS *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* MAY 27, 1994 *Signed by:* /s/ STEVEN T. REEVES *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* JUNE 7, 1994 *(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. 228

HENDRICKS County

File

5-27-94
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 ☒
If No, Medical Examination or Report Dated
Name of Physician

MALE APPLICANT

Name: First Donald Middle Earl Last Johns

Date of Birth: Month 12 Day 29 Year 36

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

Residence Address: 9726 Karen St Street or R.R. Indpls. City, Hendricks 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 female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /

6. (a) Full name of applicant's father Nathan S. Johns
   (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 Ollie B. Childress
   (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 Donald E Johns Date 5-27-94

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 Donald E Johns

New Address 2703 MACARTHUR LN.

Subscribed and sworn to before me this 27th day of May, 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 Ann Last Rottmann

Date of Birth: Month 8 Day 1 Year 41

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

Residence Address: 6011 Eagleview Ct # A Street or R.R. Indpls. City, Marion County, In. State

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 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 Richard Frank Behrmann
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Seminole, FL.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Lucille Margaret Hallner
   (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 Rottmann Date 5-27-94

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 Barbara Rottmann

New Address 2703 MacArthur Lane

Subscribed and sworn to before me this 27th day of May, 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* MAY 27, 1994 *, authorizing the marriage of* DONALD EARL JOHNS *and* BARBARA ANN ROTTMAN *. I further certify that the following marriage certificate was filed in my office: I,* REV. JOHN C. BEATTY *(name), certify that on* JUNE 11, 1994 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* DONALD EARL JOHNS *of* HENDRICKS *County* INDIANA *(state), and* BARBARA ANN ROTTMAN *of* MARION *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* JUNE 11, 1994 *Signed by:* /s/ JOHN C. BEATTY *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* JUNE 15, 1994 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 229

HENDRICKS County

File 5-27-94 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 ☐
If No, Medical Examination or Report Dated 5-19-94
Name of Physician Terry L. Henderson, M.D.

MALE APPLICANT

Name: First Jeffrey Middle Michael Last Klayer

Date of Birth: Month 7 Day 24 Year 70

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

Residence Address: 8438 Skipper's Ct. Indpls., In. (Street or R.R. / City / County Hendricks)

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

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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Michael Klayer
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of applicant's mother Linda Kathleen Frank
   (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 Jeffrey M. Klayer Date 5-27-94

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 Jeffrey M. Klayer
New Address 8643 Rock Rd. Indianapolis, IN 46234

Subscribed and sworn to before me this 27th day of May, 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 Genievee Middle Schel Last Stumm

Date of Birth: Month 12 Day 20 Year 71

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

Residence Address: 5103 Kingsbury Dr. Pittsboro, In. (Street or R.R. / City / County / State)

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

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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 David Richard Stumm
(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 Anna Bell Lowe
(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 Genievee A. Stumm Date 5-27-94

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 Genievee A. Stumm
New Address 8643 Rock Rd Indpls, In 46234

Subscribed and sworn to before me this 27th day of May, 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* MAY 27,1994 *, authorizing the marriage of* JEFFREY MICHAEL KLAYER *and* GENIEVEE SCHEL STUMM *. I further certify that the following marriage certificate was filed in my office: I,* STEVEN T. REEVES *(name), certify that on* JUNE 4, 1994 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* JEFFREY MICHAEL KLAYER *of* HENDRICKS *County* INDIANA *(state), and* GENIEVEE SCHEL STUMM *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* MAY 27,1994 *. Signed by:* STEVEN T. REEVES *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* JUNE 27,1994 *(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

HENDRICKS County

No. 230

File

5-27-94 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 ☐
If No, Medical Examination or Report Dated 1-31-94
Name of Physician Partners In Care Dr. signed last page

MALE APPLICANT

Name: First Rick Middle Allen Last Stokes

Date of Birth: Month 10 Day 2 Year 63

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

Residence Address: Street or R.R. 10383 E US Hiway 40 City Lot 12 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 female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Homer Stokes, Jr.
   (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 Betty Jean Mullinox
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Clayton, In.
   Birthplace of mother (State or foreign country) Tennessee

ACKNOWLEDGMENT

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

Signature of Applicant Rick A Stokes Date 5-27-94

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 Rick A Stokes

New Address SAME

Subscribed and sworn to before me this 27th day of May, 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 Donna Middle Lou Last Mitchell

Date of Birth: Month 9 Day 13 Year 65

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

Residence Address: Street or R.R. 10383 E US Hiway 40 City Lot 12 County 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. Dustin Lee Mitchell 10 yrs.
6. (a) Full name of applicant's father Christopher Mitchell
   (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 Nancy L York
   (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 Donna J Mitchell Date 5-27-94

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 Donna J Mitchell

New Address Same

Subscribed and sworn to before me this 27th day of May, 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* MAY 27, 1994 *, authorizing the marriage of* RICK ALLEN STOKES *and* DONNA LOU MITCHELL *. I further certify that the following marriage certificate was filed in my office: I,* REV. DEBORAH L. POWELL *(name), certify that on* JUNE 4, 1994 *(date), at* INDIANAPOLIS *in* HENDRICKS *County, Indiana,* RICK ALLEN STOKES *of* HENDRICKS *County* INDIANA *(state), and* DONNA LOU MITCHELL *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* MAY 27, 1994
Signed by: /s/ DEBORAH L.POWELL *,* MINISTER *(official designation)*
Filed and recorded in accordance with the laws of the State of Indiana on JUNE 8, 1994 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 231

File

5-27-94 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 ☐
If No, Medical Examination or Report Dated 5-25-94
Name of Physician Mary K. Draper, M.D.

MALE APPLICANT

Name First Steven Middle Mark Last Alexander

Date of Birth Month 8 Day 10 Year 55

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

Residence Address 4896 Ridgehill Way Plainfield, In.
Street or R.R. City County State

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 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 Hubert Alexander
   (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 Doris Mae S l
   (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 Steven M. Alexander Date 5/27/94

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 Steven M. Alexander

New Address _____

Subscribed and sworn to before me this 27th day of May, 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 Louise Last Wheeler

Date of Birth Month 8 Day 23 Year 59

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

Residence Address 4896 Ridgehill Way Plainfield, 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. —
6. (a) Full name of applicant's father William Eugene Wheeler
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Elizabeth Jean Griffin
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Nebraska

ACKNOWLEDGMENT

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

Signature of Applicant Theresa Wheeler Date 5/27/94

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 Theresa Wheeler

New Address _____

Subscribed and sworn to before me this 27th day of May, 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* MAY 27,1994 *, authorizing the marriage of* STEVEN MARK ALEXANDER *and* THERESA LOUISE WHEELER *. I further certify that the following marriage certificate was filed in my office: I,* GEORGE W. SCHOONMAKER *(name), certify that on* JUNE 4, 1994 *(date), at* AVON *in* HENDRICKS *County, Indiana,* STEVEN MARK ALEXANDER *of* HENDRICKS *County* INDIANA *(state), and* THERESA LOUISE WHEELER *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* JUNE 4, 1994 *Signed by:* /s/ GEORGE W. SCHOONMAKER *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* JUNE 8, 1994 *(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. 232

HENDRICKS County

File

5-27-94
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 ☐
If No, Medical Examination or Report Dated
Name of Physician Stramm

MALE APPLICANT

Name: First Michael Middle S. Last Shaw
Date of Birth: Month May Day 11 Year 1948
Place of Birth (State or foreign country) In.
Residence Address: Street or R.R. 1067 Lake Dr. City East Brownsburg County State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Shaw
   (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 Jean Reed
   (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 Michael S. Shaw Date 5/27/94

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 X Michael S Shaw
New Address 1067 Lake Dr. E
Subscribed and sworn to before me this 27 day of May, 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 Deborah Middle L. Last Dalton
Date of Birth: Month Sept Day 8 Year 1951
Place of Birth (State or foreign country) In.
Residence Address: Street or R.R. 1067 Lake Dr. City East County Brownsburg 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. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Woods
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indpls, In.
   Birthplace of father (State or foreign country)
   (b) Full maiden name of applicant's mother Martha Hurt
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Ianne Ill.
   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 Deborah L. Dalton Date 5/27/94

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 X Deborah L. Dalton
New Address 1067 Lake Dr. East
Subscribed and sworn to before me this 27 day of May, 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* 5-27-94 *, authorizing the marriage of* Michael S. Shaw *and* Deborah L. Dalton *. I further certify that the following marriage certificate was filed in my office: I,* Rev. George Purnell *(name), certify that on* 7-1-94 *(date), at* Pittsboro *in* Hendricks *County, Indiana,* Michael S. Shaw *of* Hendricks *County* Indiana *(state), and* Deborah L. Dalton *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* 5-27-94 *. Signed by:* /s/ Rev. George Purnell *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-5-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 233

HENDRICKS County

File

5/31/94 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 or Report Dated
Name of Physician PIZZATO

MALE APPLICANT

Name: First PATRICK Middle THOMAS Last O'KEEFE

Date of Birth: Month MAY Day 14 Year 1965

Place of Birth (State or foreign country): TIPPECANOE COUNTY, INDIANA

Residence Address: Street or R.R. 3326 SW WILLOW PKWY, City GRESHAM, County, State OR 97080

Previous Marital Status: 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. NO
6. (a) Full name of applicant's father TERRENCE BROWN O'KEEFE
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) OREGON
   Birthplace of father (State or foreign country) OHIO
   (b) Full maiden name of applicant's mother BONNIE HOLTZ
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) OREGON
   Birthplace of mother (State or foreign country) NEW YORK

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Pat S. O'Keefe Date X 5/31/94

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 X Pat S. O'Keefe
New Address X SAME
Subscribed and sworn to before me this 31st day of May, 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 JANE Middle ELLEN Last RODAER

Date of Birth: Month MARCH Day 12 Year 1967

Place of Birth (State or foreign country): HOWARD CO. INDIANA

Residence Address: Street or R.R. 317 RYAN TRAIL, City BROWNSBURG, County, 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 male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. NO
6. (a) Full name of applicant's father JAMES ALPHONSE RODAER
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) WISCONSIN
   Birthplace of father (State or foreign country) WISCONSIN
   (b) Full maiden name of applicant's mother BEVERLY BONITA VIEAU
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) WISCONSIN
   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 X Jane E. Rodaer Date X 5/31/94

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 X Jane E. Rodaer
New Address X 3326 SW Willow Pkwy, Gresham, OR 97080
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* MAY 31,1994 *, authorizing the marriage of* PATRICK THOMAS O'KEEFE *and* JANE ELLEN RODAER *. I further certify that the following marriage certificate was filed in my office: I,* GEORGE M. SCHELTER *(name), certify that on* JUNE 4, 1994 *(date), at* INDIANAPOLIS *in* HAMILTON *County, Indiana,* PATRICK THOMAS O'KEEFE *of* MULTNOMAH *County* OREGON *(state), and* JANE ELLEN RODAER *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* JUNE 4, 1994 *Signed by:* /s/ GEORGE SCHELTER, PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* JUNE 7, 1994 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 234

HENDRICKS County

File

5·31·94
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 or Report Dated
Name of Physician

MALE APPLICANT

Name: First Robert Middle Dawes Last Wilkes
Date of Birth: Month 4 Day 3 Year 25
Place of Birth (State or foreign country) N.Y.
Residence Address: Street or R.R. 2837 Valiant Dr. City Indpls County IN State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 7-93
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 Warren B. Wilkes
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) N.Y.
   (b) Full maiden name of applicant's mother ETHEL A. BRENNISEN
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) DECEASED
   Birthplace of mother (State or foreign country) NY

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Robert D. Wilkes Date 5/31/94

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 X Robert D. Wilkes
New Address
Subscribed and sworn to before me this 31 day of May, 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 Peggy Middle Jean Last Williams
Date of Birth: Month 3 Day 23 Year 33
Place of Birth (State or foreign country) S.C.
Residence Address: Street or R.R. 410 Blake City Danville County IN State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 12-89
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Peggy J. Williams Date 5/31/94

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 X Peggy J. Williams
New Address 410 Blake St. Danville
Subscribed and sworn to before me this 31 day of May, 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* MAY 31, 1994 *, authorizing the marriage of* ROBERT DAWES WILKES *and* PEGGY JEAN WILLIAMS *. I further certify that the following marriage certificate was filed in my office: I,* J. MARK VAN VALIN *(name), certify that on* JUNE 11, 1994 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* ROBERT DAWES WILKES *of* MARION *County* INDIANA *(state), and* PEGGY JEAN WILLIAMS *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* MAY 31, 1994
Signed by: /s/ J. MARK VAN VALIN *,* MINISTER *(official designation)*
Filed and recorded in accordance with the laws of the State of Indiana on JUNE 14, 1994 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 235

HENDRICKS County

File

6-1-94 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
Name of Physician Dr. Stegemoller

MALE APPLICANT

Name: First Kirt Middle L Last Moore

Date of Birth: Month 4 Day 3 Year 66

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. PO Box 244 13 1/2 W. Main City Coatesville 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) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. -0-
6. (a) Full name of applicant's father Merle J Moore
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Alabama
   Birthplace of father (State or foreign country) IN.
   (b) Full maiden name of applicant's mother Billie L, Skelton
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Alabama
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

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

X Signature of Applicant Kirt L Moore Date 6/1/94

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.

X Signed Kirt L Moore
New Address SAME

Subscribed and sworn to before me this 1st day of June, 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 Melissa Middle A Last Ellis

Date of Birth: Month 7 Day 14 Year 66

Place of Birth (State or foreign country) Indi-

Residence Address: Street or R.R. RR1 Box 430 City Coatesville County State IN 46121

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

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

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) 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. -0-
6. (a) Full name of applicant's father Frank C. Ellis
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother Barbara Neff
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) Kentucky

ACKNOWLEDGMENT

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

X Signature of Applicant Melissa A. Ellis Date 6-1-94

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.

X Signed Melissa A. Ellis
New Address same

Subscribed and sworn to before me this 1st day of June, 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* 6-1-94 *, authorizing the marriage of* Kirt L. Moore *and* Melissa A. Ellis *. I further certify that the following marriage certificate was filed in my office: I,* Roger L. Whitaker *(name), certify that on* 6-18-94 *(date), at* Coatesville *in* Hendricks *County, Indiana,* Kirt L. Moore *of* Hendricks *County* Indiana *(state), and* Melissa A. Ellis *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* 6-1-94 *. Signed by:* /s/ Roger Whitaker *,* Elder *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-5-94 *(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. 236

HENDRICKS County

File

6-1-94
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
Name of Physician David Haggard

MALE APPLICANT

Name: First Jason Middle Lain Last Goodwin
Date of Birth: Month 6 Day 16 Year 67
Place of Birth (State or foreign country): INDIANA
Residence Address: Street or R.R. 2655 Broyles Rd City Plfd County State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 5/94
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. Jason Lain Goodwin, II (3)
   Erlina Diane Goodwin (4)
   Dellisa Michelle Goodwin (6)
6. (a) Full name of applicant's father Wilbur James Goodwin
   (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 Janne H. Lutz
   (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 x Jason Lain Goodwin Date 6/3/94

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 Jason Lain Goodwin
New Address Same
Subscribed and sworn to before me this 3 day of June, 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 Ann Last Sawyer
Date of Birth: Month 1 Day 27 Year 62
Place of Birth (State or foreign country): IN
Residence Address: Street or R.R. 2655 Broyles Rd City Plfd County State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 12-92
Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 C. Broyles Jr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plfd IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Willie Evelyn Cain
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) KY

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant x Robin Ann Sawyer 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 Robin Ann Sawyer
New Address Same
Subscribed and sworn to before me this 1 day of June, 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* JUNE 3, 1994 *, authorizing the marriage of* JASON LAIN GOODWIN *and* ROBIN ANN SAWYER *. I further certify that the following marriage certificate was filed in my office: I,* REV. KENNETH SMITH *(name), certify that on* JUNE 18, 1994 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* JASON LAIN GOODWIN *of* HENDRICKS *County* INDIANA *(state), and* ROBIN ANN SAWYER *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* JUNE 3, 1994 *. Signed by:* /s/ REV. KENNETH SMITH *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* JUNE 21, 1994 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 237

HENDRICKS County

File

6-2-94
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
Name of Physician Dr. Fletcher

MALE APPLICANT

Name: First Keith Middle E Last Haas

Date of Birth: Month 8 Day 6 Year 67

Place of Birth (State or foreign country) Ill

Residence Address: Street or R.R. 25 Foxwood 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. -0-
6. (a) Full name of applicant's father James Haas
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) Ill.
   (b) Full maiden name of applicant's mother Kathleen Stepina
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) Ill.

ACKNOWLEDGMENT

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

X Signature of Applicant [signature] Date 6/2/94

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.

X Signed [signature]
New Address 6271 Valley View Dr

Subscribed and sworn to before me this 1st day of June, 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 Candice Middle K Last Copeland

Date of Birth: Month 10 Day 30 Year 69

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 1884 Avon Rd City Plainfield County State IN

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

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

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) 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. -0-
6. (a) Full name of applicant's father Thomas Copeland
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) Texas
   (b) Full maiden name of applicant's mother Linda Fishburn
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

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

X Signature of Applicant Candice K Copeland Date 6-2-94

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.

X Signed Candice K. Copeland
New Address 6271 Valleyview Drive

Subscribed and sworn to before me this 1st day of June, 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* JUNE 2, 1994 *, authorizing the marriage of* KEITH EDWARD HAAS *and* CANDACE KILLEEN COPELAND *. I further certify that the following marriage certificate was filed in my office: I,* SHERRY WILLERTON *(name), certify that on* JUNE 4, 1994 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* KEITH EDWARD HAAS *of* HAMILTON *County* INDIANA *(state), and* CANDICE KILLEEN COPELAND *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* JUNE 2, 1994. *Signed by:* /s/ SHERRY WILLERTON *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* JUNE 7, 1994 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 238

HENDRICKS County

File

6-2-94
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
Name of Physician Christine Pinkerton

MALE APPLICANT

Name: First Charles / Middle Edward / Last Hughes

Date of Birth: Month 11 Day 15 Year 48

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 407 W First St. City Lizton County IN State

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1-91

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 Norman Edward Hughes
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Betty Jean Thomas
   (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 Charles E. Hughes Date 6-2-94

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 X Charles E. Hughes

New Address _____

Subscribed and sworn to before me this 2 day of June, 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 Gloria / Middle Ann / Last Chadwick

Date of Birth: Month 3 Day 15 Year 65

Place of Birth (State or foreign country) CO

Residence Address: Street or R.R. 212 N. Lawndale. City Indpls County IN State

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

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

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

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

6. (a) Full name of applicant's father Jerald Ray Chadwick
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Amerello TX
   Birthplace of father (State or foreign country) TX
   (b) Full maiden name of applicant's mother Arlene Rae Hartman
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Amerello TX
   Birthplace of mother (State or foreign country) WA

ACKNOWLEDGMENT

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

Signature of Applicant X Gloria A. Chadwick Date 6-2-94

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 X Gloria A. Chadwick

New Address _____

Subscribed and sworn to before me this 2 day of June, 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* JUNE 2, 1994 *, authorizing the marriage of* CHARLES EDWARD HUGHES *and* GLORIA ANN CHADWICK *. I further certify that the following marriage certificate was filed in my office: I,* JERALD R. CHADWICK *(name), certify that on* JUNE 12, 1994 *(date), at* LIZTON *in* HENDRICKS *County, Indiana,* CHARLES EDWARD HUGHES *of* HENDRICKS *County* INDIANA *(state), and* GLORIA ANN CHADWICK *of* MARION *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* JUNE 2, 1994
Signed by: /s/ JERALD R. CHADWICK *,* PASTOR *(official designation)*
Filed and recorded in accordance with the laws of the State of Indiana on JUNE 14, 1994 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 239

HENDRICKS County

File

June 2, 1994
Date of Application

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

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

MALE APPLICANT

Name: First David Middle Aaron Last Meek

Date of Birth: Month 9 Day 23 Year 1971

Place of Birth (State or foreign country) Hot Springs, Arkansas

Residence Address: Street or R.R. 280 San Juan Dr. City Hot Springs County [illegible] State Arkansas

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

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

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

Arkansas Drivers lic. #430-65-0830

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Aaron Meek
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) 280 San Juan Hot Springs
   Birthplace of father (State or foreign country) Arkansas AR
   (b) Full maiden name of applicant's mother Kathryn Lynette Cozart
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) 280 San Juan, Hot Springs AR
   Birthplace of mother (State or foreign country) Arkansas

ACKNOWLEDGMENT

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

Signature of Applicant X David A. Meek Date 6/2/94

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 X David A. Meek
New Address 7065 E. 400 N. Brownsburg IN. 46112

Subscribed and sworn to before me this 2nd day of June, 19 94

_____ Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Angel Middle Michele Last DeWitt

Date of Birth: Month 12 Day 27 Year 1973

Place of Birth (State or foreign country) Henry County, Indiana

Residence Address: Street or R.R. 7065 E. 400 N. 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)

Henry County Birth Certificate

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Dennis Lynn DeWitt
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) 7065 E. 400 N. Brownsburg In
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Oletta Lyn Hamilton
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) 7065 E. 400 N. 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 X Angel DeWitt Date 6-2-94

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 X Angel DeWitt
New Address 7065 E 400 N BROWNSBURG IN 46112

Subscribed and sworn to before me this 2nd day of June, 19 94

_____ Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* JUNE 2, 1994 *, authorizing the marriage of* DAVID AARON MEEK *and* ANGEL MICHELE DEWITT *. I further certify that the following marriage certificate was filed in my office: I,* REV. DENNIS L. DEWITT *(name), certify that on* JUNE 4, 1994 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* DAVID AARON MEEK *of* GARLAND *County* ARKANSAS *(state), and* ANGEL MICHELE DEWITT *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* JUNE 2, 1994 *Signed by:* /s/ DENNIS L. DEWITT *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* JUNE 8, 1994 *(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. 240

HENDRICKS County

File June 20, 1994 Date of Application

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

Date of Birth: Month 3 Day 15 Year 51

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 706 Ironwood 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 1994

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 Oscar H. Black
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Florida
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Betty J. Workman
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) deceased
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

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

X Signature of Applicant Steven R. Black Date 6-2-94

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.

X Signed Steven R. Black
New Address

Subscribed and sworn to before me this 2nd day of June, 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 Shirley Middle A Last McLean

Date of Birth: Month 4 Day 5 Year 44

Place of Birth (State or foreign country) Indiana

Residence Address: 2515 Little Street or R.R. Hurricane City Martinsville 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 male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Clarence Yates
   (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 Chassie Agnes Fisher
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) 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).

X Signature of Applicant Shirley A. McLean 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 Shirley A. McLean
New Address

Subscribed and sworn to before me this 2nd day of June, 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* JUNE 2, 1994 *, authorizing the marriage of* STEVEN R. BLACK *and* SHIRLEY A. McLEAN *. I further certify that the following marriage certificate was filed in my office: I,* WILLIAM CHARLES McGRAW *(name), certify that on* JUNE 4, 1994 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* STEVEN R. BLACK *of* HENDRICKS *County* INDIANA *(state), and* SHIRLEY ANN McLEAN *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* JUNE 2, 1994 *Signed by:* /s/ WILLIAM CHARLES McGRAW *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* JUNE 20,1994 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 241

HENDRICKS County

File 6-3-94
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. Poe

MALE APPLICANT

Name: First William Middle Scott Last Jenkins
Date of Birth: Month 7 Day 1 Year 69
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 212 N Cross City Danville County IN State
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

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

ACKNOWLEDGMENT

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

X Signature of Applicant William Scott Jenkins Date 6-3-94

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.

X Signed William Scott Jenkins
New Address _____

Subscribed and sworn to before me this 3rd day of June, 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 Christa Middle Lynn Last Pevler
Date of Birth: Month 11 Day 18 Year 74
Place of Birth (State or foreign country): IN
Residence Address: Street or R.R. 212 N Cross City Danville County IN State
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

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

ACKNOWLEDGMENT

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

X Signature of Applicant Christa L Pevler Date 6-3-94

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.

X Signed Christa L Pevler
New Address _____

Subscribed and sworn to before me this 3rd day of June, 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* JUNE 3, 1994 *, authorizing the marriage of* WILLIAM SCOTT JENKINS *and* CHRISTA L. PEVLER *. I further certify that the following marriage certificate was filed in my office: I,* ROGER L. STROUP *(name), certify that on* JUNE 4, 1994 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* WILLIAM SCOTT JENKINS *of* HENDRICKS *County* INDIANA *(state), and* CHRISTA L. PEVLER *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* JUNE 4, 1994 *. Signed by:* /s/ ROGER L. STROUP PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* JUNE 7, 1994 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 242

HENDRICKS County

File

6-3-94
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 ☐ 5-19-94
If No, Medical Examination or Report Dated
Name of Physician Dr. Edwards

MALE APPLICANT

Name: First Michael Middle J. Last Cummings

Date of Birth: Month 9 Day 29 Year 62

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

Residence Address: Street or R.R. 7747 E. Co Rd. 200 N. City Plainfield County HEND. State

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

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

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) 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 Harold Cummings
   (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 Violet Louise Stevens
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Bedford Ind.
   Birthplace of mother (State or foreign country) In.

ACKNOWLEDGMENT

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

Signature of Applicant ☒ Michael J Cummings Date 6/3/94

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 ☒ Michael J Cummings
New Address 7747 E. Co. Rd. 200N. Plfd., IN. 46168

Subscribed and sworn to before me this 3 day of June, 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 S. Last Sanderson

Date of Birth: Month 3 Day 8 Year 72

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

Residence Address: Street or R.R. 7981 Oakhill Dr. City Plainfield County Hend State In.

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

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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. None
6. (a) Full name of applicant's father Robert Allen Sanderson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Ind
   Birthplace of father (State or foreign country) Ind
   (b) Full maiden name of applicant's mother Janice Dale Branigin
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Ind.
   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 ☒ Angela S. Sanderson Date 6/3/94

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 ☒ Angela S. Sanderson
New Address 7747 E. Co. Rd. 200 N. Plfd., IN. 46168

Subscribed and sworn to before me this 3 day of June, 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* 6-3-94 *, authorizing the marriage of* Michael J. Cummings *and* Angela S. Sanderson *. I further certify that the following marriage certificate was filed in my office: I,* Don Tyler *(name), certify that on* 6-9-94 *(date), at* Brownsburg *in* Hendricks *County, Indiana,* Michael J. Cummings *of* Hendricks *County* Indiana *(state), and* Angela S. Sanderson *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* 6-3-94 *. Signed by:* /s/ Rev. Don Tyler *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-18-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 243

File

6-3-94 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. Morgan

MALE APPLICANT

Name: First James Middle J. Last Edwards II

Date of Birth: Month 5 Day 22 Year 55

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 1329 Raymond St. City Plainfield County Hend In State

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

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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Kurt 8, Emily 5 Joy-20- Jimmy 18.
6. (a) Full name of applicant's father James J. Edwards
   (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 Elizabeth A Shoemaker
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Ind.
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

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

Signature of Applicant ☒ James J Edwards II Date 6-3-94

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 ☒ James J Edwards II

New Address _____

Subscribed and sworn to before me this 3 day of JUNE, 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 Georgia Middle Y Last Rhodes

Date of Birth: Month 12 Day 24 Year 64

Place of Birth (State or foreign country) Kentucky

Residence Address: Street or R.R. 1024 Pinewood Ct City Plainfield County State IN

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

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

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) 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. Mason 8, Sarah 16 mos.
6. (a) Full name of applicant's father Forest Rhodes
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of applicant's mother Mattie Mays
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) Kentucky

ACKNOWLEDGMENT

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

Signature of Applicant ☒ Georgia Rhodes Date 6/3/94

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 ☒ Georgia Rhodes

New Address _____

Subscribed and sworn to before me this 3 day of June, 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* 6-3-94 *, authorizing the marriage of* James J. Edwards, II *and* Georgia Y. Rhodes *. I further certify that the following marriage certificate was filed in my office: I,* Cindy Spence *(name), certify that on (date), at* Danville *in* Hendricks *County, Indiana,* ~~James J. Edwards, II~~ *of* Hendricks *County* Indiana *(state), and* ~~Georgia Y. Rhodes~~ *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* 6-3-94 *. Signed by:* /s/ Cindy Spence *, 1st Deputy Clerk (official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-29-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 244

HENDRICKS County

File

6-3-94
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 Speedway Immediate Care (Jordan)

MALE APPLICANT

Name: First William Middle Lester Last Riner

Date of Birth: Month 9 Day 26 Year 67

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 10929 Rockville Rd Lot 56 City Indpls. 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 E. 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 Riner Date 6/3/94

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 ✕ William Riner

New Address _____

Subscribed and sworn to before me this 3 day of June, 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 61

Place of Birth (State or foreign country) KY

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

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2-17-94

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

SS# 403-98-7340

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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
   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 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 6-3-94

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 Pamela J. Turner

New Address _____

Subscribed and sworn to before me this 3 day of June, 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* JUNE 3, 1994 *, authorizing the marriage of* WILLIAM LESTER RINER *and* PAMELA JEAN TURNER *. I further certify that the following marriage certificate was filed in my office: I,* CINDY SPENCE *(name), certify that on* JUNE 3, 1994 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* WILLIAM LESTER RINER *of* HENDRICKS *County* INDIANA *(state), and* PAMELA JEAN TURNER *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* JUNE 3, 1994 *. Signed by:* /s/ CINDY SPENCE *,* FIRST DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* JUNE 3, 1994 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 245

HENDRICKS County

File

6-6-94
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 8-22-89
Name of Physician D. Leedy, M.D.

MALE APPLICANT

Name: First Scott Middle Curtis Last Oliver
Date of Birth: Month 8 Day 3 Year 71
Place of Birth (State or foreign country) Martinsville, In.
Residence Address: Street or R.R. 1006 S Racemayld 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 Roland Luther Oliver
   (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 Susan Elaine Shultz
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Scott C. Oliver Date 6-6-94

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 Scott C. Oliver
New Address 303 Ellis Apt B Plainfield 46168
Subscribed and sworn to before me this 6 day of June, 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 Nicole Middle Renee Last Haines
Date of Birth: Month 5 Day 8 Year 74
Place of Birth (State or foreign country) Danville In.
Residence Address: Street or R.R. 6367 N Co Rd 250 E City Pittsboro, County State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Brent Haines
   (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 Andrea Louise McDonald
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Pittsboro 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 Nicole Renee Haines Date 6-6-94

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 Nicole Renee Haines
New Address 303 Ellis APT B Plainfield In 46168
Subscribed and sworn to before me this 6th day of June, 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* JUNE 6, 1994 *authorizing the marriage of* SCOTT CURTIS OLIVER *and* NICOLE RENEE HAINES. *I further certify that the following marriage certificate was filed in my office: I,* VERNON J. STOVER JR. *(name), certify that on* JUNE 17, 1994 *(date), at* PITTSBORO *in* HENDRICKS *County, Indiana,* SCOTT CURTIS OLIVER *of* HENDRICKS *County* INDIANA *(state), and* NICOLE RENEE HAINES *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* JUNE 6, 1994
Signed by: /s/ VERNON J. STOVER JR., MINISTER *(official designation)*
Filed and recorded in accordance with the laws of the State of Indiana on JUNE 21, 1994 *(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. 246

HENDRICKS County

File

6-6-94
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 6-1-94
Name of Physician Michelle O. Bayer, MD

MALE APPLICANT

Name: First Jason Middle Daniel Last Smith

Date of Birth: Month 10 Day 7 Year 73

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R.R. 9701 Bradley Dr. City Indpls. County Hendricks

Previous Marital Status: 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. Hannah Rene Smith 2 mos.
6. (a) Full name of applicant's father James Maynard Smith
   (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 Effiel Jo Johnson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Kentucky

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Jason D. Smith Date 6-6-94

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 Jason D. Smith
New Address 4007 Mann Village Rd Apt #10

Subscribed and sworn to before me this 6th day of June, 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 Stacy, Middle Rene Last Kreyling

Date of Birth: Month 12 Day 18 Year 75

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R.R. 1224 N Co Rd 900 E City Indpls. County Hendricks

Previous Marital Status: 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. Hannah Rene Smith 2 mos.
6. (a) Full name of applicant's father Joseph Gordon Kreyling
   (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 Deborah Ann Faulk
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Jensen Beach, 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 Stacy Rene Kreyling Date 6-6-94

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 Stacy Rene Kreyling
New Address 4004 Mann Village Rd apt. 10

Subscribed and sworn to before me this 6th day of June, 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* JUNE 6, 1994 *, authorizing the marriage of* JASON DANIEL SMITH *and* STACY RENE KREYLING *. I further certify that the following marriage certificate was filed in my office: I,* DR. DONALD R. LYNN *(name), certify that on* JUNE 11, 1994 *(date), at* SPEEDWAY *in* MARION *County, Indiana,* JASON DANIEL SMITH *of* HENDRICKS *County* INDIANA *(state), and* STACY RENE KREYLING *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* JUNE 6, 1994
Signed by: /s/ DR. DONALD R. LYNN *,* MINISTER *(official designation)*
Filed and recorded in accordance with the laws of the State of Indiana on JUNE 14, 1994 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 247

File

6-6-94
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

MALE APPLICANT

Name: First Obie Middle W. Last Jones
Date of Birth: Month 7 Day 2 Year 31
Place of Birth (State or foreign country) Spann, Ky.
Residence Address: Street or R.R. 10416 N St Rd 267 City Brownsburg County In State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1980
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Obie Ephram Jones
   (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 Anna Ruth Caffey
   (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 Obie W Jones Date 6-6-94

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 Obie W Jones
New Address 1023 Pamela Dr Plainfield Ind

Subscribed and sworn to before me this 6th day of June, 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 Betty Middle J Last McElroy
Date of Birth: Month 5 Day 16 Year 32
Place of Birth (State or foreign country) Orlinda, Tenn.
Residence Address: Street or R.R. 1023 Pamela 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 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 Charles Luther Gregory
   (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 Minnie Lee Davies
   (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 Betty J McElroy Date 6/6/94

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 Betty J McElroy
New Address

Subscribed and sworn to before me this 6th day of June, 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* JUNE 6, 1994 *, authorizing the marriage of* OBIE W. JONES *and* BETTY J. McELROY *. I further certify that the following marriage certificate was filed in my office: I,* PASTOR DWIGHT S. BRADFORD *(name), certify that on* JUNE 18, 1994 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* OBIE W. JONES *of* HENDRICKS *County* INDIANA *(state), and* BETTY J. McELROY *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* JUNE 6, 1994 *Signed by:* /s/ DWIGHT S. BRADFORD, PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* JUNE 22, 1994 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 248

HENDRICKS County

File

6-6-94
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 5-26-94
Name of Physician K. Beard, M.D.

MALE APPLICANT

Name: First Wesley Middle Dean Last Stayte

Date of Birth: Month 7 Day 27 Year 74

Place of Birth (State or foreign country) Danville, In.

Residence Address: Street or R.R. 622 Lakeside 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Lynn Stayte
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) St. Louis, Mo.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Lenora Diane Firkin
   (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).

Signature of Applicant Wesley D. Stayte Date 6-6-94

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 Wesley D. Stayte

New Address 2401 West Bethel apt. 27 Muncie, IN

Subscribed and sworn to before me this 6th day of June, 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 Mae Last Ramsey

Date of Birth: Month 6 Day 22 Year 75

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. 7646 Andrew Turn 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 Jimmy Dean Ramsey
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield, In.
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of applicant's mother Brenda Bernice Heath
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Illinois

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Jennifer Ramsey Date 6-6-94

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 Jennifer Ramsey

New Address 2401 W. Bethel apt 27, Muncie, In.

Subscribed and sworn to before me this 6th day of June, 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* JUNE 6, 1994 *, authorizing the marriage of* WESLEY DEAN STAYTE *and* JENNIFER MAE RAMSEY *. I further certify that the following marriage certificate was filed in my office: I,* HUBERT GREER *(name), certify that on* JUNE 18, 1994 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* WESLEY DEAN STAYTE *of* HENDRICKS *County* INDIANA *(state), and* JENNIFER MAE RAMSEY *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* JUNE 6, 1994
Signed by: /s/ HUBERT GREER *,* PASTOR *(official designation)*
Filed and recorded in accordance with the laws of the State of Indiana on JUNE 21, 1994 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 249

HENDRICKS County

File

6-6-94
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 5-10-94
Name of Physician Kathleen Brough Oldham M.D.

MALE APPLICANT

Name: First Shawn Middle Raymond Last Ault
Date of Birth: Month 8 Day 12 Year 74
Place of Birth (State or foreign country) Indiana (Indianapolis)
Residence Address: Street or R.R. 310 S. Harris 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 Claude Charles Raymond Ault
   (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 Cathy Louise Faulkner
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   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 Shawn Raymond Ault Date 6-6-94

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 Shawn R. Ault
New Address _____
Subscribed and sworn to before me this 6th day of June, 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 Kristy Middle Jean Last Frick
Date of Birth: Month 2 Day 11 Year 72
Place of Birth (State or foreign country)
Residence Address: Street or R.R. 7168 Eagle Rd City Indpls County In Hendricks State Tennessee (Memphis)
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) DR. LIC

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☑ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father William Andrew Frick
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Shirley Jean Raper
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Mississippi

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant x Kristy Jean Frick Date 6-6-94

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 Kristy Jean Frick
New Address _____
Subscribed and sworn to before me this 6th day of June, 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* JUNE 6, 1994 *, authorizing the marriage of* SHAWN RAYMOND AULT *and* KRISTY JEAN FRICK *. I further certify that the following marriage certificate was filed in my office: I,* R. FRED RODKEY *(name), certify that on* JUNE 11, 1994 *(date), at* AVON *in* HENDRICKS *County, Indiana,* SHAWN RAYMOND AULT *of* MARION *County* INDIANA *(state), and* KRISTY JEAN FRICK *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* JUNE 6, 1994 *.*
Signed by: /s/ R. FRED RODKEY, ASSOCIATE PASTOR *(official designation)*
Filed and recorded in accordance with the laws of the State of Indiana on JUNE 14, 1994 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 250

HENDRICKS County

File 6-6-94
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

MALE APPLICANT

Name: First Donald Middle Frederick Last Dapp
Date of Birth: Month July Day 6 Year 1962
Place of Birth (State or foreign country) Fortwayne allen Ind.
Residence Address: Street or R.R. 727 moon RD. City Plainfield County Hendricks State Ind.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1987
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Donald A. Dapp
   (If adopted, list adoptive parents only) AUBURN, IN.
   Residence of father (if deceased, so state)
   Birthplace of father (State or foreign country) INDIANA
   (b) Full maiden name of applicant's mother Shirley Slick Timyer
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Waterloo, IN.
   Birthplace of mother (State or foreign country) INDIANA

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 F. Dapp Date 6-8-94

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 Donald F. Dapp
New Address Same
Subscribed and sworn to before me this 8th day of June, 19 94
Janet S. Breedlove Clerk of the HENDRICKS Circuit Court
JANET S. BREEDLOVE

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Underhill
Date of Birth: Month 7 Day 8 Year 41
Place of Birth (State or foreign country) Henderson, Ky.
Residence Address: Street or R.R. 1505 Fountain Ave. City Evansville County State Ind.
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.
6. (a) Full name of applicant's father Lawrence Pacue Yates
   (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 Sarah Elizabeth Groves
   (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 d
that are sexually transmitted, and a list of the test sites for the
immune deficiency syndrome).
Signature of Applicant Patricia A Un

The above applicant has objected to verifying by oath or affirm
acknowledgment because of religious beliefs.
Clerk of Court _____

State of Indiana)
County of HENDRICKS) ss:
I
Signed Patricia A Underhi
New Address Same
Subscribed and sworn to before me this 6th day of Ju
Connie Lawson Clerk of the HENDRICK

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

Check for Return Up to Here

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated _____, authorizing the marriage of _____ and _____. I further certify that the following marriage certificate was filed in my office: I, _____ (name), certify that on _____ (date), at _____ in _____ County, Indiana, _____ of _____ County _____ (state), and _____ of _____ County _____ (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated _____. Signed by: _____, _____ (official designation) Filed and recorded in accordance with the laws of the State of Indiana on _____ (date).*

Signed _____ Clerk
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 251

File

6-8-94 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 5-5-94
Name of Physician ? Black, M.D.

MALE APPLICANT

Name: First Dickie Middle Ray Last Hayden

Date of Birth: Month 3 Day 31 Year 49

Place of Birth (State or foreign country) Blackwell, Ok.

Residence Address: Street or R.R. 6966 W Main 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 1994

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Kimberly Hayden 16 yrs.
6. (a) Full name of applicant's father Otis Hayden
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Mt. Meridian, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Rosa M. Poland
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

cknowledge that I have received information regarding dangerous communicable diseases are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired une deficiency syndrome).
ature of Applicant Dick Hayden Date 6-8-94

above applicant has objected to verifying by oath or affirmation or signature to the above owledgment because of religious beliefs.
of Court _____ Date _____

of Indiana)
y of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Dick Hayden
New Address _____
ribed and sworn to before me this 8th day of June, 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 Sarah Middle Ruth Last Price

Date of Birth: Month 1 Day 29 Year 59

Place of Birth (State or foreign country) Frankfort, In.

Residence Address: Street or R.R. 6966 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 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 Harold Dwayne Martin
   (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 Hazel Lucille Hentharne
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Frankfort, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Sarah Price Date 6-8-94

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 Sarah Price
New Address _____
Subscribed and sworn to before me this 8th day of June, 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* 6-8-94 *, authorizing the marriage of* Dickie Ray Hayden *and* Sarah Ruth Price *. I further certify that the following marriage certificate was filed in my office: I,* Cindy Spence *(name), certify that on* June 28, 1994 *(date), at* Danville *in* Hendricks *County, Indiana,* Dickie Ray Hayden *of* Hendricks *County* Indiana *(state), and* Sarah Ruth Price *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* 6-8-94 *. Signed by:* /s/ Cindy Spence, 1st Deputy Clerk *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-28-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 252

File

6-7-94
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
Name of Physician Norman H. Liebschutz M.D

MALE APPLICANT

Name: First Mark Middle Patrick Last Moore
Date of Birth: Month 1 Day 24 Year 65
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R.R. 5551 E Rd 150 N City Danville County State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Monroe Moore
   (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 Wilma Fay Akin
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville, In.
   Birthplace of mother (State or foreign country) Tenn.

FEMALE APPLICANT

Name: First Deanna Middle Lynn Last Morton
Date of Birth: Month 8 Day 11 Year 67
Place of Birth (State or foreign country) Hammond, In.
Residence Address: Street or R.R. 2426 Northern 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 Edward Allen Morton
   (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 Kay Gatlin
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Tennessee

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Mark P. Moore Date 6/10/94

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 Mark P. Moore
New Address 4890 Rutledge Road Danville
Subscribed and sworn to before me this 10th day of June, 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 Deanna L. Morton Date 6-7-94

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 Deanna L. Morton
New Address _____
Subscribed and sworn to before me this 7th day of June, 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* 6-10-94 *, authorizing the marriage of* Mark P. Moore *and* Deanna L. Morton *. I further certify that the following marriage certificate was filed in my office: I,* Rev. John C. Parsley *(name), certify that on* 7-9-94 *(date), at* Plainfield *in* Hendricks *County, Indiana,* _____
Mark P. Moore *of* Hendricks *County* Indiana *(state), and* _____
Deanna L. Morton *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* 6-10-94 .
Signed by: /s/ Rev. John C. Parsley , Pastor *(official designation)*
Filed and recorded in accordance with the laws of the State of Indiana on 7-20-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 253

HENDRICKS County

File

6-7-94
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 ☐ 6-6-94
If No, Medical Examination or Report Dated
Name of Physician J. Grimes, M.D.

MALE APPLICANT

Name: First Marcus Middle John Last Fahey

Date of Birth: Month 3 Day 2 Year 68

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. 1142 D Pinewood Dr. City Plainfield County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Fahey
   (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 Joyce Diane Henson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Tennessee

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Mark J. Fahey Date 6/7/94

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 Mark J. Fahey

New Address SAME

Subscribed and sworn to before me this 7th day of June, 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 Jill Middle Ann Last Bradshaw

Date of Birth: Month 3 Day 11 Year 69

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. 1142 D Pinewood Dr. City Plainfield County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Bryan Arthur Bradshaw
   (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 Martha Ann Schwartz
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) New Palestine, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Jill Bradshaw Date 6/7/94

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 Jill Bradshaw

New Address SAME

Subscribed and sworn to before me this 7th day of June, 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* JUNE 7, 1994 *, authorizing the marriage of* MARCUS JOHN FAHEY *and* JILL ANN BRADSHAW *. I further certify that the following marriage certificate was filed in my office: I,* REV. ROBERT BORCHERTMEYER *(name), certify that on* JUNE 11, 1994 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* MARCUS JOHN FAHEY *of* HENDRICKS *County* INDIANA *(state), and* JILL ANN BRADSHAW *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* JUNE 13, 1994 *Signed by:* /s/ REV. BORCHERTMEYER *,* REVEREND *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* JUNE 14, 1994 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 254

File

6-8-94
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 6/8/94
Name of Physician Dr. Ron Stegemoller

MALE APPLICANT

Name: First William Middle Frank Last Poynter

Date of Birth: Month 6 Day 1 Year 70

Place of Birth (State or foreign country): INDIANA

Residence Address: Street or R.R. 1868 N Norfolk Avenue City Speedway County State In 46224

Previous Marital Status: Never Married ☑ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Frank Poynter.
   (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 Donella Sue Roberts
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indpls, INDIANA
   Birthplace of mother (State or foreign country) Illinois

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Wm. Frank Poynter Date 6-8-94

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 Wm. Frank Poynter
New Address 1868 N. Norfolk Avenue, Speedway, In

Subscribed and sworn to before me this 8th day of June, 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 Dawn Last McAninch

Date of Birth: Month 8 Day 31 Year 70

Place of Birth (State or foreign country): INDIANA

Residence Address: Street or R.R. 57 Elmwood Ct. City Brownsburg, County In State 46112 (Hendrick)

Previous Marital Status: 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 Donald Lee McAninch
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brownsburg, In.
   Birthplace of father (State or foreign country) California
   (b) Full maiden name of applicant's mother Joyce Ann Parr
   (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 X Lisa D. McAninch Date 6-8-94

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 X Lisa D. McAninch
New Address 1868 N Norfolk Avenue, Speedway, In.

Subscribed and sworn to before me this 8th day of June, 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* June 8, 1994 *, authorizing the marriage of* William Frank Poynter *and* Lisa Dawn McAninch *. I further certify that the following marriage certificate was filed in my office: I,* Richard L. McShanog *(name), certify that on* June 18, 1994 *(date), at* Brownsburg *in* Hendricks *County, Indiana,* William Frank Poynter *of* Marion *County* Indiana *(state), and* Lisa Dawn McAninch *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* June 8, 1994
Signed by: /s/ Richard L. McShanog *,* Pastor *(official designation)*
Filed and recorded in accordance with the laws of the State of Indiana on June 24, 1994 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 255

HENDRICKS County

File

6-8-94
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 5-16-94
Name of Physician Richard Nensell, M.D.

MALE APPLICANT

Name: First Leo Middle Ray Last Mosteller, Jr.

Date of Birth: Month 9 Day 8 Year 71

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R.R. 640 N Raceway Rd City Indpls. County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Leo Ray Mosteller
   (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 Rebecca Ann Melton
   (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 Leo R. Mosteller Jr. Date 6-8-94

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 Leo R. Mosteller Jr.

New Address Same

Subscribed and sworn to before me this 8th day of June, 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 Dawn Last Scott

Date of Birth: Month 11 Day 18 Year 72

Place of Birth (State or foreign country) Indianapolis In.

Residence Address: Street or R.R. 640 N Raceway Rd City Indpls. County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Danny Lowell Scott
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Shirley Jean Gunderson
   (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 April D. Scott Date 6-8-94

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 Same April D. Scott

New Address Same

Subscribed and sworn to before me this 8th day of June, 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* 6-8-94 *, authorizing the marriage of* Leo Ray Mosteller, Jr. *and* April Dawn Scott *. I further certify that the following marriage certificate was filed in my office: I,* Rev. Robert N. Story *(name), certify that on* 6-25-94 *(date), at* Indianapolis *in* Marion *County, Indiana,* _____ Leo Ray Mosteller, Jr. *of* Hendricks *County* Indiana *(state), and* _____ April Dawn Scott *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* 6-8-94 *. Signed by:* /s/ Rev. Robert N. Story *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-5-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 256

HENDRICKS County

File

6-8-94
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
Name of Physician

MALE APPLICANT

Name: First *Rusty* Middle *Ray* Last* *Riley*

Date of Birth: Month *8* Day *26* Year *58*

Place of Birth (State or foreign country) *Indianapolis, In.*

Residence Address: Street or R.R. *134 W Co Rd 900 S.* City *Clayton* 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.
   Alison Riley 9 yrs.
   Dylan Riley 7 yrs.
6. (a) Full name of applicant's father *Abner Riley*
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) *Thorntown, In.*
   Birthplace of father (State or foreign country) *Indiana*
   (b) Full maiden name of applicant's mother *Delores Darlene Dill*
   (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 *Rusty Riley* Date *6-8-94*

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 *Rusty Riley*

New Address

Subscribed and sworn to before me this *8th* day of *June*, 19 *94*

Connie Lemon Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First *Kristin* Middle *Gayle* Last *Smith*

Date of Birth: Month Day Year

Place of Birth (State or foreign country)

Residence Address: Street or R.R. City County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state)
   Birthplace of father (State or foreign country)
   (b) Full maiden name of applicant's mother
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state)
   Birthplace of mother (State or foreign country)

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant _____ Date _____

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of 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 _____ 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 _____, 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

470

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 257

File

6-8-94 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
Name of Physician R. Stegemoller, M.D.

MALE APPLICANT

Name: First Malcolm Middle Joseph Last Cartwright

Date of Birth: Month 7 Day 15 Year 75

Place of Birth (State or foreign country) Lafayette, In.

Residence Address: Street or R.R. 167 N Rd 200 E City Danville County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Rickie L. Cartwright
   (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 Shara E. Stelter
   (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 Malcolm J Cartwright Date 6-8-94

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 Malcolm J Cartwright

New Address 533 E college Ave Brownsburg In 46112

Subscribed and sworn to before me this 8th day of June, 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 Kim Middle Gwen Last Lawyer

Date of Birth: Month 10 Day 30 Year 75

Place of Birth (State or foreign country) Danville In.

Residence Address: Street or R.R. 1544 N 50 E City Danville County State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Ronald Lee Lawyer
   (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 Gayle Miller
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville, In.
   Birthplace of mother (State or foreign country) Kentucky

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Kimberly Gwen Lawyer Date 6-8-94

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 Kimberly Gwen Lawyer

New Address 533 E College Ave, Brownsburg 46112

Subscribed and sworn to before me this 8th day of June, 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* 6-8-94 *, authorizing the marriage of* Malcolm Joseph Cartwright *and* Kimberly Gwen Lawyer *. I further certify that the following marriage certificate was filed in my office: I,* S. V. Stiles *(name), certify that on* 6-25-94 *(date), at* Danville *in* Hendricks *County, Indiana,* Malcolm Joseph Cartwright *of* Hendricks *County* Indiana *(state), and* Kimberly Gwen Lawyer *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* 6-8-94 *. Signed by:* /s/ S.V. Stiles *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-28-94 *(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. 258

HENDRICKS County

File 6-9-94
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 5-17-94
Name of Physician Philip A. Batista, M.D.

MALE APPLICANT

Name: First Michael Middle Jeffrey Last Runyon
Date of Birth: Month 4 Day 22 Year 71
Place of Birth (State or foreign country) Crawfordsville, In.
Residence Address: 118 S Grant St. Brownsburg, In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Runyon
   (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 Jane Ellen Jeffries
   (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 6-9-94

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 [signature]
New Address _____
Subscribed and sworn to before me this 9th day of June, 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 Kimberly Middle Dawn Last Farrell
Date of Birth: Month 4 Day 24 Year 74
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: 435 Sugarhurst Lane Co. Brownsburg In.
Previous Marital Status: 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 Edward Farrell
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brownsburg, In
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Frances Darlene Taylor
   (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 Kimberly Farrell Date 6/9/94

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 Kimberly Farrell
New Address _____
Subscribed and sworn to before me this 9th day of June, 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* 6-9-94 *, authorizing the marriage of* Michael Jeffrey Runyon *and* Kimberly Dawn Farrell *. I further certify that the following marriage certificate was filed in my office: I,* Rev. Wilfred E. Day *(name), certify that on* June 25, 1994 *(date), at* Brownsburg *in* Hendricks *County, Indiana,* Michael Jeffrey Runyon *of* Hendricks *County* INDIANA *(state), and* Kimberly Dawn Farrell *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* 6-9-94
Signed by: /s/ Rev. Wilfred E. Day, Priest *(official designation)*
Filed and recorded in accordance with the laws of the State of Indiana on 6-29-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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472

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 259

File

6-9-94 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 Kevin Middle Eugene Last Collester

Date of Birth Month February Day 21 Year 1971

Place of Birth (State or foreign country) Indianapolis, Indiana

Residence Address Street or R.R. 967 Broadway S. City Plainfield County Hendricks State IN

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Francis Eugene Collester
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indpls Ind
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Betty Jane Webb
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Tennessee

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Kevin Collester Date 6/9/94

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 Kevin Collester

New Address

Subscribed and sworn to before me this 9th day of June, 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 Stacy Middle Anna Last Bennett

Date of Birth Month November Day 24, Year 1973

Place of Birth (State or foreign country) Indianapolis, Indiana

Residence Address Street or R.R. 967 Broadway S. 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 James Other Bennett
   (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 Joyce Juanita Rich
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Tennessee

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Stacy Bennett Date 6-9-94

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 Stacy Bennett

New Address

Subscribed and sworn to before me this 9th day of June, 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* 6-9-94 *, authorizing the marriage of* Kevin Eugene Collester *and* Stacy Anna Bennett *. I further certify that the following marriage certificate was filed in my office: I,* Rev. John Kinsey *(name), certify that on* 6-18-94 *(date), at* Indianapolis *in* Marion *County, Indiana,* Kevin Eugene Collester *of* Hendricks *County* Indiana *(state), and* Stacy Anna Bennett *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* 6-9-94 *. Signed by:* /s/ Rev. John Kinsey *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-1-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 260

File

6-9-94
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 6-9-94
Name of Physician R. Dontag, M.D.

MALE APPLICANT

Name First David Middle Alan Last Quick

Date of Birth Month 10 Day 31 Year 69

Place of Birth (State or foreign country) Indianapolis In.

Residence Address 10029 Street or R.R. Bacara Dr. City Indpls, County Jefferson State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Paige Quick 2 yrs.
6. (a) Full name of applicant's father Alan Leon Quick
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indianapolis, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Sharon K Mc Williams
   (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 A Quick Date 6-9-94

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 David A Quick

New Address _____

Subscribed and sworn to before me this 9th day of June, 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 Christina Middle Marie Last Parke

Date of Birth Month 3 Day 28 Year 70

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address 10029 Street or R.R. Bacara Dr. City Indpls, County Hendricks State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1994

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Tyler Parke 4 yrs
6. (a) Full name of applicant's father Donald James Dayle
   (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 Joan Parish
   (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 Christina M. Parke Date 6-9-94

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 Christina M. Parke

New Address _____

Subscribed and sworn to before me this 9th day of June, 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* 6-9-94 *, authorizing the marriage of* David Alan Quick *and* Christina Marie Parke *. I further certify that the following marriage certificate was filed in my office: I,* Myron Barnard *(name), certify that on* 6-25-94 *(date), at* Indianapolis *in* Marion *County, Indiana,* David Alan Quick *of* Hendricks *County* Indiana *(state), and* Christina Marie Parke *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* 6- 9-94 *. Signed by:* /s/ Myron Barnard *,* Judge *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-29-94 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 261

HENDRICKS County

File June 10, 1994
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Betty R. Raney

MALE APPLICANT

Name: First Christopher Middle Arthur Last Himsel
Date of Birth: Month 5 Day 3 Year 67
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 402 South State St City Lizton County Hen State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) 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 Martin Richard Himsel
   (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 Jean Esther Wolfe
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Christopher Arthur Himsel Date 6/10/94

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 X Christopher Arthur Himsel
New Address 402 S. State Lizton IN 46149

Subscribed and sworn to before me this 10th day of June, 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 Debra Middle LeAnn Last Colbert
Date of Birth: Month Indiana Day 4.9.65 Year
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 402 S. State St 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) Drivers Liscense

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Martin Ralph Colbert
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of applicant's mother Lillian Ruth Crest
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Illinois

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Debra LeAnn Colbert Date 6/10/94

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 X Debra LeAnn Colbert
New Address 402 S. State Lizton IN 46149

Subscribed and sworn to before me this 10 day of June, 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* 6-10-94 *, authorizing the marriage of* Christopher Arthur Himsel *and* Debra LeAnn Colbert *. I further certify that the following marriage certificate was filed in my office: I,* Rev. Roy C. Backus *(name), certify that on* 6-25-94 *(date), at* Schereville *in* Lake *County, Indiana,* _____ Christopher Arthur Himsel *of* Hendricks *County* Indiana *(state), and* _____ Debra LeAnn Colbert *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* 6-10-94 *. Signed by:* /s/ Rev. Roy C. Backus *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-29-94 *(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. 262

HENDRICKS County

File

6-10-94
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 J. Timothy Nichols

MALE APPLICANT

Name: First Christopher Middle Allen Last Gibson

Date of Birth: Month July Day 30 Year 1974

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 144 Gordon Dr. City Plainfield County Hen. State IN

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Allen Gibson
   (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 Karen Jean Gibson
   (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 Chris allen Gibson Date 6-10-94

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 Chris allen Gibson
New Address 144 Gordon Dr. PLAINFIELD IN.

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 Tammy Middle Louann Last Mitchell

Date of Birth: Month January Day 22, Year 1975

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 144 Gordon Dr. City Plainfield County Hen. State IN

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 W. Woodruff Mitchell
   (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 Eulonda Jean Stone
   (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 Tammy Louann Mitchell Date 6-10-94

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 Tammy Louann Mitchell
New Address 144 Gordon Dr. Plainfield In.

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* 6-30-94 *, authorizing the marriage of* Christopher A. Gibson *and* Tammy Lou J. Mitchell *. I further certify that the following marriage certificate was filed in my office: I,* Leonard W. Fredrick *(name), certify that on* 7-2-94 *(date), at* Indianapolis *in* Marion *County, Indiana,* Christopher A. Gibson *of* Hendricks *County* Indiana *(state), and* Tammy Lou J. Mitchell *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* 6-30-94 *. Signed by:* /s/ Rev. Leonard W. Fredrick *,* Assoc. Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-20-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 263

HENDRICKS County

File June 10th 1994
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Ron Stegemoller

MALE APPLICANT

Name: First John Middle William Last Flint
Date of Birth: Month October Day 7, Year 1971
Place of Birth (State or foreign country) Illinois
Residence Address: Street or R.R. RR 2 Box 124 City Kewanna County Fulton State In Hendricks
Previous Marital Status: 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 Roy Gordon Flint
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of applicant's mother Ethel Mae Mausehund
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Illinois

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X John Flint Date 6-10-94

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 X John Flint
New Address _____
Subscribed and sworn to before me this 10th day of June, 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 Nicole Middle Diane Last Gentry
Date of Birth: Month November Day 23, Year 1971
Place of Birth (State or foreign country) Colorado
Residence Address: Street or R.R. 1392 Maria Lane City Plainfield County Hendricks State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father John Wesley Gentry
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Shirley Jo Waltz
   (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 Nicole Gentry 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 Nicole Gentry
New Address _____
Subscribed and sworn to before me this 10 day of June, 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* 6-10-94 *, authorizing the marriage of* John William Flint *and* Nicole Diane Gentry *. I further certify that the following marriage certificate was filed in my office: I,* Carl Akard Riley *(name), certify that on* 6-25-94 *(date), at* Plainfield *in* Hendricks *County, Indiana,* John William Flint *of* Foulton *County* Indiana *(state), and* Nicole Diane Gentry *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* 6-10-94 *. Signed by:* /s/ Carl Akard Riley *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-28-94 *(date)*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 264

File

6-10-94
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 Dr. Heeger

MALE APPLICANT

Name: First Robert Middle M Last Reynolds

Date of Birth: Month 7 Day 11 Year 64

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 533 Vestal Rd City Plainfield County Hend State IN

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr Lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. No
6. (a) Full name of applicant's father Gary Gene Reynolds
   (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 Lynette Marie Statler
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) MN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant [signature] Date 6/10/94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Connie Dawson Date 6-10-94

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 10th day of June, 19 94

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 Michelle Middle A Last Hadaway

Date of Birth: Month 3 Day 2 Year 63

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 533 Vestal Lane City Plainfield County Hend State IN

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 91

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. NO
6. (a) Full name of applicant's father Charles Howard Hadaway
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) Missouri
   (b) Full maiden name of applicant's mother Barbara Evelyn Nydrall
   (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 [signature] Date 6/10/94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Connie Dawson Date 6-10-94

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 10th day of June, 19 94

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* 6-10-94 *, authorizing the marriage of* Robert Michael Reynolds *and* Michelle Ann Hadaway *. I further certify that the following marriage certificate was filed in my office: I,* Andrea Hughes Leininger *(name), certify that on* 6-18-94 *(date), at* Danville *in* Hendricks *County, Indiana,* Robert Michael Reynolds *of* Hendricks *County* Indiana *(state), and* Michelle Ann Hadaway *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* 6-10-94 *. Signed by:* /s/ Andrea Hughes Leininger *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-27-94 *(date).*

Signed Connie Dawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 265

File

6-10-94
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 12-30-93
Name of Physician Paula K. Stephens-Bibeau

MALE APPLICANT

Name: First Jeffrey Middle Eugene Last Stafford

Date of Birth: Month 9 Day 24 Year 68

Place of Birth (State or foreign country) Saugus, Calif.

Residence Address: Street or R.R. 68½ W. Main City Danville County In. State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1994

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) 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. Stephen Jeffrey Stafford 3yrs.
6. (a) Full name of applicant's father Eugene Stafford
   (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 Bonnie Lynn Sanford
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Simi Valley, Calif.
   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).

Signature of Applicant [signature] Date June 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 _____

Subscribed and sworn to before me this 10th day of June, 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 Louise Last Stevens

Date of Birth: Month 10 Day 27 Year 68

Place of Birth (State or foreign country) Buffalo, N. Y.

Residence Address: Street or R.R. 68½ W Main 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. /
6. (a) Full name of applicant's father Ronald Ferguson McCormick
   (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 Joan Florence Schmelzer
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) New York

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Karen L. Stevens Date June 10, 1994

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of 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 L. Stevens

New Address _____

Subscribed and sworn to before me this 10th day of June, 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* JUNE 10, 1994 *, authorizing the marriage of* JEFFREY EUGENE STAFFORD *and* KAREN LOUISE STEVENS *. I further certify that the following marriage certificate was filed in my office: I,* CINDY SPENCE *(name), certify that on* JUNE 10, 1994 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* JEFFREY EUGENE STAFFORD *of* HENDRICKS *County* INDIANA *(state), and* KAREN LOUISE STEVENS *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* JUNE 10, 1994 *Signed by:* /s/ CINDY SPENCE FIRST DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* JUNE 10, 1994 *(date).*

Signed Connie Lawson _____ *Clerk*

HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 2766
File June 10, 1994
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician George Keenan

MALE APPLICANT

Name: First Dennis Middle Patrick Last Unterreiner
Date of Birth: Month 5 Day 9 Year 60
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 136 Eastern Ave City Plfd. County Hend. State In
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Linus John Unterreiner
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Ind (deceased)
   Birthplace of father (State or foreign country) Missouri
   (b) Full maiden name of applicant's mother Maxine Marie Salisbury
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Missouri

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant ☒ Dennis Unterreiner Date 6-10-94

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 ☒ Dennis Unterreiner
New Address same
Subscribed and sworn to before me this tenth day of June, 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 Sharon Middle Theresa Last Kelley
Date of Birth: Month 10 Day 25 Year 72
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 136 Eastern Ave City Plfd. County Hen. State In
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers Liscense

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father James Anthony Kelley
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Helen Lucille Sanders
   (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 ☒ Sharon Kelley Date 6-10-94

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 ☒ Sharon Kelley
New Address same
Subscribed and sworn to before me this tenth day of June, 19 6-10-94
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* 6-10-94 *, authorizing the marriage of* Dennis Patrick Unterreiner *and* Sharon Theresa Kelley *. I further certify that the following marriage certificate was filed in my office: I,* Rev. Edward Ripperger *(name), certify that on* 6-25-94 *(date), at* Mooresville *in* Morgan *County, Indiana,* Dennis Patrick Unterreiner *of* Hendricks *County* Indiana *(state), and* Sharon Theresa Kelley *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* 6-10-94 *. Signed by:* /s/ Rev. Edward Ripperger *,* Priest *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-28-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 267

HENDRICKS County

File June 10, 1994
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under 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 Daniel Middle Eric Last Graham

Date of Birth: Month 3 Day 30 Year 72

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. RR 2 Box 158 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) 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 Russell Graham
   (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 Ann Rogers
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Tennessee

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Daniel Graham Date 6-10-94

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 X Daniel Graham
New Address RR 2 Box 158 Coatesville, IN 46121

Subscribed and sworn to before me this tenth day of June, 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 Danna Middle Marie Last Pierson

Date of Birth: Month 7 Day 26 Year 72

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. RR2 Box 158 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) 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 Danny Eugene Pierson
   (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 Kay 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).

Signature of Applicant X Danna M. Pierson Date 6-10-94

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 X Danna M. Pierson
New Address R.R. 2 Box 158 Coatesville IN 46121

Subscribed and sworn to before me this tenth day of June, 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* 6-10-94 *, authorizing the marriage of* Daniel Eric Graham *and* Danna Marie Pierson *. I further certify that the following marriage certificate was filed in my office: I,* Paul Mallory *(name), certify that on* 6-25-94 *(date), at* Danville *in* Hendricks *County, Indiana,* Daniel Eric Graham *of* Hendricks *County* Indiana *(state), and* Danna Marie Pierson *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* 6-10-94 *. Signed by:* /s/ Paul Mallory *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-6-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 268

HENDRICKS County

File 6-10-94
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 5/12/94
Name of Physician Dr. Voegel

MALE APPLICANT

Name First Don Middle William Last Hornaday Jr.
Date of Birth Month 6 Day 11 Year 68
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address 461 Austin Dr. Street or R.R. Indianapolis City Hendricks County In. State
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Don William Hornaday
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Betty Jane Breathman
   (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 Don Hornaday Jr. Date 6-10-94

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 Don Hornaday Jr.
New Address _____
Subscribed and sworn to before me this 10th day of June, 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 Ann Last Broodhacker
Date of Birth Month 10 Day 20 Year 71
Place of Birth (State or foreign country) Decatur, Illinois
Residence Address 461 Austin Dr. Street or R.R. Indpls. City Hendricks County In. State
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Lee Broodhacker
   (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 Beverly Ann Haubner
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, In.
   Birthplace of mother (State or foreign country) Illinois

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Nancy A. Broadhacker Date 6-10-94

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 Nancy A. Broadhacker
New Address _____
Subscribed and sworn to before me this 10th day of June, 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* JUNE 10, 1994 *, authorizing the marriage of* Don William Hornaday Jr. *and* Nancy Ann Broodhacker *. I further certify that the following marriage certificate was filed in my office: I,* J. Mark VanValin *(name), certify that on* June 18, 1994 *(date), at* Indianapolis *in* Marion *County, Indiana,* _____ *Don William Hornaday Jr. of* Hendricks *County* Indiana *(state), and* _____ *Nancy Ann Broodhacker 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* 6-10-94 *. Signed by:* /s/ J. Mark VanValin *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-23-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 269

HENDRICKS County

Filed June 3, 1994
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under 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: Kevin (First) Allen (Middle) Helm (Last)
Date of Birth: Month 2 Day 1 Year 67
Place of Birth (State or foreign country): Indiana
Residence Address: 4702-B Periwinkle Ct (Street or R.R.) Indpls (City) Marion (County) In (State)
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) 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 Gary Morgan Helm
   (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 Shelia VanCleve
   (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 Kevin Allen Helm 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 Kevin Allen Helm
New Address 4702 B Periwinkle Ct., Indianapolis, In 46221
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: Elizabeth (First) Ann (Middle) Gouge (Last)
Date of Birth: Month 8 Day 16 Year 71
Place of Birth (State or foreign country): Indiana
Residence Address: 912 Walton Dr. Pfd. (Street or R.R.) Hendricks. (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) 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 Ray Gouge
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Tennessee
   (b) Full maiden name of applicant's mother Eva Ruth Wilkerson
   (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 Elizabeth Ann Gouge Date 6-13-94

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 X Elizabeth Ann Gouge
New Address 4702B Periwinkle Ct, Indianapolis, In 46221
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* 6-13-94 *, authorizing the marriage of* Kevin Allen Helm *and* Elizabeth Ann Gouge *. I further certify that the following marriage certificate was filed in my office: I,* Terry L. Harris *(name), certify that on* 6-25-94 *(date), at* Indianapolis *in* Marion *County, Indiana,* Kevin Allen Helm *of* Marion *County* Indiana *(state), and* Elizabeth Ann Gouge *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* 6-13-94 *. Signed by:* /s/ Terry Harris *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-29-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 270

HENDRICKS County

File June 13, 1994
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Johnson

MALE APPLICANT

Name: First Denny Middle Clyde Last Dove Jr.
Date of Birth: Month 11 Day 9 Year 70
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 426 Varner Rd. City Brownsburg County Hen. State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) 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. Dennis Clyde Dove III
6. (a) Full name of applicant's father Dennis Clyde Dove
   (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 Eileen Mildred Greene
   (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 Denny C Dove Jr. Date 6-13-94

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 X Denny C Dove Jr.
New Address _____
Subscribed and sworn to before me this 13 day of June, 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 Nena Middle Lee Last Bohannon
Date of Birth: Month 8 Day 8 Year 73
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 711 Bakeway Ct City Indpls. County Hen. State In
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Ray Bohannon
   (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 Sandra Jan Hunt
   (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 Nena L. Bohannon Date 6-13-94

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 X Nena L. Bohannon
New Address _____
Subscribed and sworn to before me this 13 day of June, 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* 6-13-94 *, authorizing the marriage of* Denny Clyde Dove, Jr. *and* Nena Lee Bohannon *. I further certify that the following marriage certificate was filed in my office: I,* John Hesseldenz *(name), certify that on* 6-24-94 *(date), at* Indianapolis *in* Marion *County, Indiana,* Denny Clyde Dove, Jr. *of* Hendricks *County* Indiana *(state), and* Nena Lee Bohannon *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* 6-13-94 *. Signed by:* /s/ John Hesseldenz *,* Judge *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-27-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 271

File June 13, 1994
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Jonella

MALE APPLICANT

Name: First Mark Middle Allen Last Zehrung
Date of Birth: Month 11 Day 5 Year 71
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1617 Buckridge Dr. City C. Indpls. County Marion State In
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Danny Joe Zehrung
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Mary Helen Gonzalez
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) California
   Birthplace of mother (State or foreign country) Mexico

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Mark A. Zehrung Date 6/13/94

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 X Mark A. Zehrung 6/13/94
New Address

Subscribed and sworn to before me this 13 day of June, 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 Dawn Last Hazlett
Date of Birth: Month 9 Day 3 Year 66
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1115 Brookside Dr. City Plainfield County Hen. State In
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) 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 Wm. Hazlett
   (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 Clire Ruth Simmons
   (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 Lisa Dawn Hazlett Date June 13, 1994

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Lisa Dawn Hazlett
New Address

Subscribed and sworn to before me this 13 day of June, 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* 6-13-94 *, authorizing the marriage of* Mark Allen Zehrung ~~Lisa Dawn Hazlett~~. *I further certify that the following marriage certificate was filed in my office:*

I, Richard E. Davies *(name), certify that on* June 18,1994 *(date), at* Indianapolis *in* Marion *County, Indiana,*

Mark Allen Zehrung *of* Marion *County* Indiana *(state), and*

Lisa Dawn Hazlett *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* 6-13-94.

Signed by /s/ Richard E. Davies, Minister *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 6-20-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 272

HENDRICKS County

File

June 13, 1994
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Hudnut Norris

MALE APPLICANT

Name: First Anthony Middle Scott Last Jordan

Date of Birth: Month 2 Day 12 Year 73

Place of Birth (State or foreign country) Ohio

Residence Address: Street or R.R. 1360 E. Hadley Rd. City Plfd. County Hend. State In

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Dennis Dale Jordan
   (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 Angela Faye Miracle
   (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 Anthony S Jordan Date 6/13/94

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 X Anthony S. Jordan
New Address 3 Same

Subscribed and sworn to before me this 13 day of June, 19 94

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 Ronia Middle R. Last Norris

Date of Birth: Month 6 Day 4 Year 74

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 335 Avon Ave. City Plainfield County Hen. State In

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Ronnie Eugene Norris
   (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 Anita Kay Garner
   (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 Ronia Norris Date 6-13-94

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 X Ronia Norris
New Address 1360 E HADLEY RD., PFLD., HEND., IN

Subscribed and sworn to before me this 13 day of June, 19 94

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* JUNE 13, 1994, *authorizing the marriage of* ANTHONY SCOTT JORDAN *and* RONIA RENAE NORRIS. *I further certify that the following marriage certificate was filed in my office: I,* STEPHEN WHITE *(name), certify that on* JUNE 18, 1994 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* ANTHONY SCOTT JORDAN *of* HENDRICKS *County* INDIANA *(state), and* RONIA RENAE NORRIS *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* JUNE 13, 1994
Signed by: /s/ STEPHEN WHITE, MINISTER *(official designation)*
Filed and recorded in accordance with the laws of the State of Indiana on JUNE 21, 1994 *(date).*

Signed Connie Dawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 273

HENDRICKS County

File June 14, 1994
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under 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 Brian First Keith Middle Pfeifer Last

Date of Birth Month 7 Day 15 Year 69

Place of Birth (State or foreign country) Indiana

Residence Address Street or R.R. 4321 C. CR 350N 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.

6. (a) Full name of applicant's father Roy D Pfeifer
   (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 Patricia Louise Storm
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name Amanda First Sue Middle Simmons Last

Date of Birth Month 12 Day 21 Year 71

Place of Birth (State or foreign country) Indiana

Residence Address Street or R.R. 4321 C. CR. 350N 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.

6. (a) Full name of applicant's father William Elrod Simmons
   (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 Susan Piper Robinson
   (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 Pfeifer Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Brian Pfeifer
New Address

Subscribed and sworn to before me this day of , 19

Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #
Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Amanda S Simmons 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 Amanda S. Simmons
New Address same

Subscribed and sworn to before me this 14 day of June , 19 94

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* June 14, 1994 *, authorizing the marriage of* Brian Keith Pfeifer *and* Amanda Sue Simmons *. I further certify that the following marriage certificate was filed in my office: I,* Danny Vaughn *(name), certify that on* June 18, 1994 *(date), at* Indianapolis *in* Marion *County, Indiana,* Brian Keith Pfeifer *of* Hendricks *County* Indiana *(state), and* Amanda Sue Simmons *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* June 18, 1994. *Signed by:* /s/ Danny Vaughn *,* Judge *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-23-94 *(date).*

Signed Connie Dawson *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. 274

HENDRICKS County

File

June 14, 1994 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Johnson

MALE APPLICANT

Name: First Jerry Middle Wayne Last Whittinghill

Date of Birth: Month 4 Day 29 Year 62

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 4107 W CR 300S. City Danville County Hen. State In

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) 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. Whitney Ann Whittinghill and Wesley Allan Whittinghill
6. (a) Full name of applicant's father Harold Wayne Whittinghill
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Arizona
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Karen Sue Poole
   (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 Jerry W. Whittinghill Date 14 June 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 Jerry W. Whittinghill
New Address same

Subscribed and sworn to before me this 14 day of 6, 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 Cherie Middle Ellen Last Schmitt

Date of Birth: Month 3 Day 29 Year 70

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 4107 W CR 300S. City Danville County Hen. State In

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) 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. _____
   (a) Full name of applicant's father David Allen Schmitt
   (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 Patricia Ellen White
   (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 Cherie Ellen Schmitt Date 14 June 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 Cherie Ellen Schmitt
New Address same

Subscribed and sworn to before me this 14 day of 6, 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* 6-14-94 *, authorizing the marriage of* Jerry W. Whittinghill *and* Cherie Ellen Schmitt *. I further certify that the following marriage certificate was filed in my office: I,* Philip L. Gundlach *(name), certify that on* 8-6-94 *(date), at* Camby *in* Marion *County, Indiana,* Jerry W. Whittinghill *of* Hendricks *County* Indiana *(state), and* Cherie E. Schmitt *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* 6-14-94 *. Signed by:* /s/ Philip L. Gundlach Judge pro-tem *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-19-94. *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 275

HENDRICKS County

File June 15, 1994 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Robinson

MALE APPLICANT

Name: First Robert Middle Earl Last Hubbard

Date of Birth: Month 11 Day 1 Year 42

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 2820 E. CR 750 S. City Clayton County Hend. State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 6/4/92

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Robert Lowel Hubbard
   (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 Cora Brown
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Tennessee

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Robert E Hubbard Date 6-15-94

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 X Robert E Hubbard

New Address _____

Subscribed and sworn to before me this 15 day of June, 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 Marie Last O'Brien

Date of Birth: Month 12 Day 23 Year 60

Place of Birth (State or foreign country) Minnesota

Residence Address: Street or R.R. 7489 S. CR 275 E City Clayton County Hen. State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Lincoln O'Brien
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Minnesota
   Birthplace of father (State or foreign country) Minnesota
   (b) Full maiden name of applicant's mother Celeste Marie Vanderburg
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Minnesota
   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 X Michelle M O'Brien Date 6/15/94

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 X Michelle M O'Brien

New Address _____

Subscribed and sworn to before me this 15 day of June, 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* 6-15-94 *, authorizing the marriage of* Robert Earl Hubbard *and* Michelle Marie OBrien *. I further certify that the following marriage certificate was filed in my office: I,* Rev. J. Thomas Son *(name), certify that on* 7-2-94 *(date), at* Indianapolis *in* Marion *County, Indiana,* _____ Robert Earl Hubbard *of* Hendricks *County* Indiana *(state), and* _____ Michelle Marie OBrien *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* 6-15-94 *. Signed by:* /s/ Rev. J. Thomas Son *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-6-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 276

HENDRICKS County

File

6-15-94
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 6-15-94
Name of Physician Dr McHaffie

MALE APPLICANT

Name: First Sean Middle W. Last France

Date of Birth: Month 8 Day 13 Year 71

Place of Birth (State or foreign country) Hendricks

Residence Address: Street or R.R. 1118 Horada Rd City Brownsburg County Hend State In 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. None
6. (a) Full name of applicant's father Mark Wayne France
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Johnson Co. In.
   Birthplace of father (State or foreign country) Marion Co In.
   (b) Full maiden name of applicant's mother Roberta Joan Murphy France
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg In.
   Birthplace of mother (State or foreign country) Marion Co - 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 ☒ Sean W France Date 6-15-94

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 ☒ Sean France

New Address _____

Subscribed and sworn to before me this 15 day of June, 19 94

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 Kara Middle L. Last Ashley

Date of Birth: Month 9 Day 28 Year 71

Place of Birth (State or foreign country) Miami Co.

Residence Address: Street or R.R. 512 Plothow Rd. City Peru County Miami State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers Licens

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. None
6. (a) Full name of applicant's father Thomas Lloyd Ashley
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Peru
   Birthplace of father (State or foreign country) Peru
   (b) Full maiden name of applicant's mother Liliana Leigh Inman Ashley
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Peru
   Birthplace of mother (State or foreign country) Valparaiso

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant ☒ Kara L. Ashley Date 6-15-94

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 ☒ Kara L. Ashley

New Address _____

Subscribed and sworn to before me this 15 day of June, 19 94

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* 6-15-94 *, authorizing the marriage of* Sean Wayne France *and* Kara Leigh Ashley *. I further certify that the following marriage certificate was filed in my office: I,* Paul W. Cochran *(name), certify that on* 6-25-94 *(date), at* Carmel *in* Hamilton *County, Indiana,* Sean Wayne France *of* Hendricks *County* Indiana *(state), and* Kara Leigh Ashley *of* Miami *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* 6-15-94 *. Signed by:* /s/ Paul W. Cochran *,* Priest *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-28-94 *(date).*

Signed Connie Dawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 277

HENDRICKS County

File

June 15, 1994
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Wentworth

MALE APPLICANT

Name First Thomas Middle Richard Last Clark Jr.

Date of Birth Month 2 Day 25 Year 72

Place of Birth (State or foreign country) Indiana

Residence Address Street or R.R. 121 N Jefferson City Danville County Hen. State In

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) 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 Thomas Richard Clark 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 Teresa Jane McCoy
   (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 Thomas R Clark Jr Date 6-17-94

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 X Thomas R. Clark, Jr.

New Address _____

Subscribed and sworn to before me this 15 day of June, 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 Amber Middle Michelle Last Brooks

Date of Birth Month 9 Day 30 Year 75

Place of Birth (State or foreign country) Indiana

Residence Address Street or R.R. 1303 S. CR 525 W City Danville County Hen. State IN

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 LeRoy Brooks 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 Debra Louise Shriver
   (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 Amber Brooks Date 6-15-94

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 X Amber Brooks

New Address 121 N JEFFERSON

Subscribed and sworn to before me this 15 day of June, 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* 6-15-94, *authorizing the marriage of* Thomas Richard Clark JR. *and* Amber Michelle Brooks. *I further certify that the following marriage certificate was filed in my office: I,* George F. Kehler *(name), certify that on* 7-9-94 *(date), at* Avon *in* Hendricks *County, Indiana,* Thomas Richard Clark JR *of* Hendricks *County* Indiana *(state), and* Amber Michelle Brooks *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* 6-15-94. *Signed by:* /s/ George F. Kehler, Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-13-94 *(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. 278
File
June 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 Donald Duggan

MALE APPLICANT

Name: First David Middle Kevin Last Trusty
Date of Birth: Month 7 Day 19 Year 62
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 609 Beachway 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) DL

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 David Trusty
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Kentucky
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Barbara Jean Julian
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Alabama
   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 D. Kevin Trusty Date 6/15/94

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 X D. Kevin Trusty
New Address
Subscribed and sworn to before me this 15th day of June, 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 Marie Last Bolante
Date of Birth: Month 7 Day 21 Year 64
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 825-C Fairmead Rd City Plfd County Hend State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 12/93
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Thomas Schott
   (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 Junel Goodnight
   (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 Lisa M. Bolante Date 6-15-94

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 X Lisa M. Bolante
New Address
Subscribed and sworn to before me this 15th day of June, 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* June 15, 1994 *, authorizing the marriage of* David Kevin Trusty *and* Lisa Marie Bolante *. I further certify that the following marriage certificate was filed in my office: I,* Debra A. Hedrick *(name), certify that on* June 15, 1994 *(date), at* Danville *in* Hendricks *County, Indiana,* David Kevin Trusty *of* Marion *County* Indiana *(state), and* Lisa Marie Bolante *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* 6-15-94 *.*

Signed by: (s/) Debra Hedrick , 1st Deputy Clerk *(official designation)*
Filed and recorded in accordance with the laws of the State of Indiana on 6-23-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 279

HENDRICKS County

File

June 15, 1994
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under 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

MALE APPLICANT

Name: First Paul Middle — Last Treadwell

Date of Birth: Month 6 Day 10 Year 71

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R.R. 7446 Salisbury Lane 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) DL

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children: Kylie-Summer Nicole Treadwell
6. (a) Full name of applicant's father: Paul Treadwell Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state): unknown
   Birthplace of father (State or foreign country): Missouri
   (b) Full maiden name of applicant's mother: Teresa Kae Roberson
   (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 Paul Treadwell Jr. Date 6-15-94

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 X Paul Treadwell Jr.

New Address _____

Subscribed and sworn to before me this 6 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 Dawn Middle Marie Last Stark

Date of Birth: Month 4 Day 4 Year 75

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R.R. 9830 Royaltroon Way City Pfd. 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: Kylie-Summer Nicole Treadwell
6. (a) Full name of applicant's father: Glenn Eugene Stark
   (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: Deborah Ann Grant
   (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 Dawn Marie Stark Date 6-15-94

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 X Dawn Marie Stark

New Address _____

Subscribed and sworn to before me this 6 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* 6-15-94 *, authorizing the marriage of* Paul Treadwell *and* Dawn Marie Stark *. I further certify that the following marriage certificate was filed in my office: I,* Rev. Steven E. Phipps *(name), certify that on* 6-26-94 *(date), at* Indianapolis *in* Marion *County, Indiana,* Paul Treadwell *of* Marion *County* Indiana *(state), and* Dawn Marie Stark *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* 6-15-94 *. Signed by:* /s/ Rev. Steven E. Phipps *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-29-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 280

HENDRICKS County

File June 16, 1994
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Cindy Wiles

MALE APPLICANT

Name: First Ronald Middle Paul Last Johnson
Date of Birth: Month 3 Day 24 Year 54
Place of Birth (State or foreign country) New Jersey
Residence Address: Street or R.R. PO Box 363 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) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Mark Johnson
   Alyssa Johnson
6. (a) Full name of applicant's father Edward Hodgekin
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) New Jersey
   Birthplace of father (State or foreign country) Massachusetts
   (b) Full maiden name of applicant's mother Olga Winzik
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) New Jersey
   Birthplace of mother (State or foreign country) New Jersey

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Ronald P Johnson Date 6/16/94

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 P Johnson
New Address PO Box 34, Jamestown Ind. 46147
Subscribed and sworn to before me this 16th day of June, 19 _____
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Theresa Middle Joan Last Sutton
Date of Birth: Month 6 Day 17 Year 57
Place of Birth (State or foreign country) Illinois
Residence Address: Street or R.R. PO Box 34 City Jamestown County Hend. State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1/89
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Brady
   Derek Brady David Brady
6. (a) Full name of applicant's father Lloyd Lavon Cads
   (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 Joan Laverne Dale
   (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 Theresa J Sutton Date June 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 Theresa J Sutton
New Address P.O. Box 34 Jamestown Ind 46147
Subscribed and sworn to before me this 16 day of 6, 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* 6-16-94 *, authorizing the marriage of* Ronald Paul Johnson *and* Theresa Joan Sutton *. I further certify that the following marriage certificate was filed in my office: I,* James W. Sorum *(name), certify that on* June 24, 1994 *(date), at* Carmel *in* Hamilton *County, Indiana,* Ronald Paul Johnson *of* Hamilton *County* Indiana *(state), and* Theresa Joan Sutton *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* 6-16-94 *. Signed by:* /s/ James W. Sorum, Associate Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-27-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 281

HENDRICKS County

File June 16, 1994 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Karen Beard

MALE APPLICANT

Name: First Kevin Middle Curtis Last Smith

Date of Birth: Month 10 Day 9 Year 72

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 9119 F-W 10th 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) DL.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Frank Smith
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of applicant's mother Saundra Lee Corcoran
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Ind.
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Kevin C. Smith Date 6/16/94

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 Kevin C. Smith
New Address 9119 F W 10th St.

Subscribed and sworn to before me this 16 day of 6, 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 Tisha Middle Rae Last Wing

Date of Birth: Month 7 Day 16 Year 75

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 613 N St Rd 75 City Danville County Hend. State In

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father Roger Dean Wing
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of applicant's mother Laura Rae Switzer
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Ind.
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Tisha Wing Date 6/16/94

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 Tisha Wing
New Address 9119 W. 10th St. Apt. F

Subscribed and sworn to before me this 16 day of 6, 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* 6-16-94 *, authorizing the marriage of* Kevin Curtis Smith *and* Tisha Rae Wing *. I further certify that the following marriage certificate was filed in my office: I,* Philip E. Applegate *(name), certify that on* 7-2-94 *(date), at* Greencastle *in* Putnam *County, Indiana,* Kevin C. Smith *of* Marion *County* Indiana *(state), and* Tisha Rae Wing *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* 6-16-94 *. Signed by:* /s/ Philip E. Applegate *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-18-94 *(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

HENDRICKS County

No. 282

File

6-17-94
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 6-10-94
Name of Physician Dr Leady

MALE APPLICANT

Name: First Scott Middle A. Last Dufek

Date of Birth: Month 2 Day 4 Year 71

Place of Birth (State or foreign country) Indpls In.

Residence Address: Street or R.R. 1815 Hickory Rd City Brownsburg County Hend State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. None

6. (a) Full name of applicant's father John David Dufek
   (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 Elizabeth Kay Osterloh
   (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 Scott A Dufek Date 6/17/94

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 X Scott A Dufek
New Address 503 N Meridian. Pittsboro

Subscribed and sworn to before me this 17 day of June, 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 A. Last Worth

Date of Birth: Month 6 Day 19 Year 72

Place of Birth (State or foreign country) Indpls.

Residence Address: Street or R.R. 615 Jackson Blvd City Brownsburg County Hend State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers Licens

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 E. Worth
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) same above
   Birthplace of father (State or foreign country) Indpls -
   (b) Full maiden name of applicant's mother Diana M. Harding
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) same
   Birthplace of mother (State or foreign country) Indpls.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Angela A. Worth Date 6/17/94

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 X Angela A. Worth
New Address same

Subscribed and sworn to before me this 17 day of June, 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* 6-17-94 *, authorizing the marriage of* Scott A. Dufek *and* Angela A. Worth *. I further certify that the following marriage certificate was filed in my office: I,* Rev. Wilfred E. Day *(name), certify that on* 7-9-94 *(date), at* Brownsburg *in* Hendricks *County, Indiana,* Scott A. Dufek *of* Hendricks *County* Indiana *(state), and* Angela A. Worth *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* 6-17-94 *. Signed by:* /s/ Rev. Wilfred E. Day *,* Priest *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-13-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 283

HENDRICKS County

File

June 17, 1994 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Cindy Wells

MALE APPLICANT

Name: First Michael Middle Allen Last Montana

Date of Birth: Month 6 Day 10 Year 71

Place of Birth (State or foreign country) Pennsylvania

Residence Address: Street or R.R. 1780 Berry Court City Kissimmee County Osceola State FL.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) DL

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Montana
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Pennsylvania
   Birthplace of father (State or foreign country) Florida
   (b) Full maiden name of applicant's mother Ruth Elanor Weaver
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Florida
   Birthplace of mother (State or foreign country) Pennsylvania

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Michael A Montana Date 6/17/94

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 X Michael A Montana

New Address 3302 W 8th St #1 Cincinnati OH 45205

Subscribed and sworn to before me this 6 day of 17, 19 94

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 Michelle Middle Leigh Last Oppy

Date of Birth: Month 5 Day 22 Year 72

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 518 Connie Dr. City Plfd. 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) DL

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Michael J. Oppy
   (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 Ann Howard
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Michelle Oppy Date 6-17-94

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 X Michelle Oppy

New Address 3302 W. 8th St. #1 Cincinnati, OH 45205

Subscribed and sworn to before me this 6 day of 17, 19 94

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* JUNE 17, 1994, *authorizing the marriage of* MICHAEL ALLEN MONTANA *and* MICHELLE LEIGH OPPY. *I further certify that the following marriage certificate was filed in my office:*

I, DENNIS J. WHEELER *(name), certify that on* JUNE 18, 1994 *(date), at* AVON *in* HENDRICKS *County, Indiana,*

MICHAEL ALLEN MONTANA *of* HAMILTON *County* OHIO *(state), and*

MICHELLE LEIGH OPPY *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* JUNE 17, 1994

Signed by: /s/ DENNIS J. WHEELER PASTOR *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on JUNE 22, 1994 *(date).*

Signed Connie Dawson *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. 284

HENDRICKS County

File June 17, 1994
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under 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 Joseph Middle Dean Last Holland

Date of Birth: Month 4 Day 10 Year 61

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 5215 W. Main St. City Danville County Hen. State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) DL

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the 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 Holland
   (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 Joan Marie Cragraves
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Texas
   Birthplace of mother (State or foreign country) New Jersey

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Joseph Dean Holland Date 6-17-94

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 X Joseph Dean Holland
New Address

Subscribed and sworn to before me this 17 day of 6, 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 Jennie Middle Marie Last Hooper

Date of Birth: Month 4 Day 26 Year 71

Place of Birth (State or foreign country) Missouri

Residence Address: Street or R.R. 5215 W. Main St. City Danville County Hen. State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) DL

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Rodney D. Hooper
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Missouri
   Birthplace of father (State or foreign country) Kansas
   (b) Full maiden name of applicant's mother Senora Marie Mayberry
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Missouri
   Birthplace of mother (State or foreign country) New Mexico

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Jennie M Hooper Date 6-17-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Jennie M Hooper Date 6-17-94

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Jennie M Hooper
New Address

Subscribed and sworn to before me this 17 day of 6, 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

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 285

HENDRICKS County

File June 30, 1994
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Neeger

MALE APPLICANT

Name: First Mark Middle Stephen Last Parrish

Date of Birth: Month 12 Day 04 Year 61

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 608-B Lakeside Dr. City Plfd. County Hend. State Ind

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 8/16/90

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) DL.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Roy Dale Parrish
   (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 Carol Joyce O'Bryant
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Mark S Parrish Date 6/20/94

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 Mark S Parrish
New Address SAME

Subscribed and sworn to before me this 20th day of June, 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 Elizabeth Middle JoAnne Last Smith

Date of Birth: Month 3 Day 13 Year 68

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 608-B Lakeside Dr. City Plfd. County Hend. State In

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1/90

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) DL.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Everett Smith
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother Rita JoAnne Arnold
   (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 Elizabeth J. Smith Date 6/20/94

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 Elizabeth J. Smith
New Address SAME

Subscribed and sworn to before me this 20th day of June, 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* 6-20-94 *, authorizing the marriage of* Mark Stephen Parrish *and* Elizabeth JoAnne Smith *. I further certify that the following marriage certificate was filed in my office: I,* Ned Clark *(name), certify that on* 6-25-94 *(date), at* Plainfield *in* Hendricks *County, Indiana,* Mark Stephen Parrish *of* Hendricks *County* Indiana *(state), and* Elizabeth JoAnne Smith *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* 6-20-94 *. Signed by:* /s/ Ned Clark *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-30-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

499

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 286

HENDRICKS County

File

6-20-94
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 Bruce Middle Donald Last Helm

Date of Birth: Month 12 Day 7 Year 62

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. Same → City County State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father Frederick Donald Helm, III
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Pfd IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Janet Deloris Johnson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Pfd IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant ×Bruce Donald Helm Date 6-20-94

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 ×Bruce Donald Helm

New Address _____

Subscribed and sworn to before me this 20 day of June, 19 94

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 Lori Middle Lee Last Breunig

Date of Birth: Month 5 Day 23 Year 65

Place of Birth (State or foreign country) Mississippi

Residence Address: Street or R.R. 2216 Grand Canyon Ct. City Carrollton County TX State 75006

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1-17-90

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. Stephanie Flores
   Ryan Flores

6. (a) Full name of applicant's father George Lee Breunig
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Alamogordo NM
   Birthplace of father (State or foreign country) Wisconsin
   (b) Full maiden name of applicant's mother Charlene Ann Reif
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   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 ×Lori Lee Breunig Date 6-20-94

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 ×Lori Lee Breunig

New Address _____

Subscribed and sworn to before me this 20 day of June, 19 94

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* 6-20-94 *, authorizing the marriage of* Bruce D. Helm *and* Lori L. Breunig *. I further certify that the following marriage certificate was filed in my office: I,* Michael A. Courtney *(name), certify that on* 6-25-94 *(date), at* Indianapolis *in* Hendricks *County, Indiana,* Bruce D. Helm *of* Dallas *County* Texas *(state), and* Lori L. Breunig *of* Dallas *County* Texas *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 6-20-94 *.*
Signed by: /s/ Michael A. Courtney *,* Pastor *(official designation)*
Filed and recorded in accordance with the laws of the State of Indiana on 6-29-94 *(date).*

Signed Connie Dawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

500

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 287

File

6-20-94
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 Thomas Middle Paul Last Bixler

Date of Birth: Month 11 Day 10 Year 1949

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 698 E. Edgewood, City Danville, County Hendricks, State Indiana

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) 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. Nicole L. Bixler 15
   Amanda L. Bixler 12
6. (a) Full name of applicant's father Lloyd E. Bixler
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Arizona
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Dorothy M. Tow
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Arizona
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Thomas P. Bixler Date 6/20/94

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 Thomas P. Bixler
New Address
Subscribed and sworn to before me this 20 day of June, 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 Deborah Middle Lynne Last Adams

Date of Birth: Month 1 Day 11 Year 1955

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 698 E. Edgewood, 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.
6. (a) Full name of applicant's father Hardin R. Adams
   (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 Hazel Manning
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Illinois

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Deborah L. Adams Date 6-20-94

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 Deborah L. Adams
New Address Same as Above
Subscribed and sworn to before me this 20 day of June, 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* 6-20-94 *, authorizing the marriage of* Thomas P. Bixler *and* Deborah L. Adams *. I further certify that the following marriage certificate was filed in my office: I,* Myron Barnard *(name), certify that on* 8-6-94 *(date), at* Indianapolis *in* Marion *County, Indiana,* _____ *Thomas P. Bixler of* Hendricks *County* Indiana *(state), and* _____ *Deborah L. Adams 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* 6-20-94 *. Signed by:* /s/ Myron Barnard *,* Judge *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-12-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

501

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 288

HENDRICKS County

File

6-20-94
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 Edwards

MALE APPLICANT

Name: First David Middle Wayne Last Elliott

Date of Birth: Month 6 Day 9 Year 94

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 3017 NightSong 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 female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Bruce Elliott
   (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 Rita Lynn Mercer
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) IN

FEMALE APPLICANT

Name: First Michele Middle Lynn Last Chandler

Date of Birth: Month 11 Day 15 Year 73

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. City County State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Chandler
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Janet Kay Wilson
   (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 W. ELLIOTT Date ☒ 6-20-94

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 6-20-94

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed ☒ David W. Elliott

New Address 5[illegible]

Subscribed and sworn to before me this 20th day of June, 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 ☒ Michele Lynn Chandler Date ☒ 6-20-94

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 6-20-94

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed ☒ Michele Lynn Chandler

New Address 3044 NightSong Dr

Subscribed and sworn to before me this 20th day of June, 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* 6-20-94 *, authorizing the marriage of* David Wayne Elliott *and* Michele Lynn Chandler *. I further certify that the following marriage certificate was filed in my office: I,* Charles W. Paxton *(name), certify that on* 6-25-94 *(date), at* Camby *in* Marion *County, Indiana,* David Wayne Elliott *of* Marion *County* Indiana *(state), and* Michele Lynn Chandler *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* 6-20-94 *. Signed by:* /s/ Charles W. Paxton *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-29-94 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

502

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 289

File

6/20/94
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 12/20/93
Name of Physician Barbara Rowler

MALE APPLICANT

Name: First Joseph; Middle Glenn; Last Whitlow

Date of Birth: Month 10; Day 06; Year 67

Place of Birth (State or foreign country) INDIANA

Residence Address: Street or R.R. PO Box 101; City Clayton; County Hendricks; State In.

Previous Marital Status: Never Married ☑ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. N/A
6. (a) Full name of applicant's father Glenn Murphy
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Unknown
   Birthplace of father (State or foreign country) Unknown
   (b) Full maiden name of applicant's mother Grace Ellen Whitlow
   (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 Joe G Whitlow Date 6-20-94

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 Joe G Whitlow

New Address Same

Subscribed and sworn to before me this 20 day of June, 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 Kaye; Last Scott

Date of Birth: Month 5; Day 31; Year 67

Place of Birth (State or foreign country) INDIANA

Residence Address: Street or R.R. PO Box 101; City Clayton; County Hendricks; State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages /

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 7/87

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 Jerome L Scott
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) UNKNOWN
   Birthplace of father (State or foreign country) INDIANA
   (b) Full maiden name of applicant's mother Sheryl Ruth Heckman
   (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 Kristina K. Scott Date 6-20-94

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 Kristina K Scott

New Address Same

Subscribed and sworn to before me this 20 day of June, 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* 6-20-94 *, authorizing the marriage of* JOSEPH GLENN WHITLOW *and* KRISTINA KAYE SCOTT *. I further certify that the following marriage certificate was filed in my office: I,* CINDY SPENCE *(name), certify that on* 6-20-94 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* JOSEPH GLENN WHITLOW *of* HENDRICKS *County* IN *(state), and* KRISTINA KAYE SCOTT *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated _____. Signed by:* /s/ CINDY SPENCE IST DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-20-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

503

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 290

HENDRICKS County

File

6-20-94
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. Johns

MALE APPLICANT

Name: First Colin Middle P Last Donahue

Date of Birth: Month 6 Day 12 Year 68

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 6040 E Cheshire 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) License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. NO
6. (a) Full name of applicant's father Patrick Michael Donahue
   (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 Theresa McDowell
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) Calif

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant ☒ Colin P. Donahue Date 6/20/94

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 ☒ Colin P. Donahue

New Address Same

Subscribed and sworn to before me this 20th day of June, 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 Gina Middle L Last Combs

Date of Birth: Month 10 Day 06 Year 71

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 3153 Moon 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 male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Edward Combs
   (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 Faye Manman
   (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 ☒ Gina L. Combs Date 6/20/94

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 ☒ Gina L. Combs

New Address _____

Subscribed and sworn to before me this 20th day of June, 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* 6-20-94 *, authorizing the marriage of* Colin P. Donahue *and* Gina L. Combs *. I further certify that the following marriage certificate was filed in my office: I,* Father C. L. Chesebrough *(name), certify that on* 6-25-94 *(date), at* Danville *in* Hendricks *County, Indiana,* Colin P. Donahue *of* Hendricks *County* Indiana *(state), and* Gina L. Combs *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* 6-20-94 *. Signed by:* /s/ Father C. L. Chesebrough *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-29-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

504

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 291

File

6-20-94
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 6-20-94
Name of Physician W EDWARDS M.D.

MALE APPLICANT

Name: First Carl Middle Edward Last Gabbard

Date of Birth: Month 8 Day 13 Year 45

Place of Birth (State or foreign country) Kentucky

Residence Address: Street or R.R. 1565 E. US 40 City Clayton County Hend. State Ind.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1976

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) DL

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Gabbard
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother Maxine Elizabeth Edwards
   (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 X Carl E. Gabbard Date 6-20-94

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 Carl E Gabbard

New Address _____

Subscribed and sworn to before me this 20 day of 6, 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 Sharon Middle Kay Last Woods

Date of Birth: Month 4 Day 23 Year 59

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 1565 E. US 40 City Clayton County Hend. 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) DL

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Johnson
   (If adopted, list adoptive parents only) Indiana
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country)
   (b) Full maiden name of applicant's mother Joyce Wright
   (If adopted, list adoptive parents only) Indiana
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country)

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Sharon K Woods Date 6-20-94

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 Sharon K Woods

New Address _____

Subscribed and sworn to before me this 20 day of 6, 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* 6-20-94 *, authorizing the marriage of* Carl Edward Gabbard *and* Sharon Kay Woods *. I further certify that the following marriage certificate was filed in my office: I,* Ted A. Miller *(name), certify that on* 7-2-94 *(date), at* Cartersburg *in* Hendricks *County, Indiana,* Carl Edward Gabbard *of* Hendricks *County* Indiana *(state), and* Sharon Kay Woods *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* 6-20-94 *. Signed by:* /s/ Ted A. Miller *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-6-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 292

HENDRICKS County

File June 20, 1994
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Kubischutz

MALE APPLICANT

Name: First Philip Middle William Last Shupe
Date of Birth: Month 7 Day 27 Year 73
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 3125 Pebblepointe 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Donald Ray Shupe
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Linda Sue Murphy
   (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 Philip W. Shupe Date 6/20/94

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 Philip W Shupe
New Address same

Subscribed and sworn to before me this 20th day of June, 19 94

Connie Rawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Molly Middle Nan Last Plunkett
Date of Birth: Month 7 Day 15 Year 74
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 7127 Narstella Dr. City Brownsburg County Hen. State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Howard Plunkett
   (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 Anna Darlene Poore
   (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 Molly N. Plunkett Date 6/20/94

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 Molly N. Plunkett
New Address 3125 Pebble Point Dr. Indpls, In 46214

Subscribed and sworn to before me this 20th day of June, 19 94

Connie Rawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 6-20-94 *, authorizing the marriage of* Philip William Shupe *and* Molly Nan Plunkett *. I further certify that the following marriage certificate was filed in my office: I,* Doyle Lowery *(name), certify that on* 7-9-94 *(date), at* Brownsburg *in* Hendricks *County, Indiana,* Philip William Shupe *of* Marion *County* Indiana *(state), and* Molly Nan Plunkett *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* 6-20-94 *. Signed by:* /s/ Doyle Lowery *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-12-94 *(date).*

Signed Connie Rawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 293

HENDRICKS County

File

June 21, 1994
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Hope Jordan

MALE APPLICANT

Name: First Troy Middle Luther Last Butters

Date of Birth: Month 7 Day 13 Year 66

Place of Birth (State or foreign country) Michigan

Residence Address: Street or R.R. 11481 W 21st City Indpls. County Hend. State In

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) DL.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Keegan Christopher Butters
6. (a) Full name of applicant's father Clarence William Butters
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Michigan
   Birthplace of father (State or foreign country) Michigan
   (b) Full maiden name of applicant's mother Betty Lucille Elkins
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Michigan
   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 Troy Butters Date 6/21/94

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 X Troy Butters
New Address _____

Subscribed and sworn to before me this 21st day of June, 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 Gaile Last Glass

Date of Birth: Month 7 Day 14 Year 68

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 11481 W 21st City St. Indpls. County Hend. State In

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2/93

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) DL

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Doyle Glass
   (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 Nena Jae Groh
   (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 Paula Glass Date 6/21/94

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 X Paula Glass
New Address _____

Subscribed and sworn to before me this 21st day of June, 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* 6-21-94 *, authorizing the marriage of* Troy Luther Butters *and* Paula Gaile Glass *. I further certify that the following marriage certificate was filed in my office: I,* Charlotte R. Kimnitz *(name), certify that on* 6-25-94 *(date), at* Indianapolis *in* Marion *County, Indiana,* _____ Troy Luther Butters *of* Hendricks *County* Indiana *(state), and* _____ Paula Gaile Glass *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* 6-21-94 *. Signed by:* /s/ Charlotte R. Kemnitz *,* Judge *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-30-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 294

HENDRICKS County

File June 21, 1994 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under 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 Spencer Middle Lee Last Beaman

Date of Birth: Month 4 Day 15 Year 72

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 3431 S. Smith Rd. City Plfd. 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) DL

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Beaman
   (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 Dana Rae 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).

Signature of Applicant X Spencer Beaman Date 6/21/94

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 X Spencer Beaman

New Address

Subscribed and sworn to before me this 21 day of 6, 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 Danette Last Fivecoat

Date of Birth: Month 1 Day 8 Year 71

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 5688 C. US 40 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) DL

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Daniel Walter Fivecoat
   (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 Sue Snodgrass
   (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 April D. Fivecoat Date 6/21/94

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 X April D. Fivecoat

New Address

Subscribed and sworn to before me this 21 day of 6, 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* 6-21-94 *, authorizing the marriage of* Spencer Lee Beaman *and* April Danette Fivecoat *. I further certify that the following marriage certificate was filed in my office: I,* William R. Clayton *(name), certify that on* 7-16-94 *(date), at* Plainfield *in* Hendricks *County, Indiana,* Spencer Lee Beaman *of* Hendricks *County* Indiana *(state), and* April Danette Fivecoat *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* 6-21-94 *. Signed by:* /s/ William R. Clayton *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-19-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 295

HENDRICKS County

File June 21, 1994 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Toni Eldridge

MALE APPLICANT

Name: First Stuart Middle Martin Last Schrader

Date of Birth: Month 12 Day 2 Year 63

Place of Birth (State or foreign country) New York

Residence Address: Street or R.R. 4867 Carnoustie Circle City Plfd 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) DL.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Robert Schrader
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Connecticut
   Birthplace of father (State or foreign country) New York
   (b) Full maiden name of applicant's mother Rita Weinstein
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Florida
   Birthplace of mother (State or foreign country) New York

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Stuart M. Schrader Date 6-21-94

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 X Stuart M. Schrader

New Address _____

Subscribed and sworn to before me this 21st day of June, 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 Aileen Last Dobris

Date of Birth: Month 6 Day 11 Year 59

Place of Birth (State or foreign country) Maryland

Residence Address: Street or R.R. 4867 Carnoustie Circle City Plfd County Hen. State In

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Martin Dobris
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Maryland
   Birthplace of father (State or foreign country) New York
   (b) Full maiden name of applicant's mother Helen Sandra Cassileth
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Maryland
   Birthplace of mother (State or foreign country) New York

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Catherine A. Dobris Date 6-21-94

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 X Catherine A. Dobris

New Address _____

Subscribed and sworn to before me this 21st day of June, 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* 6-21-94 *, authorizing the marriage of* Stuart Martin Schrader *and* Catherine Aileen Dobris *. I further certify that the following marriage certificate was filed in my office: I,* Susan Shifron *(name), certify that on* 7-9-94 *(date), at* Indianapolis *in* Marion *County, Indiana,* Stuart Martin Schrader *of* Hendricks *County* Indiana *(state), and* Catherine Aileen Dobris *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* 6-21-94 *. Signed by:* /s/ Susan Shifron *,* Rabbi *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-12-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

509

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 296

HENDRICKS County

File

June 23, 1994
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Trammell

MALE APPLICANT

Name: First Jeffery Middle Gordan Last Baer

Date of Birth: Month 11 Day 26 Year 54

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R.R. 362 Northridge Dr. 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) 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 Gordon Baer
   (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 Joanne Elrod
   (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 Jeffery D. Baer Date 6/23/94

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 Jeffery D. Baer

New Address _____

Subscribed and sworn to before me this 23 day of 6, 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 Sharon Middle Ann Last Faulkner

Date of Birth: Month 9 Day 14 Year 58

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R.R. 1111 Pierce Dr. City Pfd. County Hendricks State In

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Albert Lawrence Faulkner
   (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 Dorothy Caroline Wile
   (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 Sharon Faulkner Date 6-23-94

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 Sharon Faulkner

New Address _____

Subscribed and sworn to before me this 23 day of 6, 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* 6-23-94 *, authorizing the marriage of* Jeffery Gordon Baer *and* Sharon Ann Faulkner *. I further certify that the following marriage certificate was filed in my office: I,* Rev. Edward Ripperger *(name), certify that on* 7-2-94 *(date), at* Mooresville *in* Morgan *County, Indiana,* Jeffery Gordon Baer *of* Morgan *County* Indiana *(state), and* Sharon Ann Faulkner *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* 6-23-94 *. Signed by:* /s/ Edward Ripperger *,* Priest *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-6-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 297

HENDRICKS County

File June 24, 1994 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Numbol

MALE APPLICANT

Name: First Andrew Middle Joseph Last Wilson

Date of Birth: Month 12 Day 5 Year 64

Place of Birth (State or foreign country) Indiana

Residence Address: 225 1/2 N. Adams St. Brownsburg Hend. 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) DL

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Robert 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 Marjorie Ellen Marsh
   (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 Andrew J Wilson Date 6-24-94

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 X Andrew J Wilson

New Address _____

Subscribed and sworn to before me this 24 day of June, 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 Lori Middle Anne Last Wilson

Date of Birth: Month 6 Day 13 Year 62

Place of Birth (State or foreign country) Indiana

Residence Address: 225 1/2 N. Adams St. Brownsburg Hend. 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) DL

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Rhea Vaught
   (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 Ann Newborn
   (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 Lori Wilson Date 6-24-94

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 X Lori Wilson

New Address _____

Subscribed and sworn to before me this 24 day of June, 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* 6-24-94 *, authorizing the marriage of* Andrew J. Wilson *and* Lori A. Wilson *. I further certify that the following marriage certificate was filed in my office: I,* James Fierek *(name), certify that on* 7-16-94 *(date), at* Brownsburg *in* Hendricks *County, Indiana,* Andrew J. Wilson *of* Hendricks *County* Indiana *(state), and* Lori A. Wilson *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* 6-24-94 *. Signed by:* /s/ James Fierek *,* Judge *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-19-94 *(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. 298

HENDRICKS County

File

June 24, 1994
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Allio

MALE APPLICANT

Name: First Robert Middle Timothy Last Jackson

Date of Birth: Month 2 Day 24 Year 58

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 512 Ivon Ave. 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 1986

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) DL

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Robert Jackson
   (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 Maurice Pritt
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant ☒ Robert T. Jackson Date 6-24-94

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 ☒ Robert T. Jackson

New Address _____

Subscribed and sworn to before me this 24 day of June, 19 94

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 Michele Middle Claire Last Snider

Date of Birth: Month 6 Day 24 Year 61

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 314 S. McKinley City Northsalem County Hen State In

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 4/19/84

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) DL

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Dale Wiles
   (If adopted, list adoptive parents only) Indiana
   Residence of father (if deceased, so state) Kentucky
   Birthplace of father (State or foreign country) Ruth Ann Wilson
   (b) Full maiden name of applicant's mother
   (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 ☒ Michele Snider Date 6-24-94

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 ☒ Michele Snider

New Address _____

Subscribed and sworn to before me this 24 day of June, 19 94

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* June 24, 1994 *, authorizing the marriage of* Robert Timothy Jackson *and* Michele Elaine Jackson *. I further certify that the following marriage certificate was filed in my office: I,* Cindy Spence *(name), certify that on* June 24, 1994 *(date), at* Danville *in* Hendricks *County, Indiana,* Robert Timothy Jackson *of* Hendricks *County* Indiana *(state), and* Michele Elaine Snider *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* June 24, 1994
Signed by: /s/ Cindy Spence *,* 1st Deputy Clerk *(official designation)*
Filed and recorded in accordance with the laws of the State of Indiana on June 24, 1994 *(date).*

Signed Connie Dawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

512

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 299

HENDRICKS County

File

June 24, 1994
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Birkey

MALE APPLICANT

Name (First, Middle, Last) John Laurence Muller III

Date of Birth (Month, Day, Year) 6 23 66

Place of Birth (State or foreign country) Pennsylvania

Residence Address (Street or R.R., City, County, State) 5226 S. Elm Pl. Broken Arrow · Tulsa · OK

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Oklahoma D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father John Laurence Muller Jr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Jr.
   Birthplace of father (State or foreign country) Pa.
   (b) Full maiden name of applicant's mother Barbara Claire Maxwell
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Ok.
   Birthplace of mother (State or foreign country) Ca.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X John L Muller III Date 6/27/94

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 X John L Muller III

New Address _____

Subscribed and sworn to before me this 24 day of June, 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) Jennifer Lynne Whyde

Date of Birth (Month, Day, Year) 11 11 69

Place of Birth (State or foreign country) Indiana

Residence Address (Street or R.R., City, County, State) 36 Maple Manor · Brownsburg · Hendricks Co. In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) In. D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father George Richard Whyde
   (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 Penny Jean Pryor
   (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 L. Whyde Date 6/24/94

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 X Jennifer L. Whyde

New Address 5226 S. Elm Pl., Broken Arrow, OK 74011

Subscribed and sworn to before me this 24 day of June, 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* June 24, 1994 *, authorizing the marriage of* John Laurence Muller, III *and* Jennifer Lynne Whyde *. I further certify that the following marriage certificate was filed in my office: I,* Roger L. Dean *(name), certify that on* June 25, 1994 *(date), at* Indianapolis *in* Marion *County, Indiana,* John Laurence Muller, III *of* Tulsa *County* Oklahoma *(state), and* Jennifer Lynne Whyde *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* June 24, 1994 *Signed by:* /s/ Roger L. Dean *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-29-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

513

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 300

HENDRICKS County

File June 24, 1994
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Hoffman

MALE APPLICANT

Name: First John Middle David Last McKeehen

Date of Birth: Month 11 Day 7 Year 69

Place of Birth (State or foreign country) PA

Residence Address: Street or R.R. 11835 Smithfield Circle City State College County Centre State PA

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☒ Other (Specify) PA. 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 Joel McKeehen
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) PA
   Birthplace of father (State or foreign country) PA.
   (b) Full maiden name of applicant's mother Barbara Shreve
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) PA
   Birthplace of mother (State or foreign country) PA.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X John D. McKeehen Date 6/24/94

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 X John D. McKeehen

New Address _____

Subscribed and sworn to before me this 24 day of June, 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 Rachel Middle LeAnn Last Newby

Date of Birth: Month 8 Day 5 Year 70

Place of Birth (State or foreign country) California

Residence Address: Street or R.R. 10951 N Reeves Rd City Indpls. County Hendricks State IN

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) In. 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 David Pierce Newby
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Ind
   Birthplace of father (State or foreign country) Ind
   (b) Full maiden name of applicant's mother Marilyn Sue Morris
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Rachel L. Newby Date 6/24/94

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 X Rachel L. Newby

New Address _____

Subscribed and sworn to before me this 24 day of June, 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* 6-24-94 *, authorizing the marriage of* John David McKeehen *and* Rachael LeAnn Newby *. I further certify that the following marriage certificate was filed in my office: I,* Douglas A. Litsey *(name), certify that on* 7-9-94 *(date), at* Indianapolis *in* Marion *County, Indiana,* John David McKeehen *of* Centre *County* Pennsylvania *(state), and* Rachel LeAnn Newby *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* 6-24-94 *. Signed by:* /s/ Douglas A. Litsey *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-14-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-362-6702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 301

HENDRICKS County

File June 24, 1994 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Bruce Thomas

MALE APPLICANT

Name: First Raymie Middle Allen Last Davis

Date of Birth: Month 11 Day 24 Year 61

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. RR1 Box 78 City Pittsboro County Hendricks State Indiana

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) DL

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 L. Davis
   (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 Wilma Louise Bayer
   (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 Raymie Davis Date 6-24-94

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 X Raymie a Davis

New Address 245 A Pine

Subscribed and sworn to before me this 24 day of June, 19 94

Connie Rawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Kimberly Middle Sue Last Issacs

Date of Birth: Month 4 Day 14 Year 58

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. RR1 Box 78 City Pittsboro County Hendricks State Indiana

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) DL.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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. Reed
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Florida
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother Josephine Thompson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Florida
   Birthplace of mother (State or foreign country) Liverpool England

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Kim Issacs Date 6-24-94

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 X Kim Issacs

New Address SAME

Subscribed and sworn to before me this JUNE 24 day of _____, 19 94

Connie Rawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 6-24-94 *, authorizing the marriage of* Raymie Allen Davis *and* Kimberly Sue Issacs *. I further certify that the following marriage certificate was filed in my office: I,* Mark Goins *(name), certify that on* 6-25-94 *(date), at* Pitsboro *in* Hendricks *County, Indiana,* Raymie Allen Davis *of* Hendricks *County* Indiana *(state), and* Kimberly Sue Issacs *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* 6-24-94 *. Signed by:* /s/ Mark Goins *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-30-94 *(date).*

Signed Connie Rawson *Clerk*

HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 302

File

6.27.94
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 ☐
If No, Medical Examination or Report Dated
Name of Physician Executive Med. Care Inc.

MALE APPLICANT

Name: First Ronald Middle Travis Last Nichols

Date of Birth: Month 4 Day 7 Year 70

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. Rt 4 Box 571 City Greencastle County IN State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father Ronald Lee Nichols
   (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 Carol Lynn Hutchison
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Greencastle IN
   Birthplace of mother (State or foreign country) IN

FEMALE APPLICANT

Name: First Jamie Middle Erin Last Goss

Date of Birth: Month 4 Day 10 Year 72

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 6145 White Alder Ct. City Plfd. County — State IN

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father Harold Michael Goss
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plfd IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Rita Kay Flater
   (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 Travis Nichols Date 6/27/94

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 x Travis Nichols
New Address 27 Ct. of Northridge B'burg.
Subscribed and sworn to before me this 27 day of June, 19 94
Connie Dawson 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 x Jamie E. Goss Date 6-27-94

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 x Jamie E. Goss
New Address —
Subscribed and sworn to before me this 27 day of June, 19 94
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

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 6-27-94 *, authorizing the marriage of* Ronald T. Nichols *and* Jamie E. Goss *. I further certify that the following marriage certificate was filed in my office: I,* James Flater *(name), certify that on* 6-27-94 *(date), at* Plainfield *in* Hendricks *County, Indiana,* Ronald T. Nichols *of* Putnam *County* Indiana *(state), and* Jamie E. Goss *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* 6-27-94 *. Signed by:* /s/ James Flater *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-13-94 *(date).*

Signed Connie Dawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 303

File

6-28-94 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

MALE APPLICANT

Name: First Donald Middle Franklin Last Brewer Jr.
Date of Birth: Month 1 Day 9 Year 64
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 2085 N 425 E City Danville County State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lin

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Franklin Brewer Sr.
   (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 Marilyn Rosalie Dean
   (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 Donald F. Brewer Jr Date 6-28-94

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 Donald F. Brewer Jr
New Address 1267 E. MAIN BROWNSBURG, IN 46112
Subscribed and sworn to before me this 28 day of June, 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 Marie Last Rathburn
Date of Birth: Month 3 Day 7 Year 68
Place of Birth (State or foreign country) Iowa
Residence Address: Street or R.R. 1267 East Main City Brownsburg County Hendricks State Ind.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) DL

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Daniel Edward Rathburn
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Ohio
   Birthplace of father (State or foreign country) Michigan
   (b) Full maiden name of applicant's mother Jeanette Irene Wallace
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Ohio
   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 Jennifer Rathburn Date 6-29-94

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 Rathburn
New Address Same
Subscribed and sworn to before me this 29 day of June, 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* 6-29-94, *authorizing the marriage of* Donald F. Brewer, Jr. *and* Jennifer M. Rathburn. *I further certify that the following marriage certificate was filed in my office: I,* Rev. Donald Tyler *(name), certify that on* 7-9-94 *(date), at* Brownsburg *in* Hendricks *County, Indiana,* Donald F. Brewer, Jr. *of* Hendricks *County* Indiana *(state), and* Jennifer M. Rathburn *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* 6-29-94. *Signed by:* /s/ Rev. Donald Tyler, Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-14-94 *(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. 304

File

6.28.94
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 PAULA STEVENSON 9-9-53

MALE APPLICANT

Name: First DEANNA Middle SUE Last LOCKARD

Date of Birth: ~~53~~ Month 03 Day 18 Year 72

Place of Birth (State or foreign country) INDIANA

Residence Address: Street or R.R. 921 KATHLEEN AVE LOT 29 City DANVILLE, County IN. State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 6-91

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) IND. 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. CYNTHIA SUE ANDRIE, KIMBERLY ANN ANDRIE, MATTHEW ROBERT BYERS
6. (a) Full name of applicant's father DOUGLAS ROBERT LOCKARD
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) GEORGIA
   Birthplace of father (State or foreign country) INDIANA
   (b) Full maiden name of applicant's mother CYNTHIA LOUISE MCCLURE
   (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 Deanna S. Lockard Date 6-28-94

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 Deanna S. Lockard
New Address SAME AS ABOVE

Subscribed and sworn to before me this 28 day of JUNE, 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 JAMES Middle W Last BYERS

Date of Birth: Month 01 Day 23 Year 62

Place of Birth (State or foreign country) ILLINOIS

Residence Address: Street or R.R. 921 KATHLEEN AVE LOT 29 City DANVILLE, County IND 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) INDIANA 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 NICKY NEAL BYERS
   (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 MILDRED ANNETTE LAMBERT
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) INDIANA
   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 [signature] Date 6-28-94

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 [signature]
New Address SAME AS ABOVE

Subscribed and sworn to before me this 28 day of JUNE, 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* 6-28-94 *, authorizing the marriage of* James W. Byers *and* Deanna Sue Lockard *. I further certify that the following marriage certificate was filed in my office: I,* Richard W. Cleringer *(name), certify that on* 7-2-94 *(date), at* Danville *in* Hendricks *County, Indiana,* _____ James W. Byers *of* Hendricks *County* Indiana *(state), and* _____ Deanna Sue Lockard *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* 6-28-94 *. Signed by:* /s/ Richard W. Cleringer *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-6-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

518

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 305

HENDRICKS County

File June 29, 1994
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician James Lea

MALE APPLICANT

Name: First Anthony Middle Joseph Last Hoereth
Date of Birth: Month 12 Day 24 Year 70
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 431 Daffow Dr. City Indpls. County Marion State Ind.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Robert John Hoereth
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of applicant's mother Della Mae Otte
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Ind.
   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 ☒ Anthony J Hoereth 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 ☒ Anthony J Hoereth
New Address
Subscribed and sworn to before me this 29 day of June, 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 Marie Last Hill
Date of Birth: Month 12 Day 15 Year 70
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 37 Carnaby 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 James Earnest Hill
   (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 Carrie Jeanne Stepp
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) 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 ☒ Jennifer M Hill Date 6-29-94

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 M Hill
New Address
Subscribed and sworn to before me this 29 day of June, 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* 6-29-94 *, authorizing the marriage of* Anthony Joseph Hoereth *and* Jennifer Marie Hill *. I further certify that the following marriage certificate was filed in my office: I,* Rev. Joseph McNally *(name), certify that on* 7-16-94 *(date), at* Indianapolis *in* Marion *County, Indiana,* Anthony Joseph Hoereth *of* Marion *County* Indiana *(state), and* Jennifer Marie Hill *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* 6-29-94 *. Signed by:* /s/ Joseph McNally *, Priest (official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-22-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 306

HENDRICKS County

File June 29, 1994
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician George Klutinoty

MALE APPLICANT

Name: First Jeffery Middle Asa Last Wilson

Date of Birth: Month 12 Day 25 Year 61

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 10524 Cross Lane City Lot 3 County Camby Hendricks State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 7-7-89

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) DL

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Clarnet Stanton Wilson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country)
   (b) Full maiden name of applicant's mother Betty Mae Smith
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) 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 ☒ Jeffery A. Wilson Date 6-29-94

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 ☒ Jeffery A. Wilson
New Address 5 STATE

Subscribed and sworn to before me this 29 day of June, 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 Kathleen Middle Denise Last Glennon

Date of Birth: Month 7 Day 26 Year 70

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 5330 W 10th St 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) DL

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Wm. James Glennon
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country)
   (b) Full maiden name of applicant's mother Mary Jane Fisk
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) 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 ☒ Kathleen D. Glennon Date 6-29-94

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 ☒ Kathleen D. Glennon
New Address

Subscribed and sworn to before me this 29 day of June, 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* 6-29-94, *authorizing the marriage of* Jeffery Asa Wilson *and* Kathleen Denise Glennon. *I further certify that the following marriage certificate was filed in my office: I,* Rev. John C. Parsley *(name), certify that on* 7-23-94 *(date), at* Plainfield *in* Hendricks *County, Indiana,* Jeffery Asa Wilson *of* Hendricks *County* Indiana *(state), and* Kathleen Denise Glennon *of* Marion *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* 6-29-94. *Signed by:* /s/ Rev. John C. Parsley, Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-26-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 307

HENDRICKS County

File June 30, 1994
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Bruce Gastineau

MALE APPLICANT

Name First Robert Middle Joseph Last Luxton
Date of Birth Month 9 Day 12 Year 68
Place of Birth (State or foreign country) Minnesota
Residence Address Street or R.R. 4155 S. CR 550E 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) DL.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Herman Luxton
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Georgia
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of applicant's mother Bonita Lipa Weeks
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Georgia
   Birthplace of mother (State or foreign country) Illinois

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Robert J Luxton Date 6/30/94

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 Robert J Luxton
New Address _____
Subscribed and sworn to before me this 30th day of June, 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 Jo Middle Ellen Last Pickel
Date of Birth Month 10 Day 4 Year 66
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. RR 1 Box 109 City Roachdale County Putnam 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) DL.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Max Boyd Pickel
   (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 Opah Mae Boyd
   (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 Jo Ellen Pickel Date 6/30/94

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 Jo Ellen Pickel
New Address _____
Subscribed and sworn to before me this 30th day of June, 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* 6-30-94 *, authorizing the marriage of* Robert Joseph Luxton *and* Jo Ellen Pickel *. I further certify that the following marriage certificate was filed in my office: I,* Dr. Robert O. Ochsewinder *(name), certify that on* 7-2-94 *(date), at* Greencastle *in* Putnam *County, Indiana,* Robert Joseph Luxton *of* Hendricks *County* Indiana *(state), and* Jo Ellen Pickel *of* Putnam *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* 6-30-94 *. Signed by:* /s/ Dr. R. O. Ochsewinder *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-6-94 *(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. 308

HENDRICKS County

File

June 30, 1994
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Nichols

MALE APPLICANT

Name: First Dwayne Middle Arthur Last Doolin

Date of Birth: Month 3 Day 2 Year 64

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 10277 Sioux Dr. City Indpls. County Hendricks State In

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Dwayne Jr Doolin
   Kyle Lee Doolin
6. (a) Full name of applicant's father William Roy Doolin
   (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 Jeanie L Nonnie
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Massachusetts

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Dwayne A. Doolin Date 6-30-94

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 6

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Dwayne A. Doolin
New Address Same

Subscribed and sworn to before me this 8th day of July, 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 Melissa Middle Lynne Last Hardcastle

Date of Birth: Month 2 Day 28 Year 68

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 10277 Sioux Dr. City Indpls. County Hendricks State In

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Dwayne Jr Doolin
   Kyle Lee Doolin
6. (a) Full name of applicant's father Lester Hardcastle
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother Joyce Laurie Mayer
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Florida
   Birthplace of mother (State or foreign country) Florida

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Melissa Hardcastle Date 6-30-94

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 Melissa Hardcastle
New Address Same

Subscribed and sworn to before me this 8th day of July, 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* June 30, 1994 *, authorizing the marriage of* Dwayne Arthur Doolin *and* Melissa Lynne Hardcastle *. I further certify that the following marriage certificate was filed in my office: I,* Charlotte R. Kemnitz *(name), certify that on* July 4, 1994 *(date), at* Indianapolis *in* Marion *County, Indiana,* Dwayne Arthur Doolin *of* Hendricks *County* Indiana *(state), and* Melissa Lynne Hardcastle *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* June 30, 1994
Signed by: /s/ Charlotte R. Kemnitz *,* Judge *(official designation)*
Filed and recorded in accordance with the laws of the State of Indiana on 7-8-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 309

File 6-30-94
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 Hallmaker

MALE APPLICANT

Name First Ronald Middle Lee Last Gaskins

Date of Birth Month 10 Day 27 Year 51

Place of Birth (State or foreign country) Kentucky

Residence Address 6285 Simmons St. Plfd. Hend. Ind.
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 12/89

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) DL

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Jane Gaskins, Karen Lee Gaskins, Greg Scott Gaskins
6. (a) Full name of applicant's father Wm Gaskins Jr.
   (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 Ola Bradshaw
   (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 Ronald L. Gaskins 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 Ronald L. Gaskins
New Address 6285 S. CO. RD 521E

Subscribed and sworn to before me this 30 day of June, 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 Denise Middle Lorene Last Swager

Date of Birth Month 10 Day 7 Year 58

Place of Birth (State or foreign country) Indiana

Residence Address 6285 S. CR 521E Plfd. Hend. 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 1/91

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) DL

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Christina Diane Swager, Matthew Evan Swager, Jessica Renee Swager
6. (a) Full name of applicant's father Ronald Lee Hallatt
   (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 Karen Lorene Neald
   (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 Denise L Swager Date 6/30/94

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 Denise L Swager
New Address 6285 S. Co Rd 521E, Plfd IN 46168

Subscribed and sworn to before me this 30 day of June, 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* 6-30-94 *, authorizing the marriage of* Ronald Lee Gaskins *and* Denise Lorene Swager *. I further certify that the following marriage certificate was filed in my office: I,* Rev. John C. Parsley *(name), certify that on* 7-30-94 *(date), at* Plainfield *in* Hendricks *County, Indiana,* Ronald Lee Gaskins *of* Hendricks *County* Indiana *(state), and* Denise Lorene Swager *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* 6-30-94 *. Signed by:* /s/ Rev. John C. Parsley *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-2-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 310

HENDRICKS County

File

June 30, 1994
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Kathy Grena

MALE APPLICANT

Name: First Timothy Middle Lee Last Frecker

Date of Birth: Month 08 Day 19 Year 67

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 5165 E. CR 450 N City Brownsburg County Hend. State In

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) IN DL.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Sylvester Frecker
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) In.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of applicant's mother Donna Jean Miller
   (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 Timothy L. Frecker Date 6-30-94

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 Timothy L. Frecker

New Address

Subscribed and sworn to before me this 30th day of June, 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 Portia Middle Lynn Last Watters

Date of Birth: Month 3 Day 17 Year 71

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 5165 E CR 450 N City Brownsburg County Hen. State In

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 3/92

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) IN DL

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Nip David Watters
   (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 Wilma Jean Hunter
   (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 Portia Lynn Watters Date 6-30-94

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 Portia Lynn Watters

New Address

Subscribed and sworn to before me this 30th day of June, 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* 6-30-94 *, authorizing the marriage of* Timothy Lee Frecker *and* Portia Lynn Watters *. I further certify that the following marriage certificate was filed in my office: I,* Mark Wingler *(name), certify that on* 7-16-94 *(date), at* Brownsburg *in* Hendricks *County, Indiana,* Timothy Lee Frecker *of* Hendricks *County* Indiana *(state), and* Portia Lynn Watters *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* 6-30-94 *. Signed by:* /s/ Mark Wingler *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-19-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 311

File

July 1, 1994
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Mary Pynes

MALE APPLICANT

Name: First Paul Middle Gene Last Duncan

Date of Birth: Month 2 Day 27 Year 64

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R.R. 10367 N St Rd 39 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 female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Billy Gene Earl Duncan
   (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 Joyce Kay Frazier
   (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 Paul G. Duncan Date 7/1/94

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 X Paul G. Duncan
New Address 9971 N St Rd 39 Lizton

Subscribed and sworn to before me this 1st day of July, 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 Linda Middle Louise Last Roccia

Date of Birth: Month 6 Day 15 as 29

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R.R. 10367 N St Rd 39 City Lizton County Hend. State In

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date JUNE 1994

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Newton Jacob Johns
   (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 Eggers
   (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 Linda L. Roccia Date 7/1/94

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 X Linda L. Roccia
New Address

Subscribed and sworn to before me this 1st day of July, 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, date* July 1, 1994 *, authorizing the marriage of* Paul Gene Duncan *and* Linda Louise Roccia *. I further certify that the following marriage certificate was filed in my office: I,* Deborah S. Ottinger *(name), certify that on* July 1, 1994 *(date), at* Lebanon *in* Boone *County, Indiana,* Paul Gene Duncan *of* Hendricks *County* Indiana *(state), and* Linda Louise Roccia *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* July 1, 1994. *Signed by:* /s/ Deborah S. Ottinger *,* Clerk of the Courts *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* July 5, 1994 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

525

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 312

HENDRICKS County

File

July 1, 1994
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Lovell

MALE APPLICANT

Name: First Allan Middle David Last Smith

Date of Birth: Month 7 Day 18 Year 70

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. RR1 Box 87G 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) In Bible.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Jeffrey Harold Smith
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of applicant's mother Carol Sophia Norwood
   (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 Allan Smith Date 7-1-94

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 X Allan Smith

New Address _____

Subscribed and sworn to before me this 1st day of July, 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 Tracy Middle Lynn Last Hare

Date of Birth: Month 3 Day 24 Year 72

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. RR1 Box 87G City Lizton 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) In Bible.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Richard Eugene Williams
   (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 Sandra Kay Smith
   (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 Tracy Lynn Hare Date 7-1-94

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 X Tracy Lynn Hare

New Address _____

Subscribed and sworn to before me this 1st day of July, 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* 7-1-94 *, authorizing the marriage of* Allan David Smith *and* Tracy Lynn Hare *. I further certify that the following marriage certificate was filed in my office: I,* William D. Pfeifer *(name), certify that on* 7-9-94 *(date), at* Lizton *in* Hendricks *County, Indiana,* Allan David Smith *of* Hendricks *County* Indiana *(state), and* Tracy Lynn Hare *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* 7-1-94 *. Signed by:* /s/ William D. Pfeifer *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-12-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 313

File July 1, 1994
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under 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 Booth

MALE APPLICANT

Name: Michael (First) Todd (Middle) Miller (Last)
Date of Birth: Month 3 Day 5 Year 71
Place of Birth (State or foreign country): Indiana
Residence Address: 171 N High (Street or R.R.) Danville (City) Hendricks (County) In. (State)
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) IN DL

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Ted Miller
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of applicant's mother Mary Lou Meadors
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Ind.
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Michael Todd Miller Date 7-1-94

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 X Michael Todd Miller
New Address _____
Subscribed and sworn to before me this First day of July, 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: Toby (First) Jean (Middle) Snell (Last)
Date of Birth: Month 11 Day 19 Year 71
Place of Birth (State or foreign country): Indiana
Residence Address: 9423 S. CR 100 W. (Street or R.R.) Clayton (City) Hendricks (County) In. (State)
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) IN.DL.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Edward Snell
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of applicant's mother Darlene Thornbrock
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Ind.
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Toby G. Snell Date 7-1-94

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 X Toby G. Snell
New Address _____
Subscribed and sworn to before me this First day of July, 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* 7-1-94 *, authorizing the marriage of* Michael T. Miller *and* Toby G. Snell *. I further certify that the following marriage certificate was filed in my office: I,* Steven W. Ranson *(name), certify that on* 7-9-94 *(date), at* Clayton *in* Hendricks *County, Indiana,* Michael T. Miller *of* Hendricks *County* Indiana *(state), and* Toby G. Snell *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* 7-1-94 *. Signed by:* /s/ Steven W. Ranson *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-18-94 *(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

HENDRICKS County

No. 314

File

7/1/94 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
Name of Physician Jonathan Fisch

MALE APPLICANT

Name First JONATHAN Middle CLIFFORD Last COOKE
Date of Birth Month MARCH Day 10, Year 1959
Place of Birth (State or foreign country) NEWPORT NEWS, VA.
Residence Address Street or R.R. 7865 SHARON DR, City PLAINFIELD, County, State IN 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date
Date of birth verified by: ☑ Birth Certificate ☐ Other (Specify) DRIVERS LICENSE

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 ANN COOKE
6. (a) Full name of applicant's father RUSSELL BEFFIRD Cooke
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) ARIZONA
   Birthplace of father (State or foreign country) NORTH CAROLINA
   (b) Full maiden name of applicant's mother MARY HELEN SMITH
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) ARIZONA
   Birthplace of mother (State or foreign country) VIRGINIA

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant x Jonathan Cooke Date 7/1/94

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 x Jonathan Cooke
New Address SAME
Subscribed and sworn to before me this 1st day of July, 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 SHEILA Middle ELAINE Last GALLAGHER
Date of Birth Month APRIL Day 5, Year 1961
Place of Birth (State or foreign country) ILLINOIS VERMILLION CO. DANVILLE
Residence Address Street or R.R. 7865 SHARON DR, City PLAINFIELD, County, State IN 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date
Date of birth verified by: ☑ Birth Certificate ☐ Other (Specify) ℓ Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. NONE
6. (a) Full name of applicant's father HAROLD WILSON McBRIDE
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) ILLINOIS
   (b) Full maiden name of applicant's mother DOROTHY MAE VYSE
   (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 Sheila Gallagher Date 7-1-94

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 x Sheila Gallagher
New Address SAME
Subscribed and sworn to before me this 1st day of July, 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* 7-1-94 *, authorizing the marriage of* Jonathan Clifford Cooke *and* Sheila Elaine Gallagher *. I further certify that the following marriage certificate was filed in my office: I,* Robert F. Gammon *(name), certify that on* 7-9-94 *(date), at* Indianapolis *in* Marion *County, Indiana,* Jonathan Clifford Cooke *of* Hendricks *County* Indiana *(state), and* Sheila Elaine Gallagher *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* 7-1-94 *. Signed by:* /s/ Robert F. Gammon *,* Judge *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-12-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 315

File

7-1-94 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
Name of Physician Hadley

MALE APPLICANT

Name: First Shannon Middle Douglas Last Lovins
Date of Birth: Month 5 Day 23 Year 70
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2072 Avon Rd City Plfd 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) INDL

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Douglas Lovins Jr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state)
   Birthplace of father (State or foreign country) In
   (b) Full maiden name of applicant's mother Sharon Lynn Patton
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) In
   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 X Shannon Lovins Date 7-1-94

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 X Shannon D Lovins
New Address 2072 Avon Rd. Plainfield In.
Subscribed and sworn to before me this 1 day of 7, 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 Renee Last Smiley
Date of Birth: Month 1 Day 30 Year 73
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2072 Avon Rd. City Plfd. County Hend. State In
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Keith Smiley
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of applicant's mother Rita Lynn Anderson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Ind.
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Angela R Smiley Date 7-1-94

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 X Angela R Smiley
New Address 2072 AVON RD
Subscribed and sworn to before me this 1 day of 7, 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* 7-1-94 *, authorizing the marriage of* Shannon Douglas Lovins *and* Angela Renee Smiley *. I further certify that the following marriage certificate was filed in my office: I,* Cindy Spence *(name), certify that on* 7-20-94 *(date), at* Danville *in* Hendricks *County, Indiana,* _____ *Shannon Douglas Lovins of* Hendricks *County* Indiana *(state), and* _____ *Angela Renee Smiley 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* 7-1-94 *. Signed by:* /s/ Cindy Spence *,* 1st Deputy Clerk *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-20-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 316

HENDRICKS County

File July 1, 1994
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Doc

MALE APPLICANT

Name: First Donald Middle Aaron Last Edelmann

Date of Birth: Month 7 Day 21 Year 71

Place of Birth (State or foreign country) Ohio

Residence Address: Street or R.R. 2325 Clair. City Pfd. County Hend. State Ind.
Box 58

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) IN DL

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Harry Edelmann Jr
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Ohio
   Birthplace of father (State or foreign country)
   (b) Full maiden name of applicant's mother Sharon Louise Freand
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Arizona
   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 Donald A Edelmann Date 7-1-94

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 X Donald A Edelmann
New Address

Subscribed and sworn to before me this 1st day of July, 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 Danyel Middle Aaron Last Reel

Date of Birth: Month 1 Day 9 Year 75

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 2325 d. Main. City Pfd. County Hend. State In
Box 58

Previous Marital Status: 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 Daniel Reel Jr
   (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 Mary Elizabeth Silkwood
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Ind
   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 Danyel L. Reel Date 7-1-94

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 X Danyel L. Reel
New Address

Subscribed and sworn to before me this 1st day of July, 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* 7-1-94 *, authorizing the marriage of* Donald A. Edelmann *and* Danyel L. Reel *. I further certify that the following marriage certificate was filed in my office: I,* A. W. Farnsworth, IV *(name), certify that on* 7-2-94 *(date), at* Danville *in* Hendricks *County, Indiana,* Donald A. Edelmann *of* Hendricks *County* Indiana *(state), and* Danyel L. Reel *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* 7-1-94 *. Signed by:* /s/ A. W. Farnsworth *,* Clergy *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-19-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 317

File

7-1-94.
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
Name of Physician Dr. ~~Degan~~ DeGAN

MALE APPLICANT

Name: First Gary Middle L. Last Armstrong
Date of Birth: Month 10 Day 25 Year 72
Place of Birth (State or foreign country) Indpls
Residence Address: Street or R.R. 8255 E. 725 N. City Brownsburg County Hend. State In. 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. none
6. (a) Full name of applicant's father - John ~~Lee~~ Louis Armstrong
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brownsburg
   Birthplace of father (State or foreign country) Evansville Ind
   (b) Full maiden name of applicant's mother - Sharon Gayle Hunt Armstrong
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg
   Birthplace of mother (State or foreign country) Evansville

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 L. Armstrong Date 7/1/94

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 ✗ Gary L Armstrong
New Address _____
Subscribed and sworn to before me this 1 day of July, 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 Heather Middle Ann Last Quintana
Date of Birth: Month 8 Day 21 Year 75
Place of Birth (State or foreign country) Marion County
Residence Address: Street or R.R. 8255 E. 725 N. City Brownsburg County Hend. State IN 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Zachrey Michel 2yr.
6. (a) Full name of applicant's father Salvador Jimenez
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indpls.
   Birthplace of father (State or foreign country) Mexico
   (b) Full maiden name of applicant's mother Denise Kay Adkins Miller
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indpls
   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 ✗ Heather A Quintana Date July 1, 1994

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 1 day of July, 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* 7-1-94 *, authorizing the marriage of* Gary L. Armstrong *and* Heather Ann Quintana *. I further certify that the following marriage certificate was filed in my office: I,* William J. Brown *(name), certify that on* 7-9-94 *(date), at* Pittsboro *in* Hendricks *County, Indiana,* Gary L. Armstrong *of* Hendricks *County* Indiana *(state), and* Heather Ann Quintana *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* 7-1-94 *. Signed by:* /s/ Wm. J. Brown *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-12-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

531

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 318

HENDRICKS County

File

7/5/94
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 Kristene Courtney, M.D.

MALE APPLICANT

Name: First TIMOTHY Middle E. (EDWARD) Last SCHRODER

Date of Birth: Month MAY Day 1, Year 1953

Place of Birth (State or foreign country): GENEVA, ILLINOIS

Residence Address: Street or R.R. 6685 E US 136, City BRBG, 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) Ldr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 HERBERT SCHRODER
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) DEC.
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother ANITA CAROL BERNING
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Timothy E. Schroer Date 7/5/94

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 X Timothy E. Schroer
New Address X 6685 E. U.S. 136 Brownsburg, IN 46112

Subscribed and sworn to before me this 5th day of July, 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 SNELLING

Date of Birth: Month AUG. Day 18 Year 1959

Place of Birth (State or foreign country): KNOX, STARKECO, IN

Residence Address: Street or R.R. 8278 D WALDORF LANE, City INDPLS, County IN, State 46268

Previous Marital Status: Never Married ☑ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) Ldr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 DALE EUGENE SNELLING
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) OK
   (b) Full maiden name of applicant's mother SANDRA MAE FRAZER
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Rebecca L. Snelling Date 7-5-94

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 X Rebecca L. Snelling
New Address X 6685 E. U.S. 136 Brownsburg

Subscribed and sworn to before me this 5th day of July, 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* 5-7-94 *, authorizing the marriage of* Timothy Edward Schroer *and* Rebecca Lynn Snelling *. I further certify that the following marriage certificate was filed in my office: I,* Luther C. Brunette *(name), certify that on* 7-9-94 *(date), at* Carmel *in* Hamilton *County, Indiana,* Timothy Edward Schroer *of* Hendricks *County* Indiana *(state), and* Rebecca Lynn Snelling *of* Marion *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* 7-5-94 *. Signed by:* /s/ Luther C. Brunette *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-13-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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532

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

See page 532A

No. 319

HENDRICKS County

File

July 5 1994
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☐ Yes ☒
If No, Medical Examination or Report Dated
Name of Physician

MALE APPLICANT

Name First Middle Last

Date of Birth Month Day Year

Place of Birth (State or foreign country)

Residence Address Street or R.R. City County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state)
   Birthplace of father (State or foreign country)
   (b) Full maiden name of applicant's mother
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state)
   Birthplace of mother (State or foreign country)

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of 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 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 Sherrill Kaye Pendley
First Middle Last

Date of Birth Month 8 Day Year 73

Place of Birth (State or foreign country) Indiana

Residence Address 2490 C. Main Box 41 · Plainfield · Hend · In
Street or R.R. City County State

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) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Meredith Carmen Pendley
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of applicant's mother Mary Katherine Truex
   (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 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
New Address

Subscribed and sworn to before me this day of , 19

Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of *HENDRICKS*) ss:

Father ID #
Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated , 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

532A

B

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 319

File

July 5, 1994 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female 50 ✓
Medical Examination or Report Dated
Name of Physician

MALE APPLICANT

Name: First Richard Middle Y Last NIVERSON
Date of Birth: Month JUNE Day 26 Year 1935
Place of Birth (State or foreign country) INDIANA
Residence Address: Street or R.R. 727 MOON ROAD City PLAINFIELD County HEND. State IND.
Previous Marital Status: Never Married ☐ OR 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ 7-12-91
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 father of ~~dependent children~~ ORVILLE EDWARD NIVERSON
   Residence of father (if deceased, so state) DECEASED
   Birthplace of father (State or foreign country) INDIANA
   (b) Full maiden name of mother ~~of dependent children~~ HAZEL BLANCHE OLIVER
   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).

X Richard Y Niverson 7-12-94
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)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Richard Y Niverson
New Address same as above

Subscribed and sworn to before me this 12th day of July 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)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

FEMALE APPLICANT

Name: First Sherrill Middle Kaye Last Pendley
Date of Birth: Month 6 Day 8 39
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2490 E. Main Box 41 City Plainfield County Hend. State In
Previous Marital Status: Never Married ☐ OR 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ 1984
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree
☐ 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 father of ~~dependent children~~ Meredith Carmen Pendley
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of mother of ~~dependent children~~ Mary Katherine Truex
   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 Sherrill Kaye Pendley 7-5-94
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)
) ss:
County of HENDRICKS)

I swear/affirm that the information given in this application is true and correct.

Signed X Sherrill Kaye Pendley
New Address same as above

Subscribed and sworn to before me this 5th day of July 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)
) ss:
County of HENDRICKS)

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 7-13-94, *authorizing the marriage of* Richard Y. Niverson *and* Sherrill Kaye Pendley.

I further certify that the following marriage certificate was filed in my office:

I, Delbert Strieby *(name), certify that on* 8-27-94 *(date), at* Plainfield *in* Hendricks *County, Indiana,* Richard Y. Niverson *of* Hendricks *County,* IN *(state), and* Sherrill K. Pendley *of* Hendricks *County,* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 7-13-94.

Signed by: /s/ Rev. Delbert Strieby, Pastor *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 8-30-94 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

AFML A/PD 1

533

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 320
File
July 6, 1994
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☐ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Johnson

MALE APPLICANT

Name: First Richy Middle Joe Last Hesler
Date of Birth: Month 3 Day 29 Year 61
Place of Birth (State or foreign country) Indiana
Residence Address: 1019 Hendricks Ct. Plfd. Hend. 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.
6. (a) Full name of applicant's father Richard 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 Norma Jo Stewart
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Richy J. Hesler Date 7/6/94

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 Richy J. Hesler
New Address 1019 Hendricks Ct. Plfd. Hend. Ind.
Subscribed and sworn to before me this 6th day of July, 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 Kathy Middle Jo Last Hinkle
Date of Birth: Month 12 Day 17 Year 62
Place of Birth (State or foreign country) Ohio
Residence Address: 1019 Hendricks Ct. Plfd. Hend. Ind.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 8/87
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) 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. Abbigail Leigh Hinkle
6. (a) Full name of applicant's father Marvin LaVerne Jackson
   (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 Sally Sue Price
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) deceased
   Birthplace of mother (State or foreign country) Ohio

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Kathy J. Hinkle Date 7-6-94

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 Kathy J. Hinkle
New Address 1019 Hendricks Ct. Plfd. Hend. Ind.
Subscribed and sworn to before me this 6th day of July, 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* 7-6-94 *, authorizing the marriage of* Richy Joe Hesler *and* Kathy Jo Hinkle *. I further certify that the following marriage certificate was filed in my office: I,* Max Jackson *(name), certify that on* 7-30-94 *(date), at* Lebanon *in* Boone *County, Indiana,* _____ *Richy Joe Hesler of* Hendricks *County* Indiana *(state), and* _____ *Kathy Jo Hinkle 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* 7-6-94 *. Signed by:* /s/ Max Jackson *,* Clergy *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-2-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 321

HENDRICKS County

File July 7, 1994
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Indiana

MALE APPLICANT

Name: First Larry Middle Howard Last McDaniel
Date of Birth: Month 10 Day 8 Year 58
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. RR1 Box 3 City Stilesville County Hendricks State In
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 9/92
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Rebecca Sue McDaniel
6. (a) Full name of applicant's father Wm. Dee McDaniel
   (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 Delores Louise Scott
   (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 Larry H McD 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 Larry H McD
New Address
Subscribed and sworn to before me this 7th day of July, 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 Trinna Middle Jane Last Melling
Date of Birth: Month 6 Day 30 Year 61
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. RR1 Box 3 City Stilesville County Hendricks State In
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 10/91
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Keleen Ashley Melling
   Daniel Matthew Kopke
6. (a) Full name of applicant's father Fredrick Glenn Melling
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of applicant's mother Nancy Jane Ogden
   (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 Trinna J. Melling 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 Trinna J. Melling
New Address
Subscribed and sworn to before me this 7th day of July, 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* 7-7-94 *, authorizing the marriage of* Larry Howard McDaniel *and* Trinna Jane Melling *. I further certify that the following marriage certificate was filed in my office: I,* Jacqueline Means *(name), certify that on* 7-22-94 *(date), at* Plainfield *in* Hendricks *County, Indiana,* _____ Larry Howard McDaniel *of* Hendricks *County* Indiana *(state), and* _____ Trinna Jane Melling *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* 7-7-94 *. Signed by:* /s/ Jacqueline Means *,* Priest *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-26-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 327

HENDRICKS County

File

July 7, 1994
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Byrum

MALE APPLICANT

Name: First John Middle Aaron Last Mattern

Date of Birth: Month 5 Day 3 Year 67

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 5100 Big Hurricane City Martinsville 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) 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 John Edward Mattern
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Ind.
   Birthplace of father (State or foreign country) Michigan
   (b) Full maiden name of applicant's mother Janet Rebecca McFarland
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Ind.
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant J. Aaron Mattern Date 7-7-94

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 J. Aaron Mattern

New Address _____

Subscribed and sworn to before me this 7th day of July, 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 Jill Middle Richelle Last Stanbrough

Date of Birth: Month 6 Day 15 Year 74

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 810 N Raceway Rd City Indpls County Hend State In

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Richard Eugene Stanbrough
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of applicant's mother Joyce Marie Foster
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Ind.
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Jill R Stanbrough Date 7-7-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Jill R. Stanbrough Date 7-7-94

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Jill R Stanbrough

New Address _____

Subscribed and sworn to before me this 7th day of July, 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* 7-7-94 *, authorizing the marriage of* John A. Mattern *and* Jill R. Stanbrough *. I further certify that the following marriage certificate was filed in my office: I,* Rev. Rick Adkins *(name), certify that on* 8-20-94 *(date), at* Lebanon *in* Boone *County, Indiana,* John A. Mattern *of* Morgan *County* Indiana *(state), and* Jill R. Stanbrough *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* 7-7-94 *. Signed by:* /s/ Rev. Rick Adkins *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-25-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 323

HENDRICKS County

File July 8, 1994
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Cantread?

MALE APPLICANT

Name First Chad Middle David Last Waddell
Date of Birth Month 4 Day 17 Year 71
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. 1100 Rd 300 East 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.
6. (a) Full name of applicant's father Roy Donald Waddell
   (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 Kay Fleuking
   (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 Chad Waddell 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 Chad Waddell
New Address
Subscribed and sworn to before me this 8th day of July, 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 Kristin Middle Brooke Last McGuyre
Date of Birth Month 1 Day 21 Year 72
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. 1713 N 200E 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) Nope.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Raymond McGuyre
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Donna Lynn Daugherty
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Illinois

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Kristi McGuyre 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 Kristi McGuyre
New Address
Subscribed and sworn to before me this 8th day of July, 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* 7-8-94 *, authorizing the marriage of* Chad David Waddell *and* Kristin Brooke McGuyre *. I further certify that the following marriage certificate was filed in my office: I,* John P. Roof *(name), certify that on* 7-30-94 *(date), at* Danville *in* Hendricks *County, Indiana,* Chad David Waddell *of* Hendricks *County* Indiana *(state), and* Kristin Brooke McGuyre *of* Hendicks *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* 7-8-94 *. Signed by:* /s/ John P. Roof *,* Priest *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-2-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 324

HENDRICKS County

File July 8, 1994
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under 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. Hugo

MALE APPLICANT

Name: First Joseph Middle Wayne Last Thomas
Date of Birth: Month 12 Day 24 Year 59
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 2335 East Main Lot 26 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 1987
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Ind. Id. Card

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Ann Thomas - Rachel Ann Thomas
6. (a) Full name of applicant's father Harold Wm. Thomas
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Texas
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Marylin Ann Miller
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Texas
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Joe Thomas Date 7-8-94

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 X Joe Thomas
New Address _____
Subscribed and sworn to before me this 8th day of July, 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 Patsy Middle Ann Last Burchett
Date of Birth: Month 8 Day 11 Year 61
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 2335 East Main Lot 26 City Plfd. 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Duane Kenworthy
6. (a) Full name of applicant's father Willard Ebony Burchett
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of applicant's mother Margie Marie Bell
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Jr
   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 Patsy Burchett Date 7-8-94

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 X Patsy Burchett
New Address _____
Subscribed and sworn to before me this 8th day of July, 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* 7-8-94 *, authorizing the marriage of* Joseph Wayne Thomas *and* Patsy Ann Burchett *. I further certify that the following marriage certificate was filed in my office: I,* Rev. Kenneth Smith *(name), certify that on* 7-9-94 *(date), at* Cambellsburg *in* Washington *County, Indiana,* _____ *Joseph Wayne Thomas of* Hendricks *County* Indiana *(state), and* _____ *Patsy Ann Burchett 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* 7-8-94 *. Signed by:* /s/ Rev. Kenneth Smith *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-13-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

538

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 325

HENDRICKS County

File

July 8, 1994
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☐ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Schaak

MALE APPLICANT

Name: First Matthew Middle Craig Last Reffeitt

Date of Birth: Month 4 Day 1 Year 68

Place of Birth (State or foreign country) Ohio

Residence Address: Street or R.R. 10416 N. St Rd 267 City Brownsburg County Hend. State In

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) DL.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Howard Reffeitt
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) West Virginia
   (b) Full maiden name of applicant's mother Loretta Camilla Cross
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   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 X Matthew C. Reffeitt Date 7/8/94

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 X Matthew C. Reffeitt

New Address Same

Subscribed and sworn to before me this 8th day of July, 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 Melanie Middle Faith Last Schaak

Date of Birth: Month 11 Day 14 Year 66

Place of Birth (State or foreign country) Rantoul, Canada

Residence Address: Street or R.R. 2950 E 750 S. City Lebanon County Boone State Ind.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 3/91

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) DL.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Henry Schaak
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Canada
   (b) Full maiden name of applicant's mother Phyllis Doris Steiner
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Canada

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Melanie F. Schaak Date 7/8/94

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 X Melanie F. Schaak

New Address 10416 N. St 267, Brownsburg, 46112

Subscribed and sworn to before me this 8th day of July, 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* 7-8-94 *, authorizing the marriage of* Matthew C. Reffeitt *and* Melanie F. Schaak *. I further certify that the following marriage certificate was filed in my office: I,* Rev. Donald Tyler *(name), certify that on* 7-30-94 *(date), at* Lebanon *in* Boone *County, Indiana,* _____ *Matthew C. Reffeitt of* Hendricks *County* Indiana *(state), and* _____ *Melanie F. Schaak of* Boone *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* 7-8-94 *. Signed by:* /s/ Rev. Donald Tyler *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-3-94 *(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. 326

HENDRICKS County

File July 8, 1994
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Can't read name

MALE APPLICANT

Name: First Grant Middle William Last Thompson
Date of Birth: Month 9 Day 10 Year 69
Place of Birth (State or foreign country) California
Residence Address: Street or R.R. 338 Iron Ave. City Plfd. County Hendricks State In
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) DL.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Destiny Nicole Thompson
6. (a) Full name of applicant's father Tom Neal Thompson
   (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 Shirley Lynn Pace
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Georgia

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Grant W. Thompson Date 7/8/94

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 X Grant Thompson
New Address _____
Subscribed and sworn to before me this 8th day of July, 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 Lynn Last Garrison
Date of Birth: Month 7 Day 19 Year 70
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 338 Iron Ave. 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. Destiny Nicole Thompson
6. (a) Full name of applicant's father Leslie D. Garrison
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) In
   Birthplace of father (State or foreign country) In
   (b) Full maiden name of applicant's mother Donna Jean Mason
   (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 Tammy Garrison Date 7/8/94

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 X Tammy Garrison
New Address _____
Subscribed and sworn to before me this 8th day of July, 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* 7-8-94 *, authorizing the marriage of* Grant William Thompson *and* Tammy Lynn Garrison *. I further certify that the following marriage certificate was filed in my office: I,* Robert W. Freese *(name), certify that on* 7-8-94 *(date), at* Brownsburg *in* Indiana *County, Indiana,* _____
Grant William Thompson *of* Hendricks *County* Indiana *(state), and* _____
Tammy Lynn Garrison *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* 7- -94 .
Signed by: /s/ Robert W. Freese *,* Judge *(official designation)*
Filed and recorded in accordance with the laws of the State of Indiana on 7-12-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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540

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 327

HENDRICKS County

File

July 8, 1994 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under 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 Eugene Last Shirels

Date of Birth: Month 10 Day 25 Year 47

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 3556 Lisa Lane City Plainfield County Hend. State In

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 12/80

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) CDL

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Harmuskay Shirels Sr
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother Betty Jean Cobb
   (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 Donald E Shirels Date 7/08/94

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 Shirels

New Address

Subscribed and sworn to before me this 8th day of July, 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 Petronella Middle Maria Antonetta Last Morris

Date of Birth: Month 3 Day 1 Year 35

Place of Birth (State or foreign country) Netherlands

Residence Address: Street or R.R. 3556 Lisa Lane City Plainfield County Hend. State In

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 6/80

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) DL

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Josphus Hendrikus Marts
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) Netherlands
   (b) Full maiden name of applicant's mother Gertrudis Mariah Simmons
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Netherlands
   Birthplace of mother (State or foreign country) Netherlands

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant x Petronella MA Morris Date 7/08/94

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 Petronella MA Morris

New Address

Subscribed and sworn to before me this 8th day of July, 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* 7-8-94 *, authorizing the marriage of* Donald E. Shirels *and* Petronella M. Morris *. I further certify that the following marriage certificate was filed in my office: I,* Debra Hendrick *(name), certify that on* 7-8-94 *(date), at* Danville *in* Hendricks *County, Indiana,* Donald E. Shirels *of* Hendricks *County* Indiana *(state), and* Petronella M. Morris *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* 7-8-94 *. 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* 7-8-94 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 328

HENDRICKS County

File July 8, 1994 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Edwards

MALE APPLICANT

Name: First Evan Middle Allen Last Hill

Date of Birth: Month 8 Day 23 Year 70

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 2535 Brandywine CT 922 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) DL

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Wilford Evan Hill
   (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 K Fleetwood
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Tennessee

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Evan Allen Hill Date 7-8-94

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 X Evan Hill

New Address 2535 Brandywine CT

Subscribed and sworn to before me this 8th day of July, 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 Kimberly Middle Sue Last McCullough

Date of Birth: Month 10 Day 10 Year 67

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 608 D Lakeside Dr City Plainfield County Hend. State IN

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) DL

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Wm. Cooper McCullough
   (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 Berry
   (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 Kimberly S. McCullough Date 7-8-94

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 X Kimberly S. McCullough

New Address Same

Subscribed and sworn to before me this 8th day of July, 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* 7-8-94 *, authorizing the marriage of* Evan Allen Hill *and* Kimberly Sue McCullough *. I further certify that the following marriage certificate was filed in my office: I,* Michael D. Keele *(name), certify that on* 7-8-94 *(date), at* Indianapolis *in* Marion *County, Indiana,* Evan Allen Hill *of* Marion *County* Indiana *(state), and* Kimberly Sue McCullough *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* 7-8-94 *. Signed by:* /s/ Michael D. Keele *,* Judge *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-14-94 *(date).*

Signed Connie Lawson Clerk

HENDRICKS Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

542

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 329

HENDRICKS County

File July 8, 1994 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under 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 Arnold

MALE APPLICANT

Name: First Gary Middle James Last Turner

Date of Birth: Month 2 Day 15 Year 60

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 8390 C 700 N City Brownsburg County Hend State Ind.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Lloyd Turner
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother Phyllis Marie McFarland
   (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 Gary Turner Date 7-8-94

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 X Gary Turner

New Address _____

Subscribed and sworn to before me this 8th day of July, 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 Debbie Middle Jo Last Hager

Date of Birth: Month 9 Day 2 Year 57

Place of Birth (State or foreign country) Tennessee

Residence Address: Street or R.R. 8390 C 700 N City Brownsburg County Hendricks State Ind.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 4/7/94

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. Bret Michael Hager, Brandy Michelle Hager, Brandon Marshall Hager

6. (a) Full name of applicant's father James Bert Crowder
   (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 Shelby Jean Rickhorn
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Tennessee

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Debbie J Hager Date 7-8-94

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 X Debbie J Hager

New Address _____

Subscribed and sworn to before me this 8th day of July, 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* 7-8-94 *, authorizing the marriage of* Gary James Turner *and* Debbie Jo Hager *. I further certify that the following marriage certificate was filed in my office: I,* Anthony M. Benedict *(name), certify that on* 7-8-94 *(date), at* Indianapolis *in* Marion *County, Indiana,* _____ Gary James Turner *of* Hendricks *County* Indiana *(state), and* _____ Debbie Jo Hager *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* 7-8-94 *. 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* 7-22-94 *(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. 330

HENDRICKS County

File

July 8, 1994
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Harris

MALE APPLICANT

Name First Gregory Middle Arnold Last Snell

Date of Birth Month 5 Day 7 Year 60

Place of Birth (State or foreign country) Ohio

Residence Address 6020 East 91 N #12 Street or R.R. - Avon 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) DL.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Claudi Snell
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) Tennessee
   (b) Full maiden name of applicant's mother Virginia Mae Jackson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Texas
   Birthplace of mother (State or foreign country) Louisiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Gregory A. Snell Date 7-8-94

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 X Gregory A. Snell

New Address Same as above

Subscribed and sworn to before me this 8th day of July, 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 Mary Middle Ellen Last Rather

Date of Birth Month 8 Day 15 Year 61

Place of Birth (State or foreign country) Indiana

Residence Address 6020 East 91 N #12 Street or R.R. - Avon City - Danville County - Hend. State - Ind.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 10/93

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) DL.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Edgar Lee Osborne
   (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 Mary Louise Poggemann
   (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 Mary E. Osborn Date 7-8-94

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 X Mary E. Osborn

New Address same as above

Subscribed and sworn to before me this 8th day of July, 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* 7-8-94 *, authorizing the marriage of* Gregory A. Snell *and* Mary Ellen Rather *. I further certify that the following marriage certificate was filed in my office: I,* Robert F. Gammon *(name), certify that on* 8-27-94 *(date), at* Avon *in* Hendricks *County, Indiana,* Gregory A. Snell *of* Hendricks *County* IN *(state), and* Mary Ellen Rather *of* Hendricks *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 7-8-94 *. Signed by:* /s/ Robert F. Gammon *,* Judge *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 9-20-94 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 331

File

July 8, 1994
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Stello

MALE APPLICANT

Name: First Jeffrey Middle Charles Last Eldridge

Date of Birth: Month 7 Day 10 Year 65

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 812 N 50 East 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) CDL

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Lee Eldridge
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Virginia
   (b) Full maiden name of applicant's mother Barbara Jean Smith
   (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 Jeffrey C. Eldridge 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 Jeffrey C. Eldridge

New Address

Subscribed and sworn to before me this 8th day of July, 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 Dana Middle Lee Last Phillips

Date of Birth: Month 4 Day 23 Year 73

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 9230 E. CR 400 N City Brownsburg County Hend. State In

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) MA.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Robert Phillips
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Carol Lee James
   (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 Dana Lee Phillips 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 Dana L. Phillips

New Address

Subscribed and sworn to before me this 5th day of July, 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* 7-8-94 *, authorizing the marriage of* Jeffrey Charles Eldridge *and* Dana Lee Phillips *. I further certify that the following marriage certificate was filed in my office: I,* Rev. Joseph D. Stump *(name), certify that on* 8-27-94 *(date), at* Danville *in* Hendricks *County, Indiana,* Jeffrey Charles Eldridge *of* Hendricks *County* IN *(state), and* Dana Lee Phillips *of* Hendricks *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 7-8-94 *. Signed by:* /s/ Rev. Joe D. Stump *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 9-1-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 332

File

July 11, 1994
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Gentry

MALE APPLICANT

Name: First Steven Middle Anthony Last Crockett

Date of Birth: Month 8 Day 12 Year 69

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 5562 Buckhill Cir. B. City Indpls County Marion 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) C.O.R.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Crockett
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) North Carolina
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Betty Lorene Schriber
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Steven A Crockett Date 7-11-94

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 Steven A Crockett
New Address _____
Subscribed and sworn to before me this 11th day of July, 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 Angela Middle Joline Last Milbrath

Date of Birth: Month 3 Day 10 Year 75

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 842 East Main 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 Jackhalph Milbrath
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Wisconsin
   (b) Full maiden name of applicant's mother Sherlie Kipp
   (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 Angela J Milbrath Date 7-11-94

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 Angela J Milbrath
New Address _____
Subscribed and sworn to before me this 11 day of July, 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* 7-11-94, *authorizing the marriage of* Steven A. Crockett *and* Angela J. Milbrath. *I further certify that the following marriage certificate was filed in my office: I,* Jerry Fryman *(name), certify that on* 7-31-94 *(date), at* Avon *in* Hendricks *County, Indiana,* Steven A. Crockett *of* Marion *County* Indiana *(state), and* Angela J. Milbrath *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* 7-11-94. *Signed by:* /s/ Jerry Fryman, Preacher *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-12-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 333

HENDRICKS County

File July 13, 1994 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under 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 Daniel Middle Joseph Last Reckley

Date of Birth: Month 8 Day 27 Year 52

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 1065 Nornaday Rd. City Brownsburg County Hend. State In

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 3/17/93

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) CDR

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Herbert Francis Reckley
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother Florence Ann Bryant
   (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 Daniel J. Reckley Date 7-12-94

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 Daniel J. Reckley

New Address _____

Subscribed and sworn to before me this 12 day of July, 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 Sylvia Middle Jean Last Griffey

Date of Birth: Month 8 Day 7 Year 41

Place of Birth (State or foreign country) Kentucky

Residence Address: Street or R.R. 1065 Nornaday Rd. City Brownsburg County Hend. State In

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1992

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) IDL

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Payton
   (If adopted, list adoptive parents only) Kentucky
   Residence of father (if deceased, so state) Kentucky
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother Ollie Mae Schoopman
   (If adopted, list adoptive parents only) Kentucky
   Residence of mother (if deceased, so state) Kentucky
   Birthplace of mother (State or foreign country) Kentucky

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Sylvia J. Griffey 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 Sylvia J. Griffey

New Address _____

Subscribed and sworn to before me this 12th day of July, 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* 7-12-94, *authorizing the marriage of* Daniel J. Reckley *and* Sylvia J. Griffey. *I further certify that the following marriage certificate was filed in my office: I,* Dana R. Ritchie *(name), certify that on* 7-17-94 *(date), at* Brownsburg *in* Hendricks *County, Indiana,* Daniel J. Reckley *of* Hendricks *County* Indiana *(state), and* Sylvia Jean Griffey *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* 7-12-94. *Signed by:* /s/ Dana R. Ritchie, Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-20-94 *(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. 334

HENDRICKS County

File July 8, 1994
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under 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

MALE APPLICANT

Name: First Jeffery Middle Alan Last Rieser
Date of Birth: Month 4 Day 3 Year 67
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2125 N Girard 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) DL

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Abel Rieser
   (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 Margorie Louise Brosman
   (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 Jeffery A. Rieser Date 7-12-94

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 Jeffery A. Rieser
New Address
Subscribed and sworn to before me this 12th day of July, 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 Jacquelyn Middle Dee Last Mills
Date of Birth: Month 9 Day 1 Year 68
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 7461 Edward Ct 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 10/93
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) DL

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Anthony Mills
   (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 Rhonda Kenwright
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) New Mexico

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Jacquelyn D. Mills Date 7-12-94

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 Jacquelyn D. Mills
New Address
Subscribed and sworn to before me this 12th day of July, 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* 7-12-94 *, authorizing the marriage of* Jeffery A. Rieser *and* Jacquelyn D. Mills *. I further certify that the following marriage certificate was filed in my office: I,* Kevin D. Glover *(name), certify that on* 8-13-94 *(date), at* Brownsburg *in* Hendricks *County, Indiana,* Jeffery A. Rieser *of* Marion *County* Indiana *(state), and* Jacquelyn D. Mills *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* 7-12-94 *. Signed by:* /s/Kevin D. Glover *,* Bishop *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-16-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 335

File

7-13-94 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
Name of Physician L. Trammell, M.D.

MALE APPLICANT

Name: First James Middle E Last Holdeman

Date of Birth: Month 1 Day 6 Year 47

Place of Birth (State or foreign country) INDIANA

Residence Address: Street or R.R. 93 S Walnut City St. Danville County Hendricks State In 46122

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 6/92

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) 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 Gray Holdeman (4)
6. (a) Full name of applicant's father James Vance Holdeman
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) DECEASED
   Birthplace of father (State or foreign country) INDIANA
   (b) Full maiden name of applicant's mother Ethel Jean VanTuyle
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) INDIANA
   Birthplace of mother (State or foreign country) INDIANA

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X James E. Holdeman Date 7/13/94

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 X James E. Holdeman

New Address SAME AS Above

Subscribed and sworn to before me this 13 day of July, 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 R Last GILBERT

Date of Birth: Month 2 Day 6 Year 61

Place of Birth (State or foreign country) INDIANA

Residence Address: Street or R.R. 5311 Gibbs Road City Plainfield County Hendricks State 46168 IN

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 11/92

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Jessica Lynn Gilbert (9) Jacquelyn Ellen Gilbert (4)
6. (a) Full name of applicant's father John Earl Walters
   (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 Virginia Alice Krebs
   (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 Jennifer Gilbert Date 7/13/94

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 X Jennifer Gilbert

New Address 93 S. Walnut St Danville In. 46122

Subscribed and sworn to before me this 13 day of July, 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* 7-13-94 *, authorizing the marriage of* James E. Holdeman *and* Jennifer R. Gilbert *. I further certify that the following marriage certificate was filed in my office: I,* Stanley Holdeman *(name), certify that on* 8-11-94 *(date), at* Indianapolis *in* Marion *County, Indiana,* James E. Holdeman *of* Hendricks *County* Indiana *(state), and* Jennifer R. Gilbert *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* 7-13-94 *. Signed by:* /s/Stanley Holdeman *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-15-94 *(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. 336

HENDRICKS County

File July 13, 1994 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No. ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician can't read!

MALE APPLICANT

Name: First James Middle Jay Last Spurgeon

Date of Birth: Month FEBRUARY Day 11 Year 59

Place of Birth (State or foreign country): Indiana

Residence Address: 3422 W 30th St. Street or R.R. Indpls. 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) IDK

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Wayne Spurgeon
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of applicant's mother Gladys Marilyn Ray
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Ind
   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 James J Spurgeon 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 James Jay Spurgeon
New Address

Subscribed and sworn to before me this 13 day of June, 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 Lynne Last Kincaid

Date of Birth: Month 11 Day 9 Year 65

Place of Birth (State or foreign country): Indiana

Residence Address: 210 Prairie Pkwy. 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) DL

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Kincaid
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of applicant's mother Nora Krause
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Ind.
   Birthplace of mother (State or foreign country) Germany

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Angela L. Kincaid Date 7-13-94

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 X Angela Lynne Kincaid
New Address

Subscribed and sworn to before me this 13 day of June, 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* 7-13-94 *, authorizing the marriage of* James Jay Spurgeon *and* Angela Lynne Kincaid *. I further certify that the following marriage certificate was filed in my office: I,* Rodney V. Rice *(name), certify that on* 7-16-94 *(date), at* Brownsburg *in* Hendricks *County, Indiana,* James Jay Spurgeon *of* Marion *County* Indiana *(state), and* Angela Lynne Kincaid *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* 7-13-94 *. Signed by:* /s/ Rodney V. Rice *,* Assoc. Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-26-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

550

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 337

HENDRICKS County

File

July 14, 1994
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Hensell

MALE APPLICANT

Name: First Raymond Middle David Last Delarosa

Date of Birth: Month 4 Day 10 Year 55

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 411 N. Vine City Plfd. County Hendricks State IN

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Delarosa
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Texas
   (b) Full maiden name of applicant's mother Delphine Elizonda
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   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 ✕ Raymond David Delarosa Date 7-14-94

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 ✕ Raymond David Delarosa

New Address _____

Subscribed and sworn to before me this 14 day of July, 19 94

Connie Hanson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Jo Last Polzin

Date of Birth: Month 7 Day 17 Year 63

Place of Birth (State or foreign country) California

Residence Address: Street or R.R. 411 N Vine 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) Colorado Dept.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Lawrence Wm. Polzin
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) California
Birthplace of father (State or foreign country) Canada
Full maiden name of applicant's mother Brenda Arlene Baker
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) California
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 ✕ Pamela J. Polzin Date 7-14-94

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 ✕ Pamela J. Polzin

New Address _____

Subscribed and sworn to before me this 14 day of July, 19 94

Connie Hanson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 7-14-94 *, authorizing the marriage of* Raymond D. Delarosa *and* Pamela J. Polzin *. I further certify that the following marriage certificate was filed in my office: I,* Rev. Kenneth Smith *(name), certify that on* 7-30-94 *(date), at* Plainfield *in* Hendricks *County, Indiana,* Raymond D. Delarosa *of* Hendricks *County* Indiana *(state), and* Pamela J. Polzin *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* 7-14-94 *. Signed by:* /s/ Rev. Kenneth Smith *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-2-94 *(date).*

Signed Connie Hanson *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. 338

HENDRICKS County

File

7-13-94
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
Name of Physician L. Trammel, MD

MALE APPLICANT

Name: First Robert Middle E Last McMahon
Date of Birth: Month 8 Day 2 Year 69
Place of Birth (State or foreign country) Florida
Residence Address: Street or R.R. 1710 N. Chauncey Court Apt D City Lafayette County Tippecanoe State In 47905
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) DL

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father James C. McMahon
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) In
   Birthplace of father (State or foreign country) New York
   (b) Full maiden name of applicant's mother Alice Carrie Kromer
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) deceased
   Birthplace of mother (State or foreign country) New York

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Robert E McMahon Date 7-13-94

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 X Robert E McMahon
New Address
Subscribed and sworn to before me this 13 day of July, 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 N. Last Becktel
Date of Birth: Month 9 Day 24 Year 71
Place of Birth (State or foreign country) INDIANA
Residence Address: Street or R.R. 424 Brookside City Plain Field 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) DL

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Ray Becktel
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) In
   Birthplace of father (State or foreign country) In
   (b) Full maiden name of applicant's mother Donna Jean Shaman
   (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 Amy N. Becktel Date 7-13-94

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 X Amy N. Becktel
New Address
Subscribed and sworn to before me this 13 day of July, 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* 7-13-94 *, authorizing the marriage of* Robert E. McMahon *and* Amy N. Becktel *. I further certify that the following marriage certificate was filed in my office: I,* William R. Clayton *(name), certify that on* 9-3-94 *(date), at* Plainfield *in* Hendricks *County, Indiana,* Robert E. McMahon *of* Tippecanoe *County* IN *(state), and* Amy N. Becktel *of* Hendricks *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 7-13-94 *. Signed by:* /s/ William R. Clayton *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 9-7-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 339

File 7-815-94
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 DON Middle A. Last Clement
Date of Birth: Month 10 Day 10 Year 47
Place of Birth (State or foreign country) Ill.
Residence Address: Street or R.R. 4706 E CO Rd. 850 S. City Mooresville County Hend State IN.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3.
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1985
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. Don A JR. - 17yrs. Carrie L. 15yrs.
6. (a) Full name of applicant's father Berthel Harold Clement.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Ill. Deacesed
   Birthplace of father (State or foreign country) Ill.
   (b) Full maiden name of applicant's mother Opal Goda Bundy
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Ill. Plainfield In.
   Birthplace of mother (State or foreign country) Ill

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant [signature] Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed [signature]
New Address

Subscribed and sworn to before me this 15th day of July, 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 JANet S. Last Abbott
Date of Birth: Month 2 Day 1 Year 43
Place of Birth (State or foreign country) Ind.
Residence Address: Street or RT 3603 Clarks Creek Rd. City Plainfield County Hend. State IN.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 4
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1985
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. DON A. JR. 17yrs. CARRIE L. 15yrs.
6. (a) Full name of applicant's father Clarence Alexes Abbott.
   (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 Margarete Jo. Proctor.
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indpls.
   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 Janet S Clement 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 Janet S Clement
New Address

Subscribed and sworn to before me this 15th day of July, 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* 7-15-94 *, authorizing the marriage of* Don A. Clement *and* Janet S. Abbott *. I further certify that the following marriage certificate was filed in my office: I,* Paulette A. Frye *(name), certify that on* 7-15-94 *(date), at* Danville *in* Hendricks *County, Indiana,* Don A. Clement *of* Hendricks *County* Indiana *(state), and* Janet Abbott *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* 7-15-94 *. Signed by:* /s/ Paulette A. Frye *,* Clerk *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-20-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 340

HENDRICKS County

File July 15, 1994
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Batista

MALE APPLICANT

Name: First Bruce Middle Jay Last Nielsen
Date of Birth: Month 7 Day 16 Year 62
Place of Birth (State or foreign country) Michigan
Residence Address: Street or R.R. 6471 N. Lynnfield Ct. #629 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 female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Laurice Allen Nielsen
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Michigan
   Birthplace of father (State or foreign country) Michigan
   (b) Full maiden name of applicant's mother Doris Jean Keeney
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Michigan
   Birthplace of mother (State or foreign country) Michigan

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Bruce J Nielsen Date 7-15-94

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 X Bruce J Nielsen
New Address
Subscribed and sworn to before me this 15 day of 7, 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 Natalie Middle Sue Last Smitheram
Date of Birth: Month 9 Day 22 Year 58
Place of Birth (State or foreign country) Oklahoma
Residence Address: Street or R.R. 514 Saratoga Dr. City Brownsburg. County Hend In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 5-31-89
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Christine Smitheram
6. (a) Full name of applicant's father Wm. Brach Haverty
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana.
   Birthplace of father (State or foreign country) West Virginia
   (b) Full maiden name of applicant's mother Roma Joyce Dawson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Illinois

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Natalie H. Smitheram Date July 15th, 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 Natalie H. Smitheram
New Address
Subscribed and sworn to before me this 15 day of 7, 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* 7-15-94 *, authorizing the marriage of* Bruce Jay Nielsen *and* Natalie Smitheram *. I further certify that the following marriage certificate was filed in my office: I,* Rev. George W. Curry *(name), certify that on* 7-23-94 *(date), at* Brownsburg *in* Hendricks *County, Indiana,* Bruce Jay Nielsen *of* Marion *County* Indiana *(state), and* Natalie Smitheram *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* 7-15-94 *. Signed by:* /s/ Rev. George W. Curry *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-26-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 341

HENDRICKS County

File July 15, 1994
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under 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 Stephen Middle Lynn Last Close

Date of Birth: Month 10 Day 6 Year 60

Place of Birth (State or foreign country): Kentucky

Residence Address: Street or R.R. 1427 Sweetgum Dr. City Brownsburg County Hen. State IN 5438

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1989

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) IDL

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Rudy Close
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Ky.
   Birthplace of father (State or foreign country)
   (b) Full maiden name of applicant's mother Cindy Joyce Harrison
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Ind.
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Stephen L Close Date 7-15-

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Stephen L Close

New Address

Subscribed and sworn to before me this 15 day of _____, 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 Tina Middle Lynn Last Garrison

Date of Birth: Month 11 Day 12 Year 63

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 5438 Iora Ct. City South Indpls. County Marion 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) IDL.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Leland Flynn
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of applicant's mother Phyllis Flynn Bucke
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Ind.
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Tina L. Garrison Date 7-15-94

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 X Tina L. Garrison

New Address

Subscribed and sworn to before me this 15 day of _____, 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* 7-15-94 *, authorizing the marriage of* Stephen Lynn Close *and* Tina Lynn Garrison *. I further certify that the following marriage certificate was filed in my office: I,* Rev. Kenneth Smith *(name), certify that on* 7-16-94 *(date), at* Indianapolis *in* Marion *County, Indiana,* Stephen Lynn Close *of* Hendricks *County* Indiana *(state), and* Tina Lynn Garrison *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* 7-15-94 *. Signed by:* /s/ Rev. Kenneth Smith *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-19-94 *(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. 342

HENDRICKS County

File

7-15-94
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 Planned Parenthood

MALE APPLICANT

Name: First Jeffrey Middle Jon Last Carter
Date of Birth: Month 12 Day 31 Year 61
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 6020 E 91 N #23 City Danville County State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father James E. Carter
   (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 Gladys V. Smith
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indpls IN
   Birthplace of mother (State or foreign country) IN

FEMALE APPLICANT

Name: First Diana Middle Lynn Last Adams
Date of Birth: Month 8 Day 25 Year 64
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 6020 E 91 N #23 City Danville County State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 3-87
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Brittney, James Adams
6. (a) Full name of applicant's father David L. Dunnuck
   (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 Ramona M. Baar
   (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 Jeffrey J Carter Date 7/15/94

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 X Jeffrey J Carter
New Address _____
Subscribed and sworn to before me this 15 day of July, 19 94
Connie Dawson 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 X Diana L Adams Date 7/15/94

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 X Diana L Adams
New Address _____
Subscribed and sworn to before me this 15 day of July, 19 94
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

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 7-15-94 *, authorizing the marriage of* Jeffrey J. Carter *and* Diana L. Adams *. I further certify that the following marriage certificate was filed in my office: I,* Kerry Steven Frazier *(name), certify that on* 7-16-94 *(date), at* Danville *in* Hendricks *County, Indiana,* Jeffrey J. Carter *of* Hendricks *County* IN *(state), and* Diana L. Adams *of* Hendricks *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 7-15-94 *. Signed by:* /s/Kerry S. Frazier *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 11-21-94 *(date).*

Signed Connie Dawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 343

HENDRICKS County

File

7.18.94
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
Name of Physician Samuel Pennington

MALE APPLICANT

Name: First Dennis Middle Lee Last Mitchell

Date of Birth: Month 6 Day 8 Year 52

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. ~~44~~ 44 N. Green St. City Apt 8 B'burg County State IN

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 8-7 f

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Except for DL.

DL #8902-24-7043

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Mitchell
   (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 Mandie Nester
   (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

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court 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 18 day of July, 19 94

Connie Spurgeon Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of *HENDRICKS*) ss:

Father ID #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Maureen Middle Lynne Last Moore

Date of Birth: Month 3 Day 9 Year 45

Place of Birth (State or foreign country) Michigan

Residence Address: Street or R.R. 44 N Green St. Apt 8 City B'burg County State IN

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Donald Richard Moore
   (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
   (If adopted, list adoptive parents only) Irene Alantra Putnam
   Residence of mother (if deceased, so state) Indpls IN
   Birthplace of mother (State or foreign country) Michigan

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Maureen Moore 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 Maureen Moore

New Address

Subscribed and sworn to before me this 18 day of July, 19 94

Connie Spurgeon Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of *HENDRICKS*) ss:

Father ID #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated , authorizing the marriage of and . I further certify that the following marriage certificate was filed in my office: I, (name), certify that on (date), at in County, Indiana, of County (state), and of County (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated . Signed by: , (official designation) Filed and recorded in accordance with the laws of the State of Indiana on (date).*

Signed Clerk

HENDRICKS Circuit Court

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 344

HENDRICKS County

File

7-18-94
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
Name of Physician X. P. Johnson, M.D.

MALE APPLICANT

Name: First *Charles* Middle *Curtis* Last *Downey*

Date of Birth: Month *1* Day *29* Year *1974*

Place of Birth (State or foreign country) *Indiana*

Residence Address: Street or R.R. *536 N. Duffey* City *Plainfield* County *Hendricks* State *Indiana*

Previous Marital Status: Never Married ☑ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☑ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 F. Downey*
   (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 Hensley*
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) *Indiana*
   Birthplace of mother (State or foreign country) *Indiana*

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Charles C. Downey Date 7-18-94

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 X Charles C. Downey
New Address *Same as above*

Subscribed and sworn to before me this *18* day of *July*, 19 *94*

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 *Misty* Middle *Michelle* Last *VanJelgerhuis*

Date of Birth: Month *6* Day *10* Year *1975*

Place of Birth (State or foreign country) *Indiana*

Residence Address: Street or R.R. *152 N. Mill* City *Plainfield* County *Hendricks* State *Indiana*

Previous Marital Status: Never Married ☑ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☑ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father *Gary L. VanJelgerhuis*
   (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 Jamison*
   (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 Misty M. VanJelgerhuis Date 7-18-94

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 X Misty M. VanJelgerhuis
New Address 536 N. Duffey, Plainfield, In 46168

Subscribed and sworn to before me this _____ day of _____, 19 _____

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* 7-18-94 *, authorizing the marriage of* Charles C. Downey *and* Misty Michelle VanJelgerhuis *. I further certify that the following marriage certificate was filed in my office: I,* Andy Schroder *(name), certify that on* 7-30-94 *(date), at* Avon *in* Hendricks *County, Indiana,* Charles C. Downey *of* Hendricks *County* Indiana *(state), and* Misty Michelle VanJelgerhuis *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* 7-18-94 *. Signed by:* /s/ Andy Schroeder *,* Youth Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-3-94 *(date).*

Signed Connie Dawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 345

HENDRICKS County

File

July 19, 1994 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Wells

MALE APPLICANT

Name: First Paul Middle Richard Last Brasher

Date of Birth: Month 4 Day 17 Year 52

Place of Birth (State or foreign country) Kentucky

Residence Address: Street or R.R. 821 W. CR 900 N. City Lizton County Hend. State Ind.

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) N.O.I.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Herschel Clifty Brasher
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother Rita Jane Sapp
   (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 Paul R. Brasher 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 Paul R Brasher

New Address

Subscribed and sworn to before me this 19th day of July, 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 Mae Last Garrett

Date of Birth: Month 2 Day 14 Year 48

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 821 W. CR 900 N. City Lizton County Hendricks State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1986

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) N.O.I.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Marshall Woodrow Merritt
   (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 Bertha Gillian Lafferty
   (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 Connie Garrett 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 Connie Garrett

New Address

Subscribed and sworn to before me this 19th day of July, 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* 7-19-94 *, authorizing the marriage of* Paul R. Brasher *and* Connie M. Garrett *. I further certify that the following marriage certificate was filed in my office: I,* Cindy Spence *(name), certify that on* 7-19-94 *(date), at* Danville *in* Hendricks *County, Indiana,* Paul R. Brasher *of* Hendricks *County* Indiana *(state), and* Connie M. Garrett *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* 7-19-94 *. Signed by:* /s/ Cindy Spence *,* 1st Deputy Clerk *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-19-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 346

HENDRICKS County

File July 19, 1994
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under 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 Stephen Last Wagner
Date of Birth: Month 4 Day 25 Year 65
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 945 Creekside Lane City Plfd. 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) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Stephen Herbert Wagner
   (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 Julia Winifred Goff
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: First Elizabeth Middle Ann Last Burge
Date of Birth: Month 4 Day 18 Year 70
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 936 Pinewood Dr. A. City Plainfield. County Hend. State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Dudley Burge, 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 Judith Ann Wagner
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Pennsylvania

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Robert S. Wagner Date 7/19/94

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 Robert S. Wagner
New Address 1814 W. Anna St. Grand Island, NE 68803
Subscribed and sworn to before me this 19 day of July, 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 Elizabeth A. Burge Date 07-19-94

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 Elizabeth A. Burge
New Address _____
Subscribed and sworn to before me this 19 day of July, 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* 7-19-94 *, authorizing the marriage of* Robert S. Wagner *and* Elizabeth A. Burge *. I further certify that the following marriage certificate was filed in my office: I,* Harold L. Leininger, II *(name), certify that on* 9-17-94 *(date), at* Brownsburg *in* Hendricks *County, Indiana,* Robert S. Wagner *of* Hall *County* Nebraska *(state), and* Elizabeth A. Burge *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* 7-19-94 *. Signed by:* /s/ Harold L. Leininger, II *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 9-22-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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CONNIE LAWSON, CLERK
HENDRICKS CIRCUIT & SUPERIOR COURTS
P.O. BOX 599
DANVILLE, INDIANA 46122

FILED
SEP 16 1994
Connie Lawson
CLERK HENDRICKS SUPERIOR COURT

Form Prescribed
Indiana State B
Health under A
of IC 31-7-3

HENDRICKS

7-19-94
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 Brown

MALE APPLICANT

Name: First Bart Middle Robert Last Jolly
Date of Birth: Month 4 Day 7 Year 63
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 3034 Lake Kenwood Dr. City B'burg County State
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Byron Jolly
   (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 Billie Belle
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Casper Wy
   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 x Bart R Jolly Date 7-19-94

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 Bart R Jolly
New Address _____
Subscribed and sworn to before me this 19 day of July, 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 Victoria Middle Lynn Last Close
Date of Birth: Month 7 Day 11 Year 70
Place of Birth (State or foreign country) OH
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 93'
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Miranda Close
6. (a) Full name of applicant's father Donald Lee Blevins
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Janesville Wisconsin
   Birthplace of father (State or foreign country) KY
   (b) Full maiden name of applicant's mother Jackie Rose Davis
   (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 Vickie L. Close Date 7-19-94

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 Vickie L. Close
New Address _____
Subscribed and sworn to before me this 19 day of July, 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* 7-27-94 *, authorizing the marriage of* Bart R. Jolly *and* Victoria L. Close *. I further certify that the following marriage certificate was filed in my office: I,* Chester Mayflower *(name), certify that on* 8-13-94 *(date), at* Speedway *in* Marion *County, Indiana,* Bart R. Jolly *of* Hendricks *County* Indiana *(state), and* Victoria L. Close *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* 7-27-94 *. Signed by:* /s/ Chester Mayflower *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-23-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 348

HENDRICKS County

File July 20, 1994
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☐ Yes ☒
If No, Medical Examination or Report Dated
Name of Physician Hoggatt

MALE APPLICANT

Name: First Chalmer Middle Wayne Last Carter

Date of Birth: Month 2 Day 22 Year 29

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 207 S. East St. 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 4/4/92

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) DSH.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 C. Carter
   (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 Arlie B. Tiger
   (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 ☒ C. Wayne Carter Date 7-20-94

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 ☒ C. Wayne Carter
New Address SAME AS ABOVE

Subscribed and sworn to before me this 20th day of July, 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 Kay Last Record

Date of Birth: Month 4 Day 15 Year 37

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 5610 D. Nanna City Indpls. County Marion State Ind.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) DSH.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 N. Record
   (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 Alice Jay
   (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 ☒ Barbara Kay Record Date 7-20-94

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 ☒ Barbara Kay Record
New Address _____

Subscribed and sworn to before me this 20th day of July, 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* 7-20-94 *, authorizing the marriage of* C. Wayne Carter *and* B. Kay Record *. I further certify that the following marriage certificate was filed in my office: I,* John W. Carter *(name), certify that on* 9-3-94 *(date), at* Valley Mills *in* Hendricks *County, Indiana,* C. Wayne Carter *of* Hendricks *County* IN *(state), and* B. Kay Record *of* Marion *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 7-20-94 *. Signed by:* /s/ John W. Carter *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 9-7-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 399

HENDRICKS County

File July 20, 1994 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Allen

MALE APPLICANT

Name: First Matthew Middle Bradley Last Slayten

Date of Birth: Month 10 Day 15 Year 67

Place of Birth (State or foreign country) Tennessee

Residence Address: Street or R.R. 138 Spring St. City Plainfield County Hend. State In

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) CDL.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Otie C. Slayten Jr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Tennessee
   (b) Full maiden name of applicant's mother Linda Sue Roberts
   (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 B. Slayten Date 7/20/94

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 Matthew B. Slayten

New Address Same

Subscribed and sworn to before me this 20th day of July, 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 Kathryn Last Taylor

Date of Birth: Month 10 Day 8 Year 70

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 138 Spring St. City Plainfield County Hend. State In

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) ISD.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Jon Douglas Taylor
   (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 Lee Eads
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Amy K. Taylor Date 7/20/94

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 Amy K. Taylor

New Address Same

Subscribed and sworn to before me this 20 day of July, 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* 7-20-94 *, authorizing the marriage of* Matthew B. Slayten *and* Amy K. Taylor *. I further certify that the following marriage certificate was filed in my office: I,* Ronald Hallock *(name), certify that on* 8-13-94 *(date), at* Plainfield *in* Hendricks *County, Indiana,* Matthew B. Slayten *of* Hendricks *County* Indiana *(state), and* Amy K. Taylor *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* 7-20-94 *. Signed by:* /s/Ron Hallock *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-16-94 *(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

HENDRICKS County

No. 350

File

7-20-94
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. Squires

MALE APPLICANT

Name: First Donald Middle R Last Blanton Jr.
Date of Birth: Month 9 Day 29 Year 55
Place of Birth (State or foreign country) Indiana
Residence Address: 8264 N 500 E Street or R.R. Pittsboro City IN State
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Ø
6. (a) Full name of applicant's father Donald R. Blanton
   (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 Virginia R. Kiger
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Donald R. Blanton, Jr. Date 7/20/94

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.

X Signed Donald R. Blanton, Jr.
New Address _____

Subscribed and sworn to before me this 20th day of July, 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 Marlene Middle A. Last Robertson
Date of Birth: Month 9 Day 8 Year 61
Place of Birth (State or foreign country) Indiana
Residence Address: 2995 N 300 E Street or R.R. Danville City IN County 46122 State
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Ø
6. (a) Full name of applicant's father Howard W. Robertson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Anna Mae McKinzie
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state)
   Birthplace of mother (State or foreign country) ILL

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Marlene A. Robertson Date 7/20/94

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.

X Signed Marlene A. Robertson
New Address _____

Subscribed and sworn to before me this 20th day of July, 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* 7-20-94 *, authorizing the marriage of* Donald R. Blanton, Jr. *and* Marlene Ann Robertson *. I further certify that the following marriage certificate was filed in my office: I,* William J. Brown *(name), certify that on* 7-31-94 *(date), at* Pittsboro *in* Hendricks *County, Indiana,* Donald R. Blanton, Jr. *of* Hendricks *County* Indiana *(state), and* Marlene Ann Robertson *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* 7-20-94 *. Signed by:* /s/ William J. Brown *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-2-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 351

HENDRICKS County

File July 20, 1994
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 7-12-94
Name of Physician Cluise

MALE APPLICANT

Name: First Frank Middle Eugene Last Beers, Jr.
Date of Birth: Month 11 Day 24 Year 66
Place of Birth (State or foreign country) New Jersey
Residence Address: Street or R.R. 2344 Iroquis Dr. City Indpls County Hend. State In
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Frank E. Beers, 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 Yoshiko Murano
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Japan

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Beers Jr Date 7-20-94

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 ☒ Frank E Beers Jr.
New Address _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Katrina Middle Lynn Last Tinch
Date of Birth: Month 11 Day 6 Year 73
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. RR 8 Box 123A City Indpls County Hendricks State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Hue Hurstel Tinch
   (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 Marsha Jane Hollis
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) New York

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant ☒ Katrina Lynn Tinch Date July 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 ☒ Katrina L. Tinch
New Address _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 7-20-94 *, authorizing the marriage of* Frank E. Beers, Jr. *and* Katrina L. Tinch *. I further certify that the following marriage certificate was filed in my office: I,* Rev. Paul W. Strietelmeier *(name), certify that on* 8-13-94 *(date), at* Indianapolis *in* Marion *County, Indiana,* Frank E. Beers, Jr. *of* Hendricks *County* Indiana *(state), and* Katrina L. Tinch *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* 7-20-94 *. Signed by:* /s/ Rev. Paul W. Strietelmeier *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-16-94 *(date).*

Signed Connie Sawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 352

HENDRICKS County

File July 20, 1994
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Schopper

MALE APPLICANT

Name: First David Middle Francis Last Miller

Date of Birth: Month 12 Day 19 Year 63

Place of Birth (State or foreign country) Illinois

Residence Address: Street or R.R. 608 Harlan · City Plainfield · County Hendricks · State IN

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 93

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) DL.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Wm. Miller
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of applicant's mother Bertha Alona Rice
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Illinois

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X David F Miller Date 7-20-94

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 David F Miller

New Address _____

Subscribed and sworn to before me this 20th day of 7, 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 Linda Middle Mae Last Baumann

Date of Birth: Month 7 Day 23 Year 53

Place of Birth (State or foreign country) Wisconsin

Residence Address: Street or R.R. 608 Harlan · 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) DL.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 R. Schuette

6. (a) Full name of applicant's father Nathan Herbert Baumann
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) South Dakota
   (b) Full maiden name of applicant's mother Irene Anola Peterson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) deceased
   Birthplace of mother (State or foreign country) Minnesota

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Linda M. Baumann Date 7-20-94

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 Linda M. Baumann

New Address _____

Subscribed and sworn to before me this 20th day of 7, 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* 7-20-94 *, authorizing the marriage of* David F. Miller *and* Linda M. Baumann *. I further certify that the following marriage certificate was filed in my office: I,* Larry M. Hamm *(name), certify that on* 8-13-94 *(date), at* Speedway *in* Marion *County, Indiana,* David F. Miller *of* Hendricks *County* Indiana *(state), and* Linda M. Baumann *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* 7-20-94 *. Signed by:* /s/Larry M. Hamm *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-16-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 353

HENDRICKS County

File

July 21, 1994
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Bell

MALE APPLICANT

Name: Jeffrey Alan Templeton (First, Middle, Last)
Date of Birth: Month 2 Day 10 Year 69
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 139 N. Ohio St. City Clayton County Hendricks State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) CDL.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Richard Alan Templeton
   (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 Frances Lee Fields
   (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 Jeffrey Alan Templeton 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 Jeffrey Alan Templeton
New Address
Subscribed and sworn to before me this 21st day of July, 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: Michelle Colleen Johnson (First, Middle, Last)
Date of Birth: Month 2 Day 13 Year 65
Place of Birth (State or foreign country): Michigan
Residence Address: Street or R.R. RR 1 Box 182 M-10 City Greencastle County Putnam State Putnam Dr.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 11-10-93
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) DL.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Christine Lynn Van Nevender, Jessie Diane Van Nevender
6. (a) Full name of applicant's father Harry Lee Johnson
   (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 Diane Glenn Bagwell
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Tennessee
   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 Michell C. Johnson 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 Michelle C. Johnson
New Address Same as above
Subscribed and sworn to before me this 21st day of July, 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* 7-21-94 *, authorizing the marriage of* Jeffrey A. Templeton *and* Michelle C. Johnson *. I further certify that the following marriage certificate was filed in my office: I,* Joan Huff *(name), certify that on* 7-30-94 *(date), at* Clayton *in* Hendricks *County, Indiana,* Indiana *(state), and* Jeffrey A. Templeton *of* Hendricks *County* Indiana *(state), and* Michelle C. Johnson *of* Putnam *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* 7-21-94 *Signed by:* /s/ Joan Huff , Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-4-94 *(date).*

Signed Connie Lawson Clerk
HENDRICKS Circuit Court

CERTIFIED COPY
HENDRICKS COUNTY
INDIANA
Connie Lawson Clerk of Courts

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. 354

HENDRICKS County

File July 22, 1994
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician London

MALE APPLICANT

Name: First Andrew Middle Charles Last Rehn

Date of Birth: Month 9 Day 22 Year 70

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 10733 E 750 N. City Brownsburg County Hend. State In

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) DL.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Edgar Rehn
   (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 Carol Sue Waltemath
   (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 Andrew Charles Rehn Date 7/22/94

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 X Andrew C. Rehn
New Address same

Subscribed and sworn to before me this 22nd day of July, 19 94

Connie Jawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Christina Middle Lynn Last Alexander

Date of Birth: Month 6 Day 23 Year 68

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 19 Hansdowne 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) DL

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Mark 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 Rita Kay Veal
   (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 Christina L Alexander Date 7-22-94

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 X Christina L. Alexander
New Address 10733 E 750 N. Brownsburg IN 46112

Subscribed and sworn to before me this 22nd day of July, 19 94

Connie Jawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 7-22-94 *, authorizing the marriage of* Andrew Charles Rehn *and* Christina Lynn Alexander *. I further certify that the following marriage certificate was filed in my office: I,* Cindy Spence *(name), certify that on* 7-22-94 *(date), at* Danville *in* Hendricks *County, Indiana,* Andrew Charles Rehn *of* Hendricks *County* Indiana *(state), and* Christina Lynn Alexander *of* Hamilton *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* 7-22-94 *. Signed by:* /s/ Cindy Spence *, 1st Deputy Clerk (official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-22-94 *(date).*

Signed Connie Jawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 355

HENDRICKS County

File July 22, 1994
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Ewing

MALE APPLICANT

Name: Daniel (First) Lizardo, (Middle) Jr. (Last)
Date of Birth: Month 10 Day 8 Year 55
Place of Birth (State or foreign country): California
Residence Address: Street or R.R. 203 W Hazlewood Dr. City: Demoore County: Kings State: CA
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1/84
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Ca. D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Princess Alicia, Jessica, Adrian Lizardo
6. (a) Full name of applicant's father Daniel Lizardo, Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) California
   Birthplace of father (State or foreign country) Texas
   (b) Full maiden name of applicant's mother Elanor Zamorano
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Californic
   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 X Daniel Lizardo Date 7-22-94

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 X Daniel Lizardo
New Address _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: Valerie (First) Jean (Middle) Robbins (Last)
Date of Birth: Month 4 Day 6 Year 65
Place of Birth (State or foreign country): North Carolina
Residence Address: Street or R.R. 2337 First St. 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 10/86
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) DL

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Edward Robbins
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Bonnie Lou Spear
   (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 Valerie J. Robbins Date 7-22-94

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 X Valerie J. Robbins
New Address _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 7-22-94 *, authorizing the marriage of* Daniel Lizardo, Jr. *and* Valerie Jean Robbins *. I further certify that the following marriage certificate was filed in my office: I,* Rev. John L. Crose *(name), certify that on* 7-30-94 *(date), at* Plainfield *in* Hendricks *County, Indiana,* Daniel J. Lizardo, Jr. *of* Kings *County* California *(state), and* Valerie Jean Robbins *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* 7-22-94. *Signed by:* /s/ John L. Crose *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-2-94 *(date).*

Signed Connie Dawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 356

HENDRICKS County

File

July 22, 1994
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Batista

MALE APPLICANT

Name: First Jeffery Middle Kent Last Bridges

Date of Birth: Month 3 Day 27 Year 61

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 17 Sunset Lane County Brownsburg State Hend. 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.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Calvin Coleman Bridges
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of applicant's mother Carol Rose Whitley
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) 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 X Jeffery Bridges 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 Jeffery Bridges

New Address

Subscribed and sworn to before me this 22nd day of July, 19 94

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 Elizabeth Middle Ann Last Church

Date of Birth: Month 5 Day 13 Year 57

Place of Birth (State or foreign country) Pennsylvania

Residence Address: Street or R.R. 17 Sunset Lane County Brownsburg State Hend. In.

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.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children John David and Rachel Elizabeth Church
6. (a) Full name of applicant's father Harry Erin Corbin
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) Pennsylvania
   (b) Full maiden name of applicant's mother Vera Allen Brown
   (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 X Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X

New Address

Subscribed and sworn to before me this 22nd day of July, 19 94

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* 7-22-94 *, authorizing the marriage of* ~~Jeffrey K. Bridges~~ *and* Elizabeth A. Church *. I further certify that the following marriage certificate was filed in my office: I,* Danny Vaughn *(name), certify that on* 7-23-94 *(date), at* Brownsburg *in* Hendricks *County, Indiana,* Jeffrey K. Bridges *of* Hendricks *County* Indiana *(state), and* Elizabeth A. Church *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* 7-22-94 *. Signed by:* /s/ Danny Vaughn *,* Judge Pro-tem *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-26-94 *(date).*

Signed Connie Dawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 357

HENDRICKS County

File July 25, 1994 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician FAMILY MED CENTER

MALE APPLICANT

Name: Richard Thomas Edward Cummings (First, Middle, Last)
Date of Birth: Month 10 Day 21 Year 57
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 198 E. Columbia · 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 3/2/93
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) DL.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Kelli, Jason, Stacy, Jamie Cummings
6. (a) Full name of applicant's father Howard Jacob Cummings
   (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 Mildred Louise 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 X Richard Cummings Date 7-25-94

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 X Richard Cummings
New Address Same
Subscribed and sworn to before me this 25 day of July, 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: LeeAnn Ellison (First, Middle, Last)
Date of Birth: Month 4 Day 15 Year 56
Place of Birth (State or foreign country): Utah
Residence Address: Street or R.R. 198 E. Columbia · 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 3/94
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) DL.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father Edwin Monroe Ellis
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Florida
   Birthplace of father (State or foreign country) New Jersey
   (b) Full maiden name of applicant's mother Zelda Glenn Hall
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Florida
   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 X LeeAnn Ellison Date 7/25/94

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 X LeeAnn Ellison
New Address Same
Subscribed and sworn to before me this 25 day of July, 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* 7-25-94, *authorizing the marriage of* Richard T. E. Cummings *and* LeeAnn Ellison. *I further certify that the following marriage certificate was filed in my office: I,* Cindy Spence *(name), certify that on* 7-25-94 *(date), at* Danville *in* Hendricks *County, Indiana,* Richard T. E. Cummings *of* Hendricks *County* Indiana *(state), and* LeeAnn 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* 7-25-94. *Signed by:* /s/ Cindy Spence, 1st Deputy Clerk *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-25-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 358

HENDRICKS County

File July 26, 1994
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Baird

MALE APPLICANT

Name: First Jason Middle Todd Last Jones

Date of Birth: Month 2 Day 27 Year 72

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 8421 Main St. 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) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Joe Ellis Jones
   (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 Susan Kay Williams
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Jason Jones Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Jason Jones
New Address 679 Old Summerville Rd. Rome Ga. 30165

Subscribed and sworn to before me this 26 day of July, 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 Evelyn Middle Anita Last Smith

Date of Birth: Month 9 Day 23 Year 73

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 912 Brendon Dr. City Plainfield County Hend. State Ind.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Wayne Smith
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Linda Marie McKinney
   (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 Anita Smith Date 7/24/94

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 X Anita Smith
New Address 679 Old Summerville Rd. Rome Ga. 30165

Subscribed and sworn to before me this 26th day of July, 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* 7-26-94, *authorizing the marriage of* Jason T. Jones *and* Evelyn Anita Smith. *I further certify that the following marriage certificate was filed in my office: I,* Ralph Christman *(name), certify that on* 7-30-94 *(date), at* Coatesville *in* Hendricks *County, Indiana,* Jason T. Jones *of* Hendricks *County* Indiana *(state), and* Evelyn Anita Smith *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* 7-26-94. *Signed by:* /s/ Ralph Christman, Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-2-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 359

HENDRICKS County

File July 26, 1994
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Henry

MALE APPLICANT

Name: First Jared Middle Scott Last Shearin

Date of Birth: Month 4 Day 16 Year 75

Place of Birth (State or foreign country): Colorado

Residence Address: Street or R.R. 1120 Lincoln St. City Danville County Hend. State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Lloyd Shearin
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state): Arkansas
   Birthplace of father (State or foreign country): Tennessee
   (b) Full maiden name of applicant's mother: Sheri Elaine Tipps
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state): Arkansas
   Birthplace of mother (State or foreign country): Washington D.C.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Jared Scott Shearin Date 7/26/94

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 X Jared Scott Shearin

New Address _____

Subscribed and sworn to before me this 9th day of Aug, 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 Michele Middle Lynn Last Gerber

Date of Birth: Month 4 Day 18 Year 75

Place of Birth (State or foreign country): South Dakota

Residence Address: Street or R.R. 4437 Londonderry Ct. City Danville County Hendricks State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Carl Gerber
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state): Indiana
   Birthplace of father (State or foreign country): Minnesota
   (b) Full maiden name of applicant's mother: Sharon Kay Dethan
   (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 Michele L. Gerber Date 7/26/94

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 X Michele L. Gerber

New Address _____

Subscribed and sworn to before me this 9th day of Aug, 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* 7-26-94 *, authorizing the marriage of* Jared S. Shearin *and* Michele Lynn Gerber *. I further certify that the following marriage certificate was filed in my office: I,* Arthur Shearin *(name), certify that on* 7-29-94 *(date), at* Indianapolis *in* Marion *County, Indiana,* Jared S. Shearin *of* White *County* Arkansas *(state), and* Michele Lynn Gerber *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* 7-26-94 *. Signed by:* /s/ Arthur Shearin *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-9-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 360

HENDRICKS County

File July 26, 1994
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Ortmayo

MALE APPLICANT

Name: First Toby Middle Dale Last Meadows

Date of Birth: Month 10 Day 29 Year 71

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 385½ N. Wayne · 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) DOH.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Dale Meadows
   (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 Rose Whitted
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: First Kimberly Middle Dawn Last Ortman

Date of Birth: Month 7 Day 9 Year 71

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 136 W CORd 800S. · City Greensburg · County DECATUR · State In

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) DOH.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Kayla Dawn Ortman

6. (a) Full name of applicant's father Michael Walter Ortman
   (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 Patricia Jean Wilmer
   (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 Toby D. Meadows Date 7/26/94

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 X Toby D. Meadows

New Address _____

Subscribed and sworn to before me this 26 day of 7, 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 Kimberly D. Ortman Date 7/26/94

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 X Kimberly D. Ortman

New Address _____

Subscribed and sworn to before me this 26 day of 7, 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* 7-26-94 *, authorizing the marriage of* Toby D. Meadows *and* Kimberly D. Ortman *. I further certify that the following marriage certificate was filed in my office: I,* F. Joseph F. Raulenberg *(name), certify that on* 8-13-94 *(date), at* Millhousen *in* Decatur *County, Indiana,* Toby D. Meadows *of* Hendricks *County* Indiana *(state), and* Kimberly D. Ortman *of* Decatur *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* 7-26-94 *. Signed by:* /s/ F. Joseph F. Raulenberg *,* Priest *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-17-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 361

HENDRICKS County

File

July 28, 1994
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Middlefield

MALE APPLICANT

Name: First Thomas Middle Dwight Last Campbell, Jr.
Date of Birth: Month 11 Day 13 Year 70
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 5604 Dollarhide 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) CDL.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Dwight Campbell Sr.
   (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 Ruth Lee
   (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 Thomas D Campbell JR Date 7-28-94

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 Thomas D Campbell JR
New Address 4113 GRAYLING CIR.-INDPLS 46241
Subscribed and sworn to before me this 28 day of JULY, 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 Myra Middle Lynn Last Creek
Date of Birth: Month 11 Day 2 Year 75
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 5963 Gibbs 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Harry Lynn Creek
   (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 Penney Spencer
   (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 Myra Lynn Creek Date 7/28/94

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 Myra Lynn Creek
New Address ← Same
Subscribed and sworn to before me this 28 day of July, 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* 7-28-94 *, authorizing the marriage of* Thomas D. Campbell, Jr. *and* Myra L. Creek *. I further certify that the following marriage certificate was filed in my office:*

I, Hubert Greer *(name), certify that on* 7-30-94 *(date), at* Plainfield *in* Hendricks *County, Indiana,* Thomas D. Campbell, Jr. *of* Marion *County* Indiana *(state), and* Myra L. Creek *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* 7-28-94 *.*

Signed by: /s/Hubert Greer *,* Pastor *(official designation)*
Filed and recorded in accordance with the laws of the State of Indiana on 8-11-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 362

HENDRICKS County

File

July 28, 1994
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Neegen

MALE APPLICANT

Name: First Tony Middle Dean Last Lewis

Date of Birth: Month 1 Day 14 Year 51

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 3413 S. Campbell Rd City Indpls. County (R.R.) Hendr. State IN

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1988

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Shelton Lewis
   (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 Lou Cummings
   (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 Tony D Lewis Date 7-28

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Tony D. Lewis

New Address same

Subscribed and sworn to before me this 28 day of 7, 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 Janet Middle Sue Last Harris

Date of Birth: Month 6 Day 14 Year 49

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 3413 S. Campbell Rd City Indpls. County (R.R.) Hendricks State IN

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 4

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 6/15/93

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 male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father Howland M. Quakenbush
   (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 C. Ross
   (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 Janet S. Harris Date 7-28-94

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 Janet S. Harris

New Address same

Subscribed and sworn to before me this 28 day of 7, 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* 7-28-94 *, authorizing the marriage of* Tony D. Lewis *and* Janet S. Harris *. I further certify that the following marriage certificate was filed in my office: I,* Rev. Kenneth Smith *(name), certify that on* 8-5-94 *(date), at* Plainfield *in* Hendricks *County, Indiana,* Tony D. Lewis *of* Hendricks *County* Indiana *(state), and* Janet S. Harris *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* 7-28-94 *. Signed by:* /s/Rev. Kenneth Smith *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-9-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 363

HENDRICKS County

File July 28, 1994
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☐ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Heidar Hobbs, M.D.

MALE APPLICANT

Name First: Andrew Middle: Scott Last: Curts

Date of Birth Month: 7 Day: 6 Year: 75

Place of Birth (State or foreign country): Indiana

Residence Address Street or R.R.: 23 Parkwood · City: Brownsburg · County: Hend · State: IN

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 P. Curts
   (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: Deborah D. Brockett
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state): Indiana
   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 Andrew Curts Date 7-28-94

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 Andrew Curts
New Address _____

Subscribed and sworn to before me this 28th day of July, 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: Jane Last: Davison

Date of Birth Month: 6 Day: 9 Year: 75

Place of Birth (State or foreign country): Indiana

Residence Address Street or R.R.: 6 Janeen · City: Brownsburg · 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father: Scott C. Davison
   (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: Delana J. Reeves
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state): Indiana
   Birthplace of mother (State or foreign country): Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Angela Davison Date 7-28-94

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 Angela Davison
New Address _____

Subscribed and sworn to before me this 28th day of July, 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* 7-28-94 *, authorizing the marriage of* Andrew S. Curts *and* Angela J. Davison *. I further certify that the following marriage certificate was filed in my office: I,* Brian Jenkins *(name), certify that on* 7-30-94 *(date), at* Brownsburg *in* Hendricks *County, Indiana,* _____ *Andrew S. Curts of* Hendricks *County* Indiana *(state), and* _____ *Angela J. Davison 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* 7-28-94 *. Signed by:* /s/ Brian Jenkins *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-2-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

577

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 364

HENDRICKS County

File

July 29, 1994
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Karen Johns

MALE APPLICANT

Name First Joseph Middle Anthony Last Phillips

Date of Birth Month 1 Day 7 Year 59

Place of Birth (State or foreign country) Indiana

Residence Address 9732 S. 100E. Clayton Hendricks 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 4/93

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) IDL

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 L. Phillips
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Florida
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Barbara A. Stiff
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Joseph a Phillips Date 7-29-94

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 Joseph a Phillips
New Address same

Subscribed and sworn to before me this 29th day of July, 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 Sandra Middle Kay Last Edwards

Date of Birth Month 3 Day 28 Year 54

Place of Birth (State or foreign country) Indiana

Residence Address 9732 S. 100 East Clayton Hendricks IN (Street or R.R. City County State)

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 4/14/94

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) IDL

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Elbert Chast
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Erma Irene Spears
   (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 Sandra K Edwards Date 7-25-94

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 X Sandra K Edwards
New Address same

Subscribed and sworn to before me this 29th day of July, 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* 7-29-94 *, authorizing the marriage of* Joseph A. Phillips *and* Sandra K. Edwards *. I further certify that the following marriage certificate was filed in my office: I,* Cindy Spence *(name), certify that on* July 29, 1994 *(date), at* Danville *in* Hendricks *County, Indiana,* _____ *Joseph A. Phillips of* Hendricks *County* Indiana *(state), and* _____ *Sandra K. Edwards 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* 7-29-94 *. Signed by:* /s/ Cindy Spence *,* 1st Deputy Clerk *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-29-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 365

HENDRICKS County

File

July 29, 1994
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Immediate Care - Dr?

MALE APPLICANT

Name: First Ralph Middle Christen Last Piercy

Date of Birth: Month 7 Day 14 Year 68

Place of Birth (State or foreign country) North Carolina

Residence Address: Street or R.R. 2708 Crosspointe Circle #17 City Matthews County Mecklenburg 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Eugene Piercy
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) North Carolina
   Birthplace of father (State or foreign country) North Carolina
   (b) Full maiden name of applicant's mother Velma Louise Albertson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) North Carolina
   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 ☒ Ralph Christen Piercy Date 7/29/94

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 ☒ Ralph Christen Piercy
New Address 2708-17 Cross Point Circle Mathews N.C. 28105

Subscribed and sworn to before me this 29th day of July, 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 Darby Middle Lynn Last Wolf

Date of Birth: Month 6 Day 9 Year 68

Place of Birth (State or foreign country) Virginia

Residence Address: Street or R.R. 948 Storybrook Dr. City Brownsburg County Hend. State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) DL.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Gibson Wolf
   (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 Darby Jacobs Ellis
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Massachusetts

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant ☒ Darby Lynn Wolf Date 7-29-94

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 ☒ Darby Lynn Wolf
New Address 2708-17 Cross Point Circle Mathews NC 28105

Subscribed and sworn to before me this 29th day of July, 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* 7-29-94 *, authorizing the marriage of* Ralph C. Piercy *and* Darby L. Wolf *. I further certify that the following marriage certificate was filed in my office: I,* Andrea Hughes Lerninger *(name), certify that on* 7-30-94 *(date), at* Brownsburg *in* Hendricks *County, Indiana,* Ralph C. Piercy *of* Mechlenburg *County* North Carolina *(state), and* Darby L. Wolf *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* 7-29-94 *. Signed by:* /s/ Andrea Hughes Lerninger *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-9-94 *(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. 366

HENDRICKS County

File July 29, 1994
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Adams

MALE APPLICANT

Name: First Clifford Middle Berry Last Spears
Date of Birth: Month 7 Day 7 Year 39
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 4487 Pinewood Dr. 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 2/86
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) DL.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Rose Spears
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother Naomi Bertha Overlee
   (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 Linda M. Obermeyer Date 7-29-94

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 Linda M. Obermeyer
New Address same
Subscribed and sworn to before me this 29 day of July, 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 Linda Middle Marie Last Obermeyer
Date of Birth: Month 4 Day 26 Year 58
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 4487 Pinewood Dr. 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 1980
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) DL.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Sean Obermeyer
6. (a) Full name of applicant's father James Jerome Liley
   (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 C. Stachnick
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Florida
   Birthplace of mother (State or foreign country) Pennsylvania

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Clifford B. Spears Date 7/29/94

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 Clifford B. Spears
New Address same
Subscribed and sworn to before me this _____ day of _____, 19 7/29/94
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* 7-29-94 *, authorizing the marriage of* Clifford B. Spears *and* Linda M. Obermeyer *. I further certify that the following marriage certificate was filed in my office: I,* Larry L. Bellville *(name), certify that on* 9-10-94 *(date), at* Brownsburg *in* Hendricks *County, Indiana,* Clifford B. Spears *of* Hendricks *County* IN *(state), and* Linda M. Obermeyer *of* Hendricks *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 7-29-94 *. Signed by:* /s/Larry L. Bellville *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 9-13-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 367

HENDRICKS County

File

July 29, 1994
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Naak

MALE APPLICANT

Name: First Randy Middle Thomas Last Elliott

Date of Birth: Month 4 Day 7 Year 71

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 504 S. Holland St. City Edinburgh County Johnson State IN.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) DL

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Paige Elliott
6. (a) Full name of applicant's father Milton L. Elliott
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Ind.
   Birthplace of father (State or foreign country) Tennessee
   (b) Full maiden name of applicant's mother Mary Churchill
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Tennessee

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Randy T Elliott Date 7-29-94

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 Randy T Elliott

New Address _____

Subscribed and sworn to before me this 29th day of July, 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 Deborah Middle Annette Last Johnson

Date of Birth: Month 6 Day 7 Year 67

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 868 Ironwood Dr. 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 11/88

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) DL

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Paige Elliott
6. (a) Full name of applicant's father Wm. E. 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 Marilyn Wininger
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Deborah A Johnson Date 7-29-94

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 Deborah A Johnson

New Address same

Subscribed and sworn to before me this 29 day of July, 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* 7-29-94 *, authorizing the marriage of* Randy T. Elliott *and* Deborah A. Johnson *. I further certify that the following marriage certificate was filed in my office: I,* Jailynn Dorsey *(name), certify that on* 8-12-94 *(date), at* Franklin *in* Johnson *County, Indiana,* Randy T. Elliott *of* Johnson *County* Indiana *(state), and* Deborah A. Johnson *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* 7-29-94 *. Signed by:* /s/Jailynn Dorsey, Chief Dep. Clerk *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-15-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 368

HENDRICKS County

File July 1, 1994
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under 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: Clyde — Wallace
First Middle Last

Date of Birth: Month 2 Day 11 Year 16

Place of Birth (State or foreign country): Alabama

Residence Address: Street or R.R. Rt 2 Box 323 City Crossville County DeKalb State Al.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 5-10-92

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Alabama D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Walter Saylor Wallace
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) Alabama
   (b) Full maiden name of applicant's mother Julia Gladden
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) deceased
   Birthplace of mother (State or foreign country) Georgia

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant ☒ Clyde Wallace Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed ☒ Clyde Wallace
New Address SAME ↑

Subscribed and sworn to before me this 1 day of Aug, 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: Kathleene — Upton
First Middle Last

Date of Birth: Month 7 Day 3 Year 19

Place of Birth (State or foreign country): Alabama

Residence Address: Street or R.R. 144 E. Main City Pittsboro County Hendricks State In

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 3-5-90

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) IDL.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Brain
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) Alabama
   (b) Full maiden name of applicant's mother Jessie Caldonia Richey
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) deceased
   Birthplace of mother (State or foreign country) Alabama

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant ☒ Kathleen Upton 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 ☒ Kathleen Upton
New Address ← SAME

Subscribed and sworn to before me this 1 day of Aug, 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* 8-1-94 *, authorizing the marriage of* Clyde Wallace *and* Kathleene Upton *. I further certify that the following marriage certificate was filed in my office: I,* Wm. J. Brown *(name), certify that on* 8-7-94 *(date), at* Pittsboro *in* Hendricks *County, Indiana,* Clyde Wallace *of* DeKalb *County* Alabama *(state), and* Kathleene Upton *of* Hendricks *County* Indiana *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 8-1-94 *. Signed by:* /s/Wm. J. Brown *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-9-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 369

File Aug 1, 1994
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Numastein

MALE APPLICANT

Name: First Kyle Middle Jennings Last Noel

Date of Birth: Month 8 Day 25 Year 73

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R.R. 413 Rodney St. City Brownsburg County Hend. State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Donald A. Noel
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) New Hampshire
   (b) Full maiden name of applicant's mother Nancy Jo Hazlett
   (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 Kyle J. Noel Date 1 Aug 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 Kyle J. Noel
New Address

Subscribed and sworn to before me this 1 day of Aug, 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 Margo Middle Renee Last Minnicks

Date of Birth: Month 7 Day 31 Year 93

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R.R. 5190 E. US 136 City Pittsboro County Hendricks State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Walter F. Minnicks
   (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 Shirley C. Essig
   (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 Margo R Minnicks Date 8-1-94

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 X Margo Renee Minnicks
New Address Same

Subscribed and sworn to before me this 1 day of Aug, 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* 8-1-94 *, authorizing the marriage of* Kyle J. Noel *and* Margo R. Minnick *. I further certify that the following marriage certificate was filed in my office: I,* Steven T. Reeves *(name), certify that on* 8-6-94 *(date), at* Brownsburg *in* Hendricks *County, Indiana,* Kyle J. Noel *of* Hendricks *County* Indiana *(state), and* Margo R. Minnicks *of* Hendricks *County* Indiana *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 8-1-94 *. Signed by:* /s/ Steven T. Reeves *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-9-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 370

HENDRICKS County

File

8-1-94
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
Name of Physician Dr. Barbara Davis

MALE APPLICANT

Name First: Joseph Middle: W. Last: Goode

Date of Birth Month: 1 Day: 12 Year: 62

Place of Birth (State or foreign country)

Residence Address: 7901 N 775 w. North 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 1983

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Thomas I. Goode
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of applicant's mother Gladys Mae Clark
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) IN

FEMALE APPLICANT

Name First: Jana Middle: W. Last: mitchell

Date of Birth Month: 4 Day: 12 Year: 65

Place of Birth (State or foreign country) Indiana

Residence Address: 6358 Crimson Circle E. Dr. Indpls IN
Street or R.R. / City / County / State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Ø
6. (a) Full name of applicant's father Carroll C. Mitchell
   (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 Kathryn M. Dock
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Joseph W Goode Date 8/1/94

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.

X Signed Joseph W Goode
New Address 6358 Crimson Circle East Dr Indianapolis 46237

Subscribed and sworn to before me this 1st day of Aug, 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).

X Signature of Applicant Jana W. Mitchell Date 8-1-94

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.

X Signed Jana W. Mitchell
New Address _____

Subscribed and sworn to before me this 1st day of Aug, 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* 8-1-94 *, authorizing the marriage of* Joseph W. Goode *and* Jana W. Mitchell *. I further certify that the following marriage certificate was filed in my office: I,* Philip D. Bacon *(name), certify that on* 8-13-94 *(date), at* North Salem *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* 8-1-94 *.*

Joseph W. Goode of Hendricks County Indiana
Jana W. Mitchell of Marion County Indiana

Signed by: /s/ Philip D. Bacon , Minister *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 8-16-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 371

HENDRICKS County

File

8-1-94
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 8-2-94
Name of Physician Dr K. Courtney MD.

MALE APPLICANT

Name: First Stephen Middle J. Last Floyd

Date of Birth: Month 6 Day 7 Year 64

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R.R. 887 Sycamore Dr. City Brownsburg County Hend State IN.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers Licensd

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. None

6. (a) Full name of applicant's father James Demelee Floyd.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Ark
   Birthplace of father (State or foreign country) Ark
   (b) Full maiden name of applicant's mother Violet Roberta Helm Floyd
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) ARK
   Birthplace of mother (State or foreign country) ARK

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant ☒ Stephen J. Floyd Date 8/1/94

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 ☒ Stephen J. Floyd

New Address _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Shannon Middle Last Stone

Date of Birth: Month 8 Day 23 Year 66

Place of Birth (State or foreign country) ILL

Residence Address: Street or R.R. 887 E Sycamore Dr. City Brownsburg County Hend State IN.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) 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 Lloyd Allen Stone.
   (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 Norma Jean Westerman Stone
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) 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 ☒ Shannon Stone Date 8-1-94

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 ☒ Shannon Stone

New Address _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 8-8-94 *, authorizing the marriage of* Stephen J. Floyd *and* Shannon Stone *. I further certify that the following marriage certificate was filed in my office: I,* Rich McGhee *(name), certify that on* 9-3-94 *(date), at* Brownsburg *in* Hendricks *County, Indiana,* Stephen J. Floyd *of* Hendricks *County* IN *(state), and* Shannon Stone, *of* Hendricks *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 8-8-94 *. Signed by:* /s/Richard McGhee *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 9-7-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 372

HENDRICKS County

File Aug 2, 1994
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Kaufman

MALE APPLICANT

Name: Kenneth First Ray Middle Lofland, II Last

Date of Birth: Month 3 Day 23 Year 68

Place of Birth (State or foreign country): Illinois

Residence Address: 309 Raines St. Plainfield Hendricks Co. 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) Ind. Id. Card

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 R Lofland, I
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state): Illinois
   Birthplace of father (State or foreign country): Illinois
   (b) Full maiden name of applicant's mother: Judith Ann Norstmann
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state): Indiana
   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 [signature] Date 8/02/94

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)

I swear/affirm that the information given in this application is true and correct.

Signed X [signature]
New Address same

Subscribed and sworn to before me this 2nd day of Aug, 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: Dana First Rachael Middle Gray Last

Date of Birth: Month 4 Day 27 Year 67

Place of Birth (State or foreign country): Indiana

Residence Address: 309 Raines St. Plainfield Hendricks Co. 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 5/25/86

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Ind Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Jessa, William Christopher, Mark

6. (a) Full name of applicant's father: Loren Edwin Gray
   (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: Patricia Faye Sutton
   (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 Dana R. Gray Date 8/2/94

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 X Dana R. Gray
New Address same

Subscribed and sworn to before me this 2nd day of Aug, 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* 8-2-94 *, authorizing the marriage of* Kenneth R. Lofland, III *and* Dana R. Gray *. I further certify that the following marriage certificate was filed in my office: I,* Robert Gammon *(name), certify that on* 8-6-94 *(date), at* Lawrence *in* Marion *County, Indiana,* Kenneth R. Lofland, III *of* Hendricks *County* Indiana *(state), and* Dana R. Gray *of* Hendricks *County* Indiana *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 8-2-94 *. Signed by:* /s/Robert Gammon *,* Judge *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-9-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 373

HENDRICKS County

File August 3, 1994
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Doper

MALE APPLICANT

Name: First Nathan Middle James Last Hagerman

Date of Birth: Month 11 Day 9 Year 75

Place of Birth (State or foreign country) Michigan

Residence Address: Street or R.R. 1122 Comordge City Kalamazoo County Kalamazoo State Michigan

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Mi. D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Gregory Hagerman
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Michigan
   Birthplace of father (State or foreign country) Michigan
   (b) Full maiden name of applicant's mother Marie Stread
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Maryland
   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 Nathan Hagerman Date 8/3/94

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 Nathan Hagerman
New Address 1940 Woodbury 4933, Ann Arbor, MI 48104

Subscribed and sworn to before me this 3 day of 8, 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 Ann Last Rabold

Date of Birth: Month 11 Day 10 Year 70

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 18 Jacori Drive 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) IN. DL.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Byron Rabold
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Linda Sue Pedlow
   (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 Jennifer A. Rabold Date 8/3/94

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 Jennifer A. Rabold
New Address 1940 Woodbury 4933, Ann Arbor, MI 48104

Subscribed and sworn to before me this 3 day of 8, 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* 8-3-94 *, authorizing the marriage of* Nathan J. Hagerman *and* Jennifer A. Rabold *. I further certify that the following marriage certificate was filed in my office: I,* Rev. Donald Tyler *(name), certify that on* 8-13-94 *(date), at* Brownsburg *in* Hendricks *County, Indiana,* Nathan J. Hagerman *of* Kalamazoo *County* Michigan *(state), and* Jennifer A. Rabold *of* Hendricks *County* Indiana *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 8-3-94 *. Signed by:* /s/ Rev. Donald Tyler *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 10-12-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 374

HENDRICKS County

File Aug 3, 1994
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Krewartha

MALE APPLICANT

Name: Billy Bruce Ziegelman, Jr.
(First, Middle, Last)

Date of Birth: Month 7 Day 18 Year 64

Place of Birth (State or foreign country): Indiana

Residence Address: 64 N. High St. Danville Hendricks 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) BNR.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Bruce Ziegelman, 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: Estelle Neely
   (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 Billy B Ziegelman Jr Date 8-3-94

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 Billy B Ziegelman Jr
New Address Same
Subscribed and sworn to before me this 3rd day of Aug, 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: Nina Elizabeth Fox
(First, Middle, Last)

Date of Birth: Month 1 Day 18 Year 69

Place of Birth (State or foreign country): Indiana

Residence Address: 64 N. High St. Danville Hendricks 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) BNR.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☒
4. Are you now under the 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 Fredrick Fox
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state): New Mexico
   Birthplace of father (State or foreign country): Indiana
   (b) Full maiden name of applicant's mother: Kathern Louise Spoeringer
   (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 Nina E. Fox Date 8.3.94

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 Nina E. Fox
New Address SAME AS ABOVE
Subscribed and sworn to before me this 3rd day of Aug, 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* 8-3-94 *, authorizing the marriage of* Billy B. Ziegelman, Jr. *and* Nina E. Fox *. I further certify that the following marriage certificate was filed in my office: I,* Greg L. Ratliff *(name), certify that on* 8-20-94 *(date), at* New Winchester *in* Hendricks *County, Indiana,* _____ *Billy B. Ziegelman, Jr. of* Hendricks *County* Indiana *(state), and* _____ *Nina E. Fox of* Hendricks *County* Indiana *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 8-3-94 *. Signed by:* /s/ Greg L. Ratliff *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-23-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

588

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 375

HENDRICKS County

File August 3, 1994 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Johns

MALE APPLICANT

Name: First Joshua Middle Hiram Last Witten

Date of Birth: Month 2 Day 23 Year 76

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 6240 E 350 N City Brownsburg County Hend. State In

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Augie Witten
   (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 Lula Jane Bridges
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Washington D.C.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Joshua Witten Date 08-03-94

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 Joshua Witten

New Address _____

Subscribed and sworn to before me this 3 day of Aug, 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 Evelyn Last Wright

Date of Birth: Month 5 Day 13 Year 78

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 522 S. Jefferson City Brownsburg County Hend. State In

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Kerney Cecil Wright, Jr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Alabama
   (b) Full maiden name of applicant's mother Carol Ann Caulkins
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   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 X Jennifer Wright Date 6-3-94

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Jennifer Wright Date 8-3-94

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Jennifer Wright

New Address same

Subscribed and sworn to before me this 3rd day of Aug, 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* 8-3-94, *authorizing the marriage of* Joshua A. Witten *and* Jennifer E. Wright. *I further certify that the following marriage certificate was filed in my office: I,* Rev. Marvin E. Sparks, Jr. *(name), certify that on* 8-7-94 *(date), at* Carmel *in* Hamilton *County, Indiana,* Joshua A. Witten *of* Hendricks *County* Indiana *(state), and* Jennifer E. Wright *of* Hendricks *County* Indiana *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 8-3-94. *Signed by:* /s/ Rev. Marvin E. Sparks, Jr., Assoc. Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-12-94 *(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. 376

HENDRICKS County

File August 3, 1994 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Argos MedCenter

MALE APPLICANT

Name: First Eric Middle Lee Last Jones

Date of Birth: Month 8 Day 12 Year 74

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 8121 Congress Dr. City Mooresville County Hend. State In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Larry Lee Jones
   (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 Sue Schultz
   (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 ☒ Eric Jones Date 8-3-94

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 ☒ Eric Jones
New Address 2902 Embassy Ct Speedway 46224

Subscribed and sworn to before me this 3rd day of Aug, 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 Wendy Middle Lynn Last McGowan

Date of Birth: Month 10 Day 1 Year 67

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 2902 Embassy Ct. 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) IDL

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 McGowan
   (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 Carol Ann Beldon
   (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 ☒ Wendy McGowen Date 8-3-94

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 ☒ Wendy McGowen
New Address Same as above

Subscribed and sworn to before me this 3rd day of Aug, 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* 8-3-94 *, authorizing the marriage of* Eric L. Jones *and* Wendy L. McGowen *. I further certify that the following marriage certificate was filed in my office: I,* William R. Clayton *(name), certify that on* 8-13-94 *(date), at* Plainfield *in* Hendricks *County, Indiana,* Eric L. Jones *of* Hendricks *County* Indiana *(state), and* Wendy L. McGowen *of* Marion *County* Indiana *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 8-3-94 *. Signed by:* /s/William R. Clayton *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-17-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 377

HENDRICKS County

File August 3, 1994
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Lokost

MALE APPLICANT

Name First John Middle Carl Last Jacobs
Date of Birth Month 7 Day 16 Year 48
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. 26 Daniel Circle 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 8/91
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) I.D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Jason Allen Jacobs
6. (a) Full name of applicant's father John Robert Jacobs
   (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 Lee Cooper
   (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 C. Jacobs Date 8/3/94

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 John C. Jacobs
New Address same
Subscribed and sworn to before me this 3rd day of Aug, 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 Suzanne Last Wiley
Date of Birth Month 1 Day 9 Year 48
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. 26 Daniel Circle 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 10/16/93
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) IDL

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father Warren Woodrow Glaze
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Kentucky
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Essie Violet Andrew
   (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 Mary S Wiley Date 8-3-94

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 Mary S Wiley
New Address same
Subscribed and sworn to before me this 3rd day of Aug, 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* 8-3-94 *, authorizing the marriage of* John E. Jacobs *and* Mary S. Wiley *. I further certify that the following marriage certificate was filed in my office: I,* Ted A. Miller *(name), certify that on* 8-20-94 *(date), at* Brownsburg *in* Hendricks *County, Indiana,* John E. Jacobs *of* Hendricks *County* Indiana *(state), and* Mary S. Wiley *of* Hendricks *County* Indiana *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 8-3-94 *. Signed by:* /s/Ted A. Miller *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-23-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 378

HENDRICKS County

File August 3, 1994 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☐ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Boyer

MALE APPLICANT

Name: First Jonathan Middle Ray Last Buchanan

Date of Birth: Month 2 Day 11 Year 71

Place of Birth (State or foreign country) Illinois

Residence Address: Street or R.R. 5833-A Germanton Rd. City Winston-Salem County Forsyth State NC 27105

Previous Marital Status: 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 Russell Buchanan
   (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 Romera Hagan
   (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 Jonathan Buchanan 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 Jonathan Buchanan
New Address SAME AS ABOVE

Subscribed and sworn to before me this 3 day of Aug, 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 Susan Last Blandford

Date of Birth: Month 7 Day 9 Year 72

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 44 E. Main City Brownsburg County Hendricks State IN

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) IDL.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 A. Blandford, II
   (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 Edna Susan Statham
   (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 Jennifer S. Blandford Date 8/3/94

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 Jennifer S. Blandford
New Address 5833-A Germanton Rd Winston-Salem NC 27105

Subscribed and sworn to before me this 3rd day of Aug, 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* 8-3-94 *, authorizing the marriage of* Jonathan R. Buchanan *and* Jennifer S. Blandford *. I further certify that the following marriage certificate was filed in my office: I,* Kimber F. Kauffman *(name), certify that on* 8-6-94 *(date), at* Brownsburg *in* Hendricks *County, Indiana,* Jonathan R. Buchanan *of* Forsyth *County* North Carolina *(state), and* Jennifer S. Blandford *of* Hendricks *County* Indiana *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 8-3-94 *. Signed by:* /s/ Rev. Kimber Kauffman *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-12-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 379

File

Aug 4, 1994
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Pfeil

MALE APPLICANT

Name: First Kevin Middle Brent Last Caldwell

Date of Birth: Month 7 Day 2 Year 61

Place of Birth (State or foreign country) California

Residence Address: Street or R.R. RR 1 Box 71 City Pittsboro County Hendricks State IN

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 6/6/94

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) IDL

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Holly Caldwell
   Kendra Caldwell
6. (a) Full name of applicant's father James B. Caldwell
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother Lena Davis
   (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 Kevin B. Caldwell Date 8/4/94

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 X Kevin B. Caldwell

New Address 8861 N CR 150 EAST · PITTSBORO

Subscribed and sworn to before me this 4th day of Aug, 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 Letha Middle Jeanne Last Haynes

Date of Birth: Month 12 Day 1 Year 69

Place of Birth (State or foreign country) Virginia

Residence Address: Street or R.R. RR 1 Box 71 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) IDL

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father Judd R. Haynes
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Norma J. Clements
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Virginia
   Birthplace of mother (State or foreign country) Virginia

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Letha J. Haynes Date 8/4/94

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 X Letha J. Haynes

New Address ← same

Subscribed and sworn to before me this 4th day of Aug, 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* 8-4-94 *, authorizing the marriage of* Kevin B. Caldwell *and* Letha J. Haynes *. I further certify that the following marriage certificate was filed in my office: I,* John K. Fletcher *(name), certify that on* 8-27-94 *(date), at* Lizton *in* Hendricks *County, Indiana,* Kevin B. Caldwell *of* Hendricks *County* IN *(state), and* Letha J. Haynes *of* Hendricks *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 8-4-94 *. Signed by:* /s/ John K. Fletcher *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 9-6-94 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 380

HENDRICKS County

File Aug 4, 1994
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Batista

MALE APPLICANT

Name: First Larry Middle Todd Last Anderson
Date of Birth: Month 11 Day 7 Year 65
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 202 Corottoman City Indpls. County Hendricks State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) IDL.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Leon Anderson
   (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 Velina Rose Stultz
   (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 Larry T. Todd Anderson Date 8-4-94

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 X Larry T. Todd Anderson
New Address Same 46234

Subscribed and sworn to before me this 4th day of Aug, 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 Vonda Middle Renae Last Browning
Date of Birth: Month 2 Day 2 Year 65
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 229 S. Holmes 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) IDL.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Eugene Browning
   (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 Ann Marie Mosha
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Tennessee

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Vonda R. Browning Date 8-4-94

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 X Vonda R. Browning
New Address _____

Subscribed and sworn to before me this 4th day of Aug, 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* 8-4-94 *, authorizing the marriage of* Larry T. Anderson *and* Vonda R. Browning *. I further certify that the following marriage certificate was filed in my office: I,* James A. Stevanus *(name), certify that on* 8-20-94 *(date), at* Brownsburg *in* Hendricks *County, Indiana,* Larry T. Anderson *of* Hendricks *County* IN *(state), and* Vonda R. Browning *of* Marion *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 8-4-94 *. Signed by:* /s/James A. Stevanus *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 9-1-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 381

File Aug 4, 1994
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Riley

MALE APPLICANT

Name: First Daniel Middle Robert Last Goss

Date of Birth: Month 6 Day 21 Year 60

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 252 Austin Dr. City Indpls. County Hend. 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) IDL

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the 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 Eugene Goss
   (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 Frances C. Nave
   (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 [signature] Date 8/4/94

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 X [signature]

New Address SAME ↑

Subscribed and sworn to before me this 4th day of Aug, 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 Kimber Middle Renee Last Tripp

Date of Birth: Month 6 Day 2 Year 57

Place of Birth (State or foreign country) Illinois

Residence Address: Street or R.R. 9130 Tower Bridge Rd-G 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) IDL

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Carl Tripp
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of applicant's mother Juanita D. Borger
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Illinois

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Kimber Renee' Tripp Date 8-4-94

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 X Kimber Renee' Tripp

New Address ← same

Subscribed and sworn to before me this 4th day of Aug, 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

595

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 382

HENDRICKS County

File August 5, 1994 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Baker

MALE APPLICANT

Name: First Thomas Middle Keith Last Vaughan

Date of Birth: Month 2 Day 11 Year 68

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 910 N. Fairmead Rd. City Plainfield County Hend. State In

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) J.W.R.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 K. Vaughan
   (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 Joan K. Harlow
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Illinois

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Thomas K. Vaughan Date 8/5/94

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 X _____
New Address same as above

Subscribed and sworn to before me this 5th day of Aug, 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 Angela Middle Diane Last Craney

Date of Birth: Month 9 Day 30 Year 70

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 8341 S. Murray City Indpls. County Marion State Ind.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) J.W.R.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 S. Craney
   (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 Frances S. Carr
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Angela D. Craney 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 D. Craney
New Address & same

Subscribed and sworn to before me this 5th day of Aug, 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* 8-5-94 *, authorizing the marriage of* Thomas K. Vaughan *and* Angela D. Craney *. I further certify that the following marriage certificate was filed in my office: I,* Leo A. Piguet *(name), certify that on* 8-6-94 *(date), at* Carmel *in* Hamilton *County, Indiana,* Thomas K. Vaughan *of* Hendricks *County* Indiana *(state), and* Angela D. Craney *of* Marion *County* Indiana *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 8-5-94 *. Signed by:* /s/ Leo A. Piguet *,* Priest *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-9-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS + SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 383

HENDRICKS County

File

Aug 5-1994
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☐ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Karon Johns, M.D.

MALE APPLICANT

Name: First Don Middle Wayne Last Cummins

Date of Birth: Month 2 Day 11 Year 67

Place of Birth (State or foreign country): Marion Co - Ind.

Residence Address: Street or R.R. 10171 N. CO Rd 200W. City Jamestown County Hend State Ind.

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 female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Floyd Cummins
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Ind.
   Birthplace of father (State or foreign country) Ind
   (b) Full maiden name of applicant's mother Marjorie Jean Curtis
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Ind.
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Don Wayne Cummins Date Aug 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 X Don Wayne Cummins

New Address _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Beth Middle Ann Last WynKoop

Date of Birth: Month 12 Day 4 Year 72

Place of Birth (State or foreign country): Hend. Co.

Residence Address: Street or R.R. 10572 N. CO Rd 200 W - City Jamestown 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 male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Terry Gene WynKoop
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Ind.
   Birthplace of father (State or foreign country) Boone County - Ind.
   (b) Full maiden name of applicant's mother Elaine Kay Haines
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Ind -
   Birthplace of mother (State or foreign country) Ill.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Beth Ann Wynkoop Date 8-5-94

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 X Beth Ann Wynkoop

New Address _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 8-5-94 *, authorizing the marriage of* Don W. Cummins *and* Beth Ann Wynkoop *. I further certify that the following marriage certificate was filed in my office: I,* Robert C. Ellenberger *(name), certify that on* 8-13-94 *(date), at* New Brunswick *in* Boone *County, Indiana,* Don W. Cummins *of* Hendricks *County* Indiana *(state), and* Beth Ann Wynkoop *of* Hendricks *County* Indiana *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 8-5-94 *. Signed by:* /s/ Robert C. Ellenberger *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-16-94 *(date).*

Signed Connie Hanson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 384

HENDRICKS County

File

August 5, 1994
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Noods

MALE APPLICANT

Name First Scott Middle Allen Last Matasovsky

Date of Birth Month 4 Day 18 Year 64

Place of Birth (State or foreign country) Indiana

Residence Address Street or R.R. 1870 W. 84th Dr. City Merrillville. County In State LAKE CO.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) IDL

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father Rodney V. Matasovsky
   (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 Karen Bowman
   (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 Scott Matasovsky Date 8-5-94

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 X Scott Matasovsky

New Address SAME

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name First Bethany Middle Michele Last Gilbreath

Date of Birth Month 11 Day 10 Year 68

Place of Birth (State or foreign country) Indiana

Residence Address Street or R.R. 6124 W. Clinton St. City Danville. County Hendricks State IN

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) IDL

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 N. Gilbreath
   (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 Bethany Sue Berry
   (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 Bethany Michele Gilbreath Date 8-5-94

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 X Bethany Michele Gilbreath

New Address 1870 W 84TH DR E131 MERRILLVILLE IN 46410

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* 8-5-94 *, authorizing the marriage of* Scott A. Matasovsky Bethany M. Gilbreath *. I further certify that the following marriage certificate was filed in my office:*

I, John P. Roof *(name), certify that on* 9-3-94 *(date), at* Danville *in* Hendricks *County, Indiana,* Scott A. Matasovsky *of* Lake *County* IN *(state), and* Bethany M. Gilbreath *of* Hendricks *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 8-5-94 *.*

Signed by: /s/ John P.Roof *,* Priest *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 9-6-94 *(date)*

Signed Connie Pawson *Clerk*

HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 385

HENDRICKS County

File August 5, 1994 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Blair

MALE APPLICANT

Name: First Jerry Middle Wayne Last Decker, Jr.

Date of Birth: Month 1 Day 3 Year 72

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. PO Box 97 · 450 S · City Coatesville · 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) IDL

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 W. Decker, 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 Judy Williamson
   (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 Jerry W Decker Jr Date 8-5-94

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 X Jerry W Decker Jr

New Address _____

Subscribed and sworn to before me this 5th day of Aug, 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 Lynne Last Neier

Date of Birth: Month 1 Day 1 Year 74

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. RR1 Box 463 · 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.

6. (a) Full name of applicant's father Russell D. Neier
   (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 Gloria C. McKamey
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome)

Signature of Applicant X Amy L. Neier Date 8/5/94

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 X Amy L. Neier

New Address Same

Subscribed and sworn to before me this 5 day of Aug, 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* 8-5-94 *, authorizing the marriage of* Jerry W. Decker, Jr. *and* Amy L. Neier *. I further certify that the following marriage certificate was filed in my office: I,* Robert S. Rich *(name), certify that on* 8-27-94 *(date), at* Hazelwood *in* Hendricks *County, Indiana,* Jerry W. Decker, Jr. *of* Hendricks *County* IN *(state), and* Amy L. Neier *of* Hendricks *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 8-5-94 *. Signed by:* /s/ Robert Steven Rich *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-30-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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599

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 386

HENDRICKS County

File August 8, 1994 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Nadley

MALE APPLICANT

Name: First Jay Middle Michael Last Driggers

Date of Birth: Month 6 Day 14 Year 68

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 5907 S. 150 W. 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) IDL

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Lee Driggers
   (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 Joyce Lavon Hoops
   (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 Jay M Driggers Date 8/8/94

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 X Jay M Driggers
New Address 5907 S. 150 W. Danville 46122

Subscribed and sworn to before me this 8th day of Aug, 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 Ann Last Wetterman

Date of Birth: Month 3 Day 8 Year 65

Place of Birth (State or foreign country) Indiana

Residence Address: Street or RR 5907 S. 150 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 11-1-93

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) IDL

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Kelly Michelle Wetterman

6. (a) Full name of applicant's father Wm. Alexander Haynes
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Florida
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Barbara Ruth Miller
   (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 Theresa A Wetterman Date 8/8/94

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 X Theresa A Wetterman
New Address Same

Subscribed and sworn to before me this 8th day of Aug, 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* 8-8-94 *, authorizing the marriage of* Jay M. Driggers *and* Theresa A. Wetterman *. I further certify that the following marriage certificate was filed in my office: I,* Rev. John C. Parsley *(name), certify that on* 8-20-94 *(date), at* Bainbridge *in* Putnam *County, Indiana,* Jay M. Driggers *of* Hendricks *County* Indiana *(state), and* Theresa A. Wetterman *of* Hendricks *County* Indiana *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 8-8-94 *. Signed by:* /s/ Rev. John C. Parsley *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-23-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 387

HENDRICKS County

File Aug 8, 1994
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Benson

MALE APPLICANT

Name: First Eric Middle Christopher Last Trosper

Date of Birth: Month 4 Day 29 Year 72

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 7156 Marigold Lane Apt 2B 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) IDL

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Victoria Trosper
6. (a) Full name of applicant's father Forrest Wayne Trosper
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreig: Tennessee
   (b) Full maiden name of applicant's mc Kristina Kay Hagemeier
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Eric Trosper Date 8/8/94

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 X Eric Trosper

New Address* _____

Subscribed and sworn to before me this 8th day of Aug, 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 Marie Last Jones

Date of Birth: Month 6 Day 12 Year 75

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 138 W. 300 East 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. Victoria Trosper
6. (a) Full name of applicant's father Wm. Harlin Jones
   (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 Claudia Ann Hudson
   (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 Jessica Jones Date _____

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Jessica Jones

New Address Same as above 46122

Subscribed and sworn to before me this 8th day of Aug, 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* 8-8-94 *, authorizing the marriage of* Eric C. Trosper *and* Jessica M. Jones *. I further certify that the following marriage certificate was filed in my office: I,* Phillip Bilyeu *(name), certify that on* 8-20-94 *(date), at* Danville *in* Hendricks *County, Indiana,* Eric C. Trosper *of* Marion *County* Indiana *(state), and* Jessica M. Jones *of* Hendricks *County* Indiana *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 8-8-94. *Signed by:* /s/ Rev. Phillip Bilyeu *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 8-29-94 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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