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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 645
File 58
10-30-95
Date of Application

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

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

MALE APPLICANT

Name: First Mark Middle W. Last Davis
Date of Birth: Month 1 Day 27 Year 71
Place of Birth (State or foreign country) In.
Residence Address: Street or R.R. Home → 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's file.

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

6. (a) Full name of applicant's father Elbert W. Davis
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) In.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of applicant's mother Marilyn Sloats
   (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 Mark W. Davis Date 10-30-95

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 W. Davis
New Address _____
Subscribed and sworn to before me this 30 day of Oct, 1995
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 K. Last Watkins
Date of Birth: Month 9 Day 18 Year 69
Place of Birth (State or foreign country) In.
Residence Address: Street or R.R. 405 E. College Ave 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's file.

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Dawn R. Watkins Date 10-30-95

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 R. Watkins
New Address Home
Subscribed and sworn to before me this 30 day of Oct, 1995
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-11-95 *, authorizing the marriage of* Mark W. Davis *and* Dawn R Watkins *. I further certify that the following marriage certificate was filed in my office: I,* Kerry Bowman *(name), certify that on* 11-11-95 *(date), at* Brownsburg *in* Hendricks *County, Indiana,* Mark W. Davis *of* Marion *County* IN *(state), and* Dawn R. Watkins *of* Hendricks *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-30-95. *Signed by:* /s/ Kerry Bowman *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 11-22-95 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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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. 646
File 58
10-31-95
Date of Application

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

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

MALE APPLICANT

Name: First Yovan Middle G. Last Stoykovich
Date of Birth: Month 4 Day 20 Year 37
Place of Birth (State or foreign country): In.
Residence Address: Street or R.R. Home City County State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Slc.

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Yovan Stoykovich Date 10-31-95

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Yovan Stoykovich
New Address _____
Subscribed and sworn to before me this 31 day of Oct, 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Judy Middle R. Last Dillon
Date of Birth: Month 12 Day 30 Year 44
Place of Birth (State or foreign country): In.
Residence Address: 9845 Big Horn Dr. Street or R.R. B'Burg City Hendricks County In. State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 7/94
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Slc.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Crystal Watts, Cheryl Kemp, Robin Kemp, Courtney Kemp.
6. (a) Full name of applicant's father Joseph W. Dillon
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of applicant's mother Mary E. McClain
   (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 Judy Rose Dillon Date 10-31-95

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Judy R Dillon
New Address Home
Subscribed and sworn to before me this 31 day of Oct, 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 10-31-95 *, authorizing the marriage of* Yovan G. Stoykovich *and* Judy R. Dillon *. I further certify that the following marriage certificate was filed in my office: I,* Michael D. Keele *(name), certify that on* 10-31-95 *(date), at* Indianapolis *in* Marion *County, Indiana,* Yovan, G. Stoykovich, *of* Hendricks *County* IN *(state), and* Judy R. Dillon *of* Hendricks *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-31-95 *. Signed by:* /s/ Michael D. Keele *,* Judge, Marion Co. *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 11-8-95 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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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. 647
File 58
10-31-95
Date of Application

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

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

MALE APPLICANT

Name: First Anthony Middle K. Last Sullivan
Date of Birth: Month 4 Day 30 Year 65
Place of Birth (State or foreign country) In.
Residence Address: Street or R.R. Home → City County State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 10/91
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Amber M. Sullivan, Anthony M. Sullivan
6. (a) Full name of applicant's father Elzad K. Sullivan
   (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 Judy A. McKinley
   (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 Anthony Sullivan Date 10-31-95

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 Sullivan
New Address _____
Subscribed and sworn to before me this 31 day of Oct, 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Susanne Middle M. Last Davis
Date of Birth: Month 11 Day 4 Year 72
Place of Birth (State or foreign country) In.
Residence Address: Street or R.R. 307 Sycamore St. City B'Burg. County Hendricks State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 M. Davis
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) In.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of applicant's mother Susan J. Carson
   (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 Susanne M. Davis Date 10-31-95

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Susanne M. Davis
New Address Home
Subscribed and sworn to before me this 31 day of Oct, 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-4-95 *, authorizing the marriage of* Anthony L. Sullivan *and* Susanne M. Davis *. I further certify that the following marriage certificate was filed in my office: I,* Fred Rodkey *(name), certify that on* 11-4-95 *(date), at* Avon *in* Hendricks *County, Indiana,* Anthony L. Sullivan *of* Hendricks *County* IN *(state), and* Susanne M. Davis *of* Hendricks *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 10-31-95 *. Signed by:* /s/ Fred Rodkey *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 11-8-95 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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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. 648
File 58
11-1-95
Date of Application

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

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

MALE APPLICANT

Name: First Jerry Middle L. Last Patterson
Date of Birth: Month 8 Day 31 Year 41
Place of Birth (State or foreign country) In.
Residence Address: Street or R.R. 6435 U.S. St. Rd. 136 City E'Burg County Hendricks State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 4/88
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father John N. Patterson
   (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 Ruby Rutledge
   (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 Jerry L. Patterson Date 11-1-95

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 L. Patterson
New Address
Subscribed and sworn to before me this 1 day of Nov., 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Patricia Middle A. Last Ellis
Date of Birth: Month 8 Day 27 Year 35
Place of Birth (State or foreign country) In.
Residence Address: Street or R.R. 6836 Sargent Rd. City Indpls County Marion State In. 46256
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 7/94
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Leonard J. Katto
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of applicant's mother Helen L. Hartley
   (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 Patricia A. Ellis Date 11-1-95

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Patricia A. Ellis
New Address Same
Subscribed and sworn to before me this 1 day of Nov., 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-11-95 *, authorizing the marriage of* Jerry L. Patterson *and* Patricia A. Ellis *. I further certify that the following marriage certificate was filed in my office: I,* Robert F. Gammon *(name), certify that on* 11-11-95 *(date), at* Lawrence *in* Marion *County, Indiana,* Jerry L. Patterson *of* Hendricks *County* IN *(state), and* Patricia A. Ellis *of* Marion *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-1-95 *. Signed by:* /s/ Robert F. Gammon *,* Judge *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 11-16-95 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 649
File 58
11.3.95
Date of Application

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

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 10.31.95
Name of Physician MARIA Z BROWNSBURG CLINIC

MALE APPLICANT

Name: First ROGER Middle ROSS Last HERSHBERGER
Date of Birth: Month NOV Day 11 Year 1949
Place of Birth (State or foreign country) CRAWFORDSVILLE, IN (MONTGOMERY)
Residence Address 5526 Street or R.R. MAPLEWOOD DR City SPDWY County, State IN 46224
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 12-94
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. JENNIFER LYNN & LINDSEY KAY HERSHBERGER
6. (a) Full name of applicant's father ROBERT ROSS HERSHBERGER
   (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 DORAFAYE GREENWOOD
   (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 Roger R. Hershberg Date 11-1-95

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Roger R. Hershberg
New Address X 4991 Katelyn Drive Indy 46208
Subscribed and sworn to before me this 1st day of Nov., 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 S. Last GILCHRIST
Date of Birth: Month JULY Day 31 Year 1951
Place of Birth (State or foreign country) INDIANAPOLIS, IN
Residence Address 1 NASH CT Street or R.R. BROWNSBURG City IN County 46112 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)
DRIVERS LICENSE

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☑ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 BRIAN HOLLINGSHEAD
6. (a) Full name of applicant's father WALTER RAY GILCHRIST
   (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 DOROTHY ELIZABETH ROTHHAAS
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Kathy Gilchrist Date 11/3/95

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 Gilchrist
New Address 4901 KATELYN DR. INDPLS, IN 46208
Subscribed and sworn to before me this THIRD day of NOV., 19 1995
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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

300

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 653
File 58
11/8/95
Date of Application

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

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

MALE APPLICANT

Name First Glen Middle D. Last Tippin
Date of Birth Month 6 Day 15 Year 58
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. Dix.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 W. Tippin
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) In.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of applicant's mother Betty B. Koons
   (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 Glen D Tippin Date 11/8/95

The above applicant has objected to verifying by 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 X Glen D. Tippin
New Address _____
Subscribed and sworn to before me this 8 day of Nov., 19 95
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 Sheryl Middle R. Last Moss
Date of Birth Month 7 Day 14 Year 50
Place of Birth (State or foreign country) In.
Residence Address Street or R.R. 304 Avon Ave 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 9/93
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Dix.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Moss,
6. (a) Full name of applicant's father Dale E. Heckman
   (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 C. 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 Sheryl R Moss Date 11/8/95

The above applicant has objected to verifying by 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 X Sheryl R Moss
New Address Same
Subscribed and sworn to before me this 8 day of Nov, 19 95
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* 11-11-95 *, authorizing the marriage of* Glen D. Tippin *and* Sheryl R. Moss *. I further certify that the following marriage certificate was filed in my office: I,* Morris I. Tippin *(name), certify that on* 11-11-95 *(date), at* Greencastle *in* Putnam *County, Indiana,* Glen D. Tippin *of* Hendricks *County* IN *(state), and* Sheryl R. Moss *of* Hendricks *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-8-95 *. Signed by:* /s/ Morris I. Tippin *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 11-22-95 *(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. 650
File 58
11-2-95
Date of Application

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

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

MALE APPLICANT

Name: First Willie Middle L. Last Henderson
Date of Birth: Month 12 Day 23 Year 68
Place of Birth (State or foreign country) In.
Residence Address: Street or R.R. 727 Moon Rd Plafld. City Hendricks County State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☒ Birth Certificate ☒ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Darius Henderson Walter Robinson, Willie Henderson, III
6. (a) Full name of applicant's father Willie L. Henderson, Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) In.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of applicant's mother Bertha L. Cunningham
   (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 Willie Henderson Date 11-2-95

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Willie Henderson
New Address same
Subscribed and sworn to before me this 2 day of Nov., 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

Jeanne Lee Alverson
JEANNE LEE ALVERSON
NOTARY PUBLIC STATE OF INDIANA
HENDRICKS COUNTY
MY COMMISSION EXP. NOV. 6,1997

FEMALE APPLICANT

Name: First Nancy Middle C. Last Robinson
Date of Birth: Month 9 Day 11 Year 77
Place of Birth (State or foreign country) Ky
Residence Address: Street or R.R. 2750 Lodge Apt 26 City Evansville County Vanderburg State In. 47714
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☒ Birth Certificate ☒ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Willie Robinson
6. (a) Full name of applicant's father John M. Robinson, Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) In.
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of applicant's mother Kitty Deason
   (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 Nancy Robinson Date 11-2-95

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Nancy Robinson
New Address same
Subscribed and sworn to before me this 2 day of Nov., 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-2-95 *, authorizing the marriage of* Willie L. Henderson Jr. *and* Nancy C. Robinson *. I further certify that the following marriage certificate was filed in my office: I,* Daud S. Abdur-Rahman *(name), certify that on* 12-12-95 *(date), at* Plainfield *in* Hendricks *County, Indiana,* ~~Willie L. Henderson Jr.~~ *(state), and* ~~Nancy C. Robinson~~ *of* ~~Hendricks~~ *County* ~~Indiana~~ *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-2-95 *. Signed by:* /s/ Daud S. Abdur-Rahman *,* Imam *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-4-96 *(date).*

Connie Lawson
Signed _____ *Clerk*
HENDRICKS
_____ *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-352-8702 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. 652
File 58
11-6-95
Date of Application

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

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

MALE APPLICANT

Name: First FRED Middle Last BENGE, JR
Date of Birth: Month 3 Day 17 Year 40
Place of Birth (State or foreign country) In.
Residence Address: Street or R.R. 320 Iowa St. City Plnfld. County Hendricks State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 3/95
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. file

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Fred Benge, Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of applicant's mother Susie E. Johnson
   (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 Fred Benge, Jr. Date 11-6-95

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Fred Benge, Jr.
New Address
Subscribed and sworn to before me this 6 day of Nov., 1995
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 L Last CHRIS
Date of Birth: Month 1 Day 23 Year 44
Place of Birth (State or foreign country) In.
Residence Address: Street or R.R. 10679 N. CR Rd. 400E. City Pittsboro County Hendricks State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 9/85
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. file

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 E. Sweigart
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) W.V.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of applicant's mother Kathryn A. Benge
   (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 Sandra L. Chris Date 11-6-95

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 L. Chris
New Address Same
Subscribed and sworn to before me this 6 day of Nov., 1995
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-6-95 *, authorizing the marriage of* Fred Benge Jr. *and* Sandra L. Chris *. I further certify that the following marriage certificate was filed in my office: I,* Leonard Tony Maynard *(name), certify that on* 12-30-95 *(date), at* Brownsburg *in* Hendricks *County, Indiana,* Fred Benge Jr. *of* Hendricks *County* Indiana *(state), and* Sandra L. Chris *of* Hendricks *County* Indiana *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-6-95 *. Signed by:* /s/ Rev. Leonard Maynard *,* Asst. Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-5-96 *(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. 651

File

11-2-95
Date of Application

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

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

MALE APPLICANT

Name: First JEFFERY Middle ALLEN Last HARGIS

Date of Birth: Month 11 Day 3 Year 71

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 2924 FAWKES WAY DR. N City BLOOMINGTON 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 RUSSELL HARGIS SR.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) BLOOMINGTON IN
   Birthplace of father (State or foreign country) OH
   (b) Full maiden name of applicant's mother BEVERLY ANN CRABTREE
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) BLOOMINGTON 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 Jeffery A. Hargis Date 11-2-95

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

Clerk of Court _____ 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. Hargis
New Address 2924 FAWKES WAY DR. N BLOOMINGTON IN 47404

Subscribed and sworn to before me this 2 day of NOV, 19 95

Connie Lawson
Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 LYNN Last FARMER

Date of Birth: Month 6 Day 2 Year 67

Place of Birth (State or foreign country) WI

Residence Address: Street or R.R. R1 BOX 42 City STILESVILLE County IN State

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1-16-95

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

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

6. (a) Full name of applicant's father NELSON EDDIE ANDREW
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) FRENCHLICK IN (3)
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother ROBERTA E MALIJEWSKI
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) STILESVILLE IN
   Birthplace of mother (State or foreign country) WI

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that 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 L. Farmer Date 11-2-95

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

Clerk of Court _____ 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 L. Farmer
New Address _____

Subscribed and sworn to before me this 2 day of NOV, 19 95

Connie Lawson
Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-3-95 *, authorizing the marriage of* Jeffery A. Hargis *and* Theresa L. Farmer *. I further certify that the following marriage certificate was filed in my office: I,* Carmen R Altop *(name), certify that on* 11-3-95 *(date), at* Nashville *in* Brown *County, Indiana,* Jeffery A. Hargis *of* Monroe *County* IN *(state), and* Theresa L. Farmer *of* Hendricks *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-2-95 *. Signed by:* /s/ Carmen R Altop *,* Clerk *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 11-8-95 *(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. 6547

File

11-10-95
Date of Application

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

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

MALE APPLICANT

Name: First R. Middle RYAN Last GALLEGOS
Date of Birth: Month 3 Day 17 Year 74
Place of Birth (State or foreign country) OH
Residence Address: Street or R.R. 129 SYCAMORE ST City BROWNSBURG County State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) DR. LIC.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father RICHARD J. GALLEGOS
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) DANVILLE IN
   Birthplace of father (State or foreign country) OH
   (b) Full maiden name of applicant's mother PEGGY ANN KENNEDY
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) DANVILLE 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 R. Ryan Gallegos Date 11-10-95

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X R. Ryan Gallegos
New Address SAME
Subscribed and sworn to before me this 10 day of NOV., 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First KIMBERLY Middle A Last TEVERBAUGH
Date of Birth: Month 6 Day 13 Year 74
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 129 SYCAMORE ST City BROWNSBURG County State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) DR. LIC.

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Kimberly Ann Teverbaugh Date 11-10-95

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 Ann Teverbaugh
New Address _____
Subscribed and sworn to before me this 10 day of NOV, 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-2-95 *, authorizing the marriage of* R. Ryan Gallegos *and* Kimberly A. Teverbaugh *. I further certify that the following marriage certificate was filed in my office: I,* David Jefferson *(name), certify that on* 12-2-95 *(date), at* Plainfield *in* Hendricks *County, Indiana,* R. Ryan Gallegos *of* Hendricks *County* IN *(state), and* KImberly A. Teverbaugh *of* Hendricks *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-10-95 *. Signed by:* /s/ David Jefferson *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-5-95 *(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. 654
File 58
11/8/95
Date of Application

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

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

MALE APPLICANT

Name: First Daniel Middle W. Last Jones
Date of Birth: Month 8 Day 4 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 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 4/89
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Bic.

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

ACKNOWLEDGMENT

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

Signature of Applicant X Daniel W. Jones Date 11-8-95

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Daniel W. Jones
New Address _____
Subscribed and sworn to before me this 8 day of Nov., 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 K. Last York
Date of Birth: Month 7 Day 26 Year 62
Place of Birth (State or foreign country) In.
Residence Address: Street or R.R. 3315 N. 500 E. 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 3/89
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Bic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 York, James York
6. (a) Full name of applicant's father Scott E. York
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) In.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of applicant's mother Judith Hardin
   (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 Donna K. York Date 11-8-95

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Donna K. York
New Address Same
Subscribed and sworn to before me this 8 day of Nov., 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-1-95 *, authorizing the marriage of* Daniel W. Jones *and* Donna K. York *. I further certify that the following marriage certificate was filed in my office: I,* James H. Fierek *(name), certify that on* 12-1-95 *(date), at* Pittsboro *in* Hendricks *County, Indiana,* Daniel W. Jones *of* Hendricks *County* IN *(state), and* Donna K. York *of* Hendricks *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-8-95 *. Signed by:* /s/ James H. Fierek *,* Judge, P.T. *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-15-95 *(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. 656

File 58

11-18-95 Date of Application

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

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

MALE APPLICANT

Name: First Kurt Middle L. Last Deppert

Date of Birth: Month 8 Day 24 Year 67

Place of Birth (State or foreign country) In.

Residence Address: Street or R.R. 245 W. Michigan 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 9/95

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Deppert, Kurt Deppert,
6. (a) Full name of applicant's father Chester E. Deppert, Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) In.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of applicant's mother Virginia L. Hatfield
   (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 Kurt L Deppert Date 11-10-95

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Kurt L Deppert

New Address _____

Subscribed and sworn to before me this 10 day of Nov., 1995

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 A. Last Collins

Date of Birth: Month 8 Day 21 Year 73

Place of Birth (State or foreign country) In.

Residence Address: Street or R.R. 1638 Mallory Rd. City Mooresville County Morgan State In. 46158

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

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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father Tommy Collins
   (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 Deborah A. Kendall
   (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 Deborah Collins Date 11-10-95

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

Clerk of Court _____ 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 Collins

New Address Same

Subscribed and sworn to before me this 10 day of Nov., 1995

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-10-95 *, authorizing the marriage of* Kurt L. Deppert *and* Deborah A. Collins *. I further certify that the following marriage certificate was filed in my office: I,* Stephen D. Ferran *(name), certify that on* 11-10-95 *(date), at* Martinsville *in* Morgan *County, Indiana,* Kurt L. Deppert *of* Hendricks *County* IN *(state), and* Deborah A. Collins *of* Morgan *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-10-95 *. Signed by:* /s/ Stephen D. Ferran, Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 11-16-95 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 655
File 58
11/10-95
Date of Application

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

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

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 X Date 11-10-95

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

Clerk of Court 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 10 day of Nov., 19 95
Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

FEMALE APPLICANT

Name First Dorothy Middle M. Last Yaw

Date of Birth Month 10 Day 13 Year 64

Place of Birth (State or foreign country) Mi.

Residence Address P.O Box 650 Street or R.R. Lawrence City Van Buren County Mi. 49064

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 8/94

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

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

ACKNOWLEDGMENT

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

Signature of Applicant X Dorothy Yaw Date 11/10/95

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

Clerk of Court Date

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

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

Signed Dorothy Yaw
New Address

Subscribed and sworn to before me this 10 day of Nov., 19 95
Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

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

Signed Clerk
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 666

File

11-17-95
Date of Application

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

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

MALE APPLICANT

Name: First Jon Middle M. Last McCardle

Date of Birth: Month 2 Day 22 Year 72

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 1179 Hope Dr. City Plfld. County Hendricks State IN

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

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

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

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

6. (a) Full name of applicant's father Carroll J. McCardle III
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plfld IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Mary L. Broadstreet
   (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 J. McCardle Date 11/17/95

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed X J. McCardle

New Address 12101 Mapines 161 Cincinnati OH 45240

Subscribed and sworn to before me this 17 day of Nov., 19 95

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 L. Last Stephen

Date of Birth: Month 5 Day 2 Year 70

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 12101 Mapines 161 City Cincinnati County Clermont State OH

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

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

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

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

6. (a) Full name of applicant's father Richard E. Stephen
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Clermont IN
   Birthplace of father (State or foreign country) IL
   (b) Full maiden name of applicant's mother Glenna J. Hummel
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) same
   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 Tamara L Stephen Date 11/17/95

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Tamara L Stephen

New Address _____

Subscribed and sworn to before me this 17 day of Nov., 19 95

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-18-95 *, authorizing the marriage of* Jon M. McCardle *and* Tamara L. Stephen *. I further certify that the following marriage certificate was filed in my office: I,* Charles Elston *(name), certify that on* 11-18-95 *(date), at* Plainfield *in* Hendricks *County, Indiana,* Jon M. McCardle *of* Hendricks *County* IN *(state), and* Tamara L. Stephen *of* Clermont *County* OH *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-17-95 *. Signed by:* /s/ Charles Elston *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-5-95 *(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. 658
File 58
11-10-95
Date of Application

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

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

MALE APPLICANT

Name: First Donald Middle W. Last Hitch
Date of Birth: Month 9 Day 28 Year 37
Place of Birth (State or foreign country) In.
Residence Address: Street or R.R. 7034 N. Co Rd. 200 W City Brighton County Hendricks State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 9/95
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 O. Hitch
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so sta... deceased
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of applicant's mother Edna J. Kilkire
   (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 Donald W Hitch Date 11-10-95

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 W Hitch
New Address _____
Subscribed and sworn to before me this 10 day of Nov., 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Alice Middle J. Last Dickerson
Date of Birth: Month 8 Day 1 Year 37
Place of Birth (State or foreign country) In.
Residence Address: Street or R.R. 3435 S. St. Rd. 75 City Jamestown County Boone State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 4/92
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Clark J. Wolfe
   (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 Edith M. Keck
   (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 Alice Jean Dickerson Date 11-10-95

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Alice Jean Dickerson
New Address same
Subscribed and sworn to before me this 10 day of Nov., 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-10-95 *, authorizing the marriage of* Donald W. Hitch *and* Alice J. Dickerson *. I further certify that the following marriage certificate was filed in my office: I,* Garland Kincaid *(name), certify that on* 1-1-96 *(date), at* New Bruinswick *in* Boone *County, Indiana,* Donald W. Hitch *of* Hendricks *County* Indiana *(state), and* Alice Jean Dickerson *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* 11-10-95 *. Signed by:* /s/ Garland Kincaid *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-5-96 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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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. 659
File 58
11-14-95 Date of Application

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

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

MALE APPLICANT

Name: First Bradley Middle C. Last Hall
Date of Birth: Month 1 Day 14 Year 72
Place of Birth (State or foreign country): In.
Residence Address: 4025 E. C.R. 550 N. Street or R.R. Putnamville City Hendricks County In. State 46167
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Ste.

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

ACKNOWLEDGMENT

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

Signature of Applicant X Bradley E. Hall Date 11-14-95

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Bradley E Hall
New Address _____

Subscribed and sworn to before me this 14 day of Nov., 19 95

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

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

FEMALE APPLICANT

Name: First Stephanie Middle K. Last McKibbin
Date of Birth: Month 5 Day 14 Year 74
Place of Birth (State or foreign country): In.
Residence Address: 3485 S. 1000 W. Street or R.R. Millersburg City Elkhart County In. State 46543
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Ste.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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. McKibbin
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) In.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of applicant's mother Carolyn Swoveland
   (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 Stephanie M. Kibbin Date 11-14-95

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Stephanie M. Kibbin
New Address Same
Subscribed and sworn to before me this 14 day of Nov., 19 95

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-25-95 *, authorizing the marriage of* Bradley E. Hall *and* Stephanie R. McKibbin *. I further certify that the following marriage certificate was filed in my office: I,* Richard L. Brouillette *(name), certify that on* 11-25-95 *(date), at* Goshen *in* Elkhart *County, Indiana,* Bradley E. Hall *of* Hendricks *County* IN *(state), and* Stephanie R. McKibbin *of* LaGrange *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-14-95 *. Signed by:* /s/ Richard L. Brouillette *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-12-95 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 660
File 58
11-15-95
Date of Application

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

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

MALE APPLICANT

Name: First Paul Middle M. Last Robertson
Date of Birth: Month 5 Day 29 Year 66
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 Bernard J. 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 Joan M. Voris
   (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 M. Robertson Date 11-15-95

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 M. Robertson
New Address _____
Subscribed and sworn to before me this 15 day of Nov., 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Kathleen Middle M. Last Arbuckle
Date of Birth: Month 11 Day 21 Year 65
Place of Birth (State or foreign country): In.
Residence Address: Street or R.R. 10854 E. CR 100S City Lapel County Hendricks State 46231
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2/95
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Kathleen M Arbuckle Date 11-15-95

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Kathleen M. Arbuckle
New Address Same
Subscribed and sworn to before me this 15 day of Nov., 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-17-95 *, authorizing the marriage of* Paul M. Robertson *and* Kathleen M. Arbuckle *. I further certify that the following marriage certificate was filed in my office: I,* Myron Barnard *(name), certify that on* 11-17-95 *(date), at* Indianapolis *in* Hendricks *County, Indiana,* Paul M.Robertson *of* Hendricks *County* IN *(state), and* Kathleen M. Arbuckle *of* Hendricks *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-15-95 *. Signed by:* /s/ Myron Barnard, Judge *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 11-22-95 *(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. 661

File 58

11-16-95 Date of Application

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

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

MALE APPLICANT

Name: First Christopher Middle N. Last Meece

Date of Birth: Month 10 Day 16 Year 73

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 Donald H. Meece
   (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 Shirley B. Hudson
   (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 Chris Meece Date 11-16-95

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Chris Meece

New Address _____

Subscribed and sworn to before me this 16 day of Nov., 19 95

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 D. Last Crawford

Date of Birth: Month 4 Day 24 Year 72

Place of Birth (State or foreign country) In.

Residence Address: Street or R.R. 304 Avon Village Dr. City Ladoga 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) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Gloria Marsh
6. (a) Full name of applicant's father Jackie K. Crawford
   (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 Gloria J. Andrus
   (If adopted, list adoptive parents only) Hdc
   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 April D. Crawford Date 11-16-95

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

Clerk of Court _____ 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. Crawford

New Address same

Subscribed and sworn to before me this 16 day of Nov., 19 95

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-16-95 *, authorizing the marriage of* Christopher N. Meece *and* April D. Crawford *. I further certify that the following marriage certificate was filed in my office: I,* Cindy Spence *(name), certify that on* 11-16-95 *(date), at* Danville *in* Hendricks *County, Indiana,* Christopher N. Meece *of* Hendricks *County* IN *(state), and* April D. Crawford *of* Hendricks *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-16-95 *. Signed by:* /s/ Cindy Spence *,* 1st Deputy Clerk *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 11-22-95 *(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. 662
File 58
11-16-95
Date of Application

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

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

MALE APPLICANT

Name: First Benjamin Middle A. Last Phillips
Date of Birth: Month 12 Day 8 Year 73
Place of Birth (State or foreign country) In.
Residence Address: 6751 Oak Lake Dr. 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. Slic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Donald L. Phillips
   (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 L. Bonich
   (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 Benjamin A. Phillips Date 11-16-95

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Benjamin A. Phillips
New Address _____
Subscribed and sworn to before me this 16 day of Nov., 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 M. Last Auberry
Date of Birth: Month 10 Day 16 Year 77
Place of Birth (State or foreign country) In.
Residence Address: 7614 E. Hendricks Co. Street or R.R. Mooresville City Morgan 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. Slic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Ronald J. Auberry
   (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 Nancy M. Nelson
   (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 Christina M. Auberry Date 11-16-95

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 M. Auberry
New Address Same
Subscribed and sworn to before me this 16 day of Nov., 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-16-95 *, authorizing the marriage of* BENJAMIN A PHILLIPS *and* CHRISTINA M AUBERRY *. I further certify that the following marriage certificate was filed in my office: I,* EDWARD DEAN DICKINSON *(name), certify that on* NOV. 18th, 1995 *(date), at* MOORESVILLE *in* HENDRICKS *County, Indiana,* BENJAMIN A PHILLIPS *of* MARION *County* IN *(state), and* CHRISTINA M AUBERRY *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-16-95 *. Signed by:* /s/ EDWARD DEAN DICKINSON *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 11-22-95 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 663
File 58
11-17-95
Date of Application

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

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Leon C. Nascimbene, M.D.

MALE APPLICANT

Name: First Mark Middle A. Last Trifeletti

Date of Birth: Month 9 Day 1 Year 59

Place of Birth (State or foreign country) England

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

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 8/94

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.
6. (a) Full name of applicant's father Mario E. Trifeletti
   (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 Martha Cortese
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) N.Y.
   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 X Mark A Trifeletti Date 11-17-95

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

Clerk of Court _____ 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 Trifeletti
New Address _____
Subscribed and sworn to before me this 17 day of Nov., 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 S. Last Sidebottom

Date of Birth: Month 11 Day 7 Year 58

Place of Birth (State or foreign country) Ga.

Residence Address: Street or R.R. 605 Virginia St. City Royal County Henderson State Ill.

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 11/94

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

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

ACKNOWLEDGMENT

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

Signature of Applicant X Kathryn Sidebottom Date 11-17-95

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Kathryn Sidebottom
New Address Same
Subscribed and sworn to before me this 17 day of Nov., 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-27-95 *, authorizing the marriage of* Mark A. Trifeletti *and* Kathryn S. Sidebottom *. I further certify that the following marriage certificate was filed in my office: I,* Pauletta Frye *(name), certify that on* 11-27-95 *(date), at* Danville *in* Hendricks *County, Indiana,* Mark A. Trifeletti *of* Hendricks *County* IN *(state), and* Kathryn S. Sidebottom *of* Hendricks *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-17-95 *. Signed by:* /s/ Pauletta Frye *,* Clerk-Treasurer *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-4-95 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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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. 664

File 58

11-17-95
Date of Application

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

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

MALE APPLICANT

Name: First James Middle C. Last Davis

Date of Birth: Month 11 Day 18 Year 77

Place of Birth (State or foreign country) In.

Residence Address: Street or R.R. 5101 Brook 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 female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 C. Davis
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) In.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of applicant's mother Virginia L. Dawn
   (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 James Davis Date 11-17-95

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

Clerk of Court _____ 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 Davis

New Address _____

Subscribed and sworn to before me this 17 day of Nov., 19 95

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Christy Middle J. Last Goodwin

Date of Birth: Month 11 Day 24 Year 74

Place of Birth (State or foreign country) In.

Residence Address: Street or R.R. 3056 Breakwater Dr. City Indpls County Marion State In. 46214

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

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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 K. Goodwin
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) In.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of applicant's mother Marlene K. Foster
   (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 Christy Goodwin Date 11-17-95

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Christy Goodwin

New Address Same

Subscribed and sworn to before me this 17 day of Nov., 19 95

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary DON'T KNOW where Mother lives.

State of Indiana)
County of HENDRICKS) ss:

Father Jeff C Davis ID # 290-56-3256

Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-18-95 *, authorizing the marriage of* James C. Davis *and* Christy Goodwin *. I further certify that the following marriage certificate was filed in my office: I,* George R. Duncan *(name), certify that on* 11-18-95 *(date), at* Indianapolis *in* Marion *County, Indiana,* James C. Davis *of* Hendricks *County* IN *(state), and* Christy Goodwin *of* Marion *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-17-95 *. Signed by:* /s/ George R. Duncan *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-5-95 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 665

File 58

11-17-95
Date of Application

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

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

MALE APPLICANT

Name: First Charles Middle E. Last Lontz III

Date of Birth: Month 11 Day 8 Year 62

Place of Birth (State or foreign country) Pa.

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

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 12/94

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. Charles E. Lontz IV

6. (a) Full name of applicant's father Charles E. Lontz, Jr.
   (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 Carol K. Enders
   (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 Charles E Lontz III Date 11-17-95

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

Clerk of Court _____ 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 Lontz III

New Address _____

Subscribed and sworn to before me this 17 day of Nov., 1995

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Laura Middle E. Last Ledbetter

Date of Birth: Month 8 Day 28 Year 73

Place of Birth (State or foreign country) Ga.

Residence Address: Street or R.R. 425 Crystal Springs Dr. City Bluff Woodlawks County State Ga.

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

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

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

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

6. (a) Full name of applicant's father Richard J. Ledbetter
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Ga.
   Birthplace of father (State or foreign country) Ga.
   (b) Full maiden name of applicant's mother Judy D. Dunn
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Fl.
   Birthplace of mother (State or foreign country) Ga.

ACKNOWLEDGMENT

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

Signature of Applicant X Laura E Ledbetter Date 11-17-95

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Laura E Ledbetter

New Address Same

Subscribed and sworn to before me this 17 day of Nov., 1995

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-2-95 *, authorizing the marriage of* Charles E. Lontz,III *and* Laura Ledbetter *. I further certify that the following marriage certificate was filed in my office: I,* Danny Vaughn *(name), certify that on* 12-2-95 *(date), at* Indianapolis *in* Marion *County, Indiana,* Charles E. Lontz,III *of* Hendricks *County* IN *(state), and* Laura Ledbetter *of* Hendricks *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-17-95 *. Signed by:* /s/ Danny Vaughn *,* Judge *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-19-95 *(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. 667
File 58
11-21-95
Date of Application

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

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

MALE APPLICANT

Name: First Jerry Middle K. Last Black
Date of Birth: Month 3 Day 18 Year 63
Place of Birth (State or foreign country) In.
Residence Address: Street or R.R. same → City County State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 9/94
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. Edwin Black

6. (a) Full name of applicant's father Edwin B. Black
   (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 Freida K. Jarboe
   (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 Jerry R. Black Date 11-21-95

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 R. Black
New Address _____
Subscribed and sworn to before me this 21 day of Nov., 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 J. Last Black
Date of Birth: Month 3 Day 22 Year 63
Place of Birth (State or foreign country) In.
Residence Address: Street or R.R. 995 Bradbury City Naples County Hendricks State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 9/94
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

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

6. (a) Full name of applicant's father Charles F. Senior
   (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 Agnes H. Schuck
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) In.
   Birthplace of mother (State or foreign country) In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Kathryn J. Black Date 11-21-95

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Kathryn J. Black
New Address same
Subscribed and sworn to before me this 21 day of Nov., 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-21-95 *, authorizing the marriage of* Jerry R. Black *and* Kathryn J. Black *. I further certify that the following marriage certificate was filed in my office: I,* Jeffrey M. Seward *(name), certify that on* 12-2-95 *(date), at* Indianapolis *in* Marion *County, Indiana,* Jerry R. Black *of* Hendricks *County* Indiana *(state), and* Kathryn J. Black *of* Hendricks *County* Indiana *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-21-95 *. Signed by:* /s/ Jeffrey M. Seward *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-8-96 *(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. 468
File 58
11-21-95
Date of Application

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

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

MALE APPLICANT

Name: First Anthony Middle W. Last Ellis
Date of Birth: Month 11 Day 27 Year 67
Place of Birth (State or foreign country) In.
Residence Address: Street or R.R. Same → City County State
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Rice.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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. Ellis
   (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 Sherwood Bush
   (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 Anthony W. Ellis Date 11-21-95

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 W. Ellis
New Address _____
Subscribed and sworn to before me this 21 day of Nov. 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Patia Middle A. Last Haws
Date of Birth: Month 3 Day 21 Year 72
Place of Birth (State or foreign country) In.
Residence Address: Street or R.R. 3105 E. Main St. City Plainfield County Hendricks State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr Rice.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Haws
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 Richard J. Haws
   (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 Patia A. Haws Date 11-21-95

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Patia A. Haws
New Address Same
Subscribed and sworn to before me this 21 day of Nov. 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-9-95 *, authorizing the marriage of* Anthony W. Ellis *and* Patia A. Haws *. I further certify that the following marriage certificate was filed in my office: I,* Thomas R. Richason *(name), certify that on* 12-9-95 *(date), at* Indianapolis *in* Marion *County, Indiana,* Anthony W. Ellis *of* Hendricks *County* IN *(state), and* Patia A. Haws *of* Hendricks *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-21-95 *. Signed by:* Thomas R. Richason *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-12-95 *(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. 669
File 58
11-22-95
Date of Application

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

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

MALE APPLICANT

Name: First Donald Middle W. Last McGlothlin
Date of Birth: Month 6 Day 8 Year 53
Place of Birth (State or foreign country): In.
Residence Address: Street or R.R. Home City County State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 6/95
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X D. W. McGlothlin Date 11-22-95

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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. W. McGlothlin
New Address _____
Subscribed and sworn to before me this 22 day of Nov., 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Joyce Middle F. Last Wilson
Date of Birth: Month 3 Day 10 Year 56
Place of Birth (State or foreign country): In.
Residence Address: Street or R.R. 6814 Ratcliff Rd. City Cowley County Marion State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 6/92
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Matthew Wilson, Jessica Wilson
6. (a) Full name of applicant's father James R. Lasson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) In.
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of applicant's mother Delores D. Busse
   (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 Joyce F Wilson Date 11-22-95

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Joyce F Wilson
New Address Same
Subscribed and sworn to before me this 22 day of Nov., 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-22-95 *, authorizing the marriage of* Donald W. McGlothlin *and* Joyce F. Wilson *. I further certify that the following marriage certificate was filed in my office: I,* Cindy Spence *(name), certify that on* 11-22-95 *(date), at* Danville *in* Hendricks *County, Indiana,* Donald W. McGlothlin *of* Marion *County* IN *(state), and* Joyce F. 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* 11-22-95 *. Signed by:* /s/ Cindy Spence *,* 1st Deputy Clerk *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 11-22-95 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

3207

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 670
File 58
11-22-95
Date of Application

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

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

MALE APPLICANT

Name: First Agim Middle — Last Ferati
Date of Birth: Month 10 Day 14 Year 65
Place of Birth (State or foreign country) Wis.
Residence Address: 660 Green Ridge Dr. 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) Dr. Pie

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that 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 11-22-95

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 22 day of Nov., 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 P. Last Kooima
Date of Birth: Month 7 Day 26 Year 64
Place of Birth (State or foreign country) IL
Residence Address: 2000 Crystal Springs Rd. Street or R.R. San Bruno City San Mateo County Ca. State
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Pie

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X [signature] Date 11-22-95

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 2000 Crystal Springs Rd. San Bruno 94066
Subscribed and sworn to before me this 22 day of Nov. , 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-22-95 *, authorizing the marriage of* Agim Ferati *and* Sandra P. Kooima *. I further certify that the following marriage certificate was filed in my office: I,* Cindy Spence *(name), certify that on* 11-22-95 *(date), at* Danville *in* Hendricks *County, Indiana,* Agim Ferati *of* Hendricks *County* IN *(state), and* Sandra P. Kooima *of* San Bruno *County* CA *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-22-95 *. Signed by:* /s/ Cindy Spence *,* 1st Deputy Clerk *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-5-95 *(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. 671
File 58
11-27-95
Date of Application

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

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

MALE APPLICANT

Name: First Reggie Middle D. Last Dailey
Date of Birth: Month 7 Day 21 Year 57
Place of Birth (State or foreign country): In.
Residence Address: Street or R.R. Same → City County State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 10/94
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. Brandy Dailey, Sherri Dailey
6. (a) Full name of applicant's father James M. Dailey
   (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 Dorothy Carmack
   (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 [illegible] Date 11-27-95

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

State of Indiana) ss: I swear/affirm that the information given
County of HENDRICKS) in this application is true and correct.
Signed X [illegible]
New Address _____
Subscribed and sworn to before me this 27 day of Nov., 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Teresa Middle L. Last Ewalt
Date of Birth: Month 5 Day 21 Year 61
Place of Birth (State or foreign country): In.
Residence Address: Street or R.R. 1107 Valley View Dr. #B City Plfld. County Hendricks State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 6/93
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☑
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Misty Rose, Shonna Rose, Jonsetta Paige
6. (a) Full name of applicant's father Jewell Ervin
   (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 Mildred L. Clark
   (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 Teresa L. Ewalt Date 11-27-95

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

State of Indiana) ss: I swear/affirm that the information given
County of HENDRICKS) in this application is true and correct.
Signed X Teresa L. Ewalt
New Address Same
Subscribed and sworn to before me this 27 day of Nov., 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-2-95 *, authorizing the marriage of* Reggie D.Dailey *and* Teresa L. Ewalt *. I further certify that the following marriage certificate was filed in my office: I,* Cecil Pugh *(name), certify that on* 12-2-95 *(date), at* Franklin *in* Johnson *County, Indiana,* Reggie D. Dailey *of* Hendricks *County* IN *(state), and* Teresa L. Ewalt *of* Hendricks *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-27-95 *. Signed by:* /s/ Cecil Pugh *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-5-95 *(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

HENDRICKS County

No. 672
File 58
11-27-95
Date of Application

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

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

MALE APPLICANT

Name: First Michael Middle J. Last McGowan
Date of Birth: Month 9 Day 1 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 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 4/94
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.
6. (a) Full name of applicant's father James E. McGowan
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) In.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of applicant's mother Carolyn M. Martin
   (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 Michael J. McGowan Date 11-27-95

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 J. McGowan
New Address _____
Subscribed and sworn to before me this 27 day of Nov., 1995
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 S. Last Hyde
Date of Birth: Month 3 Day 1 Year 66
Place of Birth (State or foreign country) In.
Residence Address: Street or R.R. 7508 E. Co. Rd. 200 N. City Plfld. County Hendricks State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 4/85
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 Lawrence E. Keel
   (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 Sharon L. Kirkpatrick
   (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 Melissa S. Hyde Date 11-27-95

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date 11-27-95

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Melissa S. Hyde
New Address same
Subscribed and sworn to before me this 27 day of Nov., 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-27-95 *, authorizing the marriage of* Michael J. McGowan *and* Melissa S. Hyde *. I further certify that the following marriage certificate was filed in my office: I,* Michael J. Smith *(name), certify that on* 11-27-95 *(date), at* Indianapolis *in* Marion *County, Indiana,* Michael J. McGowan *of* Hendricks *County* IN *(state), and* Melissa S. Hyde *of* Hendricks *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-27-95 *. Signed by:* /s/ Michael J Smith *,* Judge *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-5-95 *(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. 673
File 58
11-28-95
Date of Application

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

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

MALE APPLICANT	FEMALE APPLICANT
Name: First Wayne Middle A. Last Baker	Name: First Kelly Middle J. Last Kisner
Date of Birth: Month 4 Day 17 Year 74	Date of Birth: Month 5 Day 20 Year 77
Place of Birth (State or foreign country): In.	Place of Birth (State or foreign country): In.
Residence Address: 111 Rockshire Rd. Street or R.R.: Indpls City: Marion County: In. State	Residence Address: 103 N California St. Street or R.R.: N. Salem City: Hendricks County: In. State 46165
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages	Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date	Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr Bir.	Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐	1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐	2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐	4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Cody W Baker	5. List the full names of any dependent children. Cody W. Baker
6. (a) Full name of applicant's father Harry W. Baker	6. (a) Full name of applicant's father Kevin L. Kisner
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) deceased	Residence of father (if deceased, so state) In.
Birthplace of father (State or foreign country) In.	Birthplace of father (State or foreign country) In.
(b) Full maiden name of applicant's mother Sharon K. Jeckenbeck	(b) Full maiden name of applicant's mother Karen L. Hardmeier
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) In.	Residence of mother (if deceased, so state) In.
Birthplace of mother (State or foreign country) 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 Wayne Baker Date 11-28-95

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Wayne A. Baker
New Address _____

Subscribed and sworn to before me this 28 day of Nov., 19 95

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other 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 Kelly J. Kisner Date 11-28-95

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Kelly J. Kisner
New Address Same

Subscribed and sworn to before me this 28 day of Nov., 1995

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-10-95 *, authorizing the marriage of* Wayne A. Baker *and* Kelly J. Kisner *. I further certify that the following marriage certificate was filed in my office: I,* Leanne Clampitt *(name), certify that on* 12-10-95 *(date), at* North Salem *in* Hendricks *County, Indiana,* Wayne A. Baker *of* Marion *County* IN *(state), and* Kelly J. Kisner *of* Hendricks *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-28-95 *. Signed by:* /s/ Leanne Clampitt *,* Clerk-Treasurer *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-12-95 *(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. 674
File 58
11-28-95
Date of Application

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

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

MALE APPLICANT

Name: First Michael Middle G. Last Settles
Date of Birth: Month 12 Day 5 Year 58
Place of Birth (State or foreign country) In.
Residence Address: Street or R.R. same → City County State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 9/79
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Le.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Brinae Settles
6. (a) Full name of applicant's father Charles L. Settles
   (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 Audrey M. Mitchell
   (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 Michael G. Settles Date 11-28-95

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Michael G. Settles
New Address _____
Subscribed and sworn to before me this 28 day of Nov., 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 L. Last Flint
Date of Birth: Month 6 Day 24 Year 73
Place of Birth (State or foreign country) In.
Residence Address: Street or R.R. 671 W. 550 S. City Clayton County Hendricks State In. 46118
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Le.

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Denise Lynn Flint Date 11-28-95

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Denise Lynn Flint
New Address same
Subscribed and sworn to before me this 28 day of Nov., 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-2-95 *, authorizing the marriage of* Michael G. Settles *and* Denise L. Flint *. I further certify that the following marriage certificate was filed in my office: I,* Ralph Christman *(name), certify that on* 12-2-95 *(date), at* Danville *in* Hendricks *County, Indiana,* Michael G. Settles *of* Hendricks *County* IN *(state), and* Denise L. Flint *of* Hendricks *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-28-95 *. Signed by:* /s/ Ralph Christman *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-5-95 *(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. 675
File 58
11-29-95
Date of Application

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

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

MALE APPLICANT

Name: First Rex Middle W. Last Clark

Date of Birth: Month 9 Day 23 Year 76

Place of Birth (State or foreign country) In.

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

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

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

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

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

6. (a) Full name of applicant's father David A. Clark
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) In.
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of applicant's mother Doris J. Willoughby
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) In.
   Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

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

Signature of Applicant X Rex W. Clark Date 11-29-95

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Rex W. Clark

New Address _____

Subscribed and sworn to before me this 29 day of Nov., 19 95

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 D. Last Smith

Date of Birth: Month 7 Day 30 Year 78

Place of Birth (State or foreign country) In.

Residence Address: Street or R.R. 7918 E. Main St. P.O. Box 211 City Cartersville 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 William H. Smith
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) In.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of applicant's mother Barbara A. Gibson
   (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 Nicole D. Smith Date 11-29-95

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

Clerk of Court _____ 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 D. Smith

New Address PO Box 211 Cartersville

Subscribed and sworn to before me this 29 day of Nov., 19 95

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father William H Smith ID # 311-38-3111

Mother Barbara A Smith ID # 311 54 2452

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-2-95 *, authorizing the marriage of* Rex W. Clark *and* Nichole D. Smith *. I further certify that the following marriage certificate was filed in my office: I,* Myron Barnard *(name), certify that on* 12-2-95 *(date), at* Indianapolis *in* Marion *County, Indiana,* Rex W. Clark *of* Hendricks *County* IN *(state), and* Nichole D. Smith *of* Hendricks *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-29-95 *. Signed by:* /s/ Myron Barnard *,* Judge *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-7-95 *(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. 676

HENDRICKS County

File 58

11-29-95
Date of Application

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

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

MALE APPLICANT

Name: First Michael Middle P. Last Sweeney

Date of Birth: Month 6 Day 8 Year 65

Place of Birth (State or foreign country) In.

Residence Address: Street or R.R. 411 S. Hendricks 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) Dr. Lic.

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

ACKNOWLEDGMENT

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

Signature of Applicant X [signature] Date 11-29-95

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

Clerk of Court _____ 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 29 day of Nov., 19 95

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Darcie Middle J. Last Randolph

Date of Birth: Month 1 Day 28 Year 64

Place of Birth (State or foreign country) In.

Residence Address: Street or R.R. 333 N. Wayne St. City Danville County Hendricks State In.

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

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

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

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

ACKNOWLEDGMENT

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

Signature of Applicant X [signature] Date 11-29-95

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

Clerk of Court _____ 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 Home

Subscribed and sworn to before me this 29 day of Nov., 19 95

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-9-95 *, authorizing the marriage of* Michael P. Sweeney *and* Darcie J. Randolph *. I further certify that the following marriage certificate was filed in my office: I,* Vincent P. Lampert *(name), certify that on* 12-9-95 *(date), at* Danville *in* Hendricks *County, Indiana,* Michael P. Sweeney *of* Johnson *County* IN *(state), and* Darcie J. Randolph *of* Hendricks *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-29-95 *. Signed by:* /s/ Vincent P. Lampert *,* Catholic Priest *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-14-95 *(date).*

Signed Connie Lawson Clerk

HENDRICKS Circuit Court

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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. 677
File 58
11-30-95
Date of Application

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

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

MALE APPLICANT

Name: First Kevin Middle G. Last Lechner
Date of Birth: Month 1 Day 19 Year 65
Place of Birth (State or foreign country): In.
Residence Address: Street or R.R. Home → 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 James A. Lechner
   (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 Sandra P. Queen
   (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 Kevin G Lechner Date 11-30-95

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 G Lechner
New Address _____
Subscribed and sworn to before me this 30 day of Nov., 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Doney Middle S. Last Stroud
Date of Birth: Month 9 Day 28 Year 72
Place of Birth (State or foreign country): In.
Residence Address: Street or R.R. 1608 Hoffgan 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 3/91
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

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

6. (a) Full name of applicant's father Ernest V. Booth
   (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 Beverly McCormack
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) In.
   Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Doney Samantha Stroud Date 11-30-95

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Doney S. Stroud
New Address 1608 Hoffgan Ave. Indpls. 46203
Subscribed and sworn to before me this 30 day of Nov., 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-30-95 *, authorizing the marriage of* KEVIN G LECHNER *and* DONEY S STROUD *. I further certify that the following marriage certificate was filed in my office: I,* CONNIE LAWSON *(name), certify that on* 12-02-95 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* KEVIN G LECHNER *of* MARION *County* INDIANA *(state), and* DONEY S STROUD *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* 11-30-95 *. Signed by:* DON L CANNON JR *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 01-02-96 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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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. 678
File 58
11-30-95
Date of Application

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

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

MALE APPLICANT

Name: First Terry Middle L. Last Hicks
Date of Birth: Month 6 Day 11 Year 47
Place of Birth (State or foreign country) In.
Residence Address: PO Box 114 Street or R.R. City Lizton County Hendricks State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages /
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 12/94
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Dix.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Hicks, Jason Hicks
6. (a) Full name of applicant's father John J. Hicks
   (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 Rotzel Quackenbush
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Ia.
   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 Terry L. Hicks Date 11-30-95

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Terry L. Hicks
New Address _____
Subscribed and sworn to before me this 30 day of Nov., 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Sherlia Middle F. Last Woodall
Date of Birth: Month 5 Day 12 Year 49
Place of Birth (State or foreign country) In.
Residence Address: 117 Brumfield Street or R.R. City Lizton County Hendricks State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages /
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 11/92
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Dix.

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Sherlia F. Woodall Date 11-30-95

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Sherlia F. Woodall
New Address Dome
Subscribed and sworn to before me this 30 day of Nov., 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 11-30-95 *, authorizing the marriage of* Terry L. Hicks *and* Sherlia F. Woodall *. I further certify that the following marriage certificate was filed in my office: I,* Kent E. Lamb *(name), certify that on* 12-31-95 *(date), at* Lizton *in* Hendricks *County, Indiana,* Terry L. Hicks *of* Hendricks *County* Indiana *(state), and* Sherlia F. Woodall *of* Hendricks *County* Indiana *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-30-95 *. Signed by:* /s/ Kent E. Lamb *, Judge Pro Tem (official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-8-96 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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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. 679
File 58
12-1-95
Date of Application

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

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

MALE APPLICANT

Name: First Brett Middle A. Last Barker
Date of Birth: Month 6 Day 23 Year 68
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 L. Barker
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Ga.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of applicant's mother Candace M. McGregor
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Ga.
   Birthplace of mother (State or foreign country) In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Brett A. Barker Date 12-1-95

The above applicant has objected to verifying by 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 X Brett A. Barker
I swear/affirm that the information given in this application is true and correct.
New Address _____
Subscribed and sworn to before me this 1 day of Dec., 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 Glaze
Date of Birth: Month 9 Day 19 Year 69
Place of Birth (State or foreign country) In.
Residence Address: Street or R.R. 25 Redwood Cir. 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 Jerome Glaze
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) In.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of applicant's mother Diana C. Thrasher
   (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 Deborah L. Glaze Date 12-1-95

The above applicant has objected to verifying by 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 X Deborah L. Glaze
I swear/affirm that the information given in this application is true and correct.
New Address Same
Subscribed and sworn to before me this 1 day of Dec., 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-2-95 *, authorizing the marriage of* Brett A. Barker *and* Deborah L Glaze *. I further certify that the following marriage certificate was filed in my office: I,* Steven T. Reeves *(name), certify that on* 12-2-95 *(date), at* Brownsburg *in* Hendricks *County, Indiana,* Brett A. Barker *of* Hendricks *County* IN *(state), and* Deborah L. Glaze *of* Hendricks *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-1-95 *. Signed by:* /s/ Steven T. Reeves *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-5-95 *(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. 680

HENDRICKS County

File 58

12-1-95
Date of Application

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

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

MALE APPLICANT

Name: First John Middle K. Last Clark

Date of Birth: Month 1 Day 12 Year 52

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

Residence Address: 6430 Rodge Dr. Street or R.R. Indpls. City Hendricks County In. State 46231

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) Dr. Rice

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Virgil C. Clark
   (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 Gladys Raines
   (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 John K. Clark Date 12-1-95

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

Clerk of Court _____ 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 K. Clark

New Address Same

Subscribed and sworn to before me this 1 day of Dec., 19 95

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 D. Last Freund

Date of Birth: Month 11 Day 29 Year 35

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

Residence Address: 3047 Summerscape Dr. 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 1/89

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Wade J. Stiles
   (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 Fern E. Wallace
   (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 Barbara D. Freund Date 12-1-95

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

Clerk of Court _____ 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 D. Freund

New Address _____

Subscribed and sworn to before me this 1 day of Dec., 19 95

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-1-95 *, authorizing the marriage of* John L. Clerk *and* Barbara D. Freund *. I further certify that the following marriage certificate was filed in my office: I,* Willis R. Howard *(name), certify that on* 1-6-96 *(date), at* Avon *in* Hendricks *County, Indiana,* John L. Clerk *of* Hendricks *County* Indiana *(state), and* Barabara D. Freund *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* 12-1-95 *. Signed by:* /s/ Willis R. Howard *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-8-96 *(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. 681
File 58
12-1-95
Date of Application

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

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

MALE APPLICANT

Name: First Jayson Middle D. Last Brandenburg
Date of Birth: Month 1 Day 29 Year 77
Place of Birth (State or foreign country) In.
Residence Address: Street or R.R. 1088 Westbrook 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)

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

6. (a) Full name of applicant's father Samuel D. Brandenburg
   (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 Maria K. McCreary
   (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 Jayson Brandenburg Date 12-1-95

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Jayson Brandenburg
New Address _____
Subscribed and sworn to before me this 1 day of Dec., 1995
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 L. Last Bryant
Date of Birth: Month 5 Day 29 Year 77
Place of Birth (State or foreign country) In.
Residence Address: Street or R.R. 434 Royal Troon Way P.O. Box Plainfield City Hendricks County In. State
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

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

6. (a) Full name of applicant's father Rick A. Bryant
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) In.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of applicant's mother Pamela S. Snel
   (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 Rachel Bryant Date 12-1-95

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 Bryant
New Address 434 Royal Troon Way P.O. Box Plainfield
Subscribed and sworn to before me this 1 day of Dec., 1995
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-3-95 *, authorizing the marriage of* Jayson D. Brandenburg *and* Rachel L. Bryant *. I further certify that the following marriage certificate was filed in my office: I,* Sterling Prock *(name), certify that on* 12-3-95 *(date), at* Plainfield *in* Hendricks *County, Indiana,* Jayson D. Brandenburg *of* Morgan *County* IN *(state), and* Rachel L. Bryant *of* Hendricks *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-1-95 *. Signed by:* /s/Sterling Prock, Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-7-95 *(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. 682
File 58
12-1-95
Date of Application

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

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

MALE APPLICANT

Name: First Robert Middle W. Last Hartsock
Date of Birth: Month 8 Day 20 Year 66
Place of Birth (State or foreign country) In.
Residence Address: Street or R.R. 40 Venable Dr. City Danville County Hendricks State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 12/93
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Rec.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Krista Hartsock
6. (a) Full name of applicant's father Richard L. Hartsock
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) In.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of applicant's mother Betty J. Shaw
   (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 Robert Hartsock Date 12-1-95

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 Hartsock
New Address _____
Subscribed and sworn to before me this 1 day of Dec., 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Susie Middle M. Last Miller
Date of Birth: Month 10 Day 15 Year 77
Place of Birth (State or foreign country) In.
Residence Address: Street or R.R. 7192 E. 100 N. City Avon 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 Alan D. Miller
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) In.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of applicant's mother Teresa A. Carroll
   (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 Susie M. Miller Date 12-1-95

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Susie M Miller
New Address Same
Subscribed and sworn to before me this 1 day of Dec 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-18-95 *, authorizing the marriage of* Robert W. Hartsock *and* Susie M. Miller *. I further certify that the following marriage certificate was filed in my office: I,* Stephen M. Willis *(name), certify that on* 12-18-95 *(date), at* Danville *in* Hendricks *County, Indiana,* Robert W. Hartsock *of* Hendricks *County* IN *(state), and* Susie M. Miller *of* Hendricks *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 11-1-95 *. Signed by:* Stephen M. Willis *,* Preacher *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-20-95 *(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. 683
File 58
12-6-95
Date of Application

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

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

MALE APPLICANT

Name: First Steven Middle A. Last Schipp
Date of Birth: Month 8 Day 14 Year 67
Place of Birth (State or foreign country): In.
Residence Address: 3130 Bentwood Cir Street or R.R. #B 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 Exc.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Bradley A. Schipp
   (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 Emma D Auby
   (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 Steven A Schipp Date 12-6-95

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 Schipp
New Address _____
Subscribed and sworn to before me this 6th day of Dec. , 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 Fulton
Date of Birth: Month 3 Day 4 Year 70
Place of Birth (State or foreign country): In.
Residence Address: 1805 W. Co. Rd. 500 N. Street or R.R. City Brazil 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 Exc

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 E. Fulton
   (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 Vickie L. LeKulve
   (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 Fulton Date 12-6-95

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 Fulton
New Address Same
Subscribed and sworn to before me this 6th day of Dec. , 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-16-95 *, authorizing the marriage of* Steven A. Schipp *and* Jennifer L. Fulton *. I further certify that the following marriage certificate was filed in my office: I,* Wilfred E. Day *(name), certify that on* 12-16-95 *(date), at* Brownsburg *in* Hendricks *County, Indiana,* Steven A. Schipp *of* Marion *County* IN *(state), and* Jennifer L. Fulton *of* Hendricks *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-6-95 *. Signed by:* /s/ Wilfred E. Day *,* Catholic Priest *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-19-95 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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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. 684
File 58
12-6-95
Date of Application

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

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

MALE APPLICANT

Name: First Allen Middle L. Last Lane
Date of Birth: Month 2 Day 13 Year 50
Place of Birth (State or foreign country): In.
Residence Address: Street or R.R. Same City County State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 9/95
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Lane
   (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 Margaret M. Nolan
   (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 Allen Lee Lane Date 12-6-95

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Allen Lee Lane
New Address _____
Subscribed and sworn to before me this 6th day of Dec., 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 E. Last Serles
Date of Birth: Month 2 Day 7 Year 59
Place of Birth (State or foreign country): In.
Residence Address: 10338 4th St. Street or R.R. Indpls City Hendricks County In. State 46234
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 8/85
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. Amber Serles. Zach Serles
6. (a) Full name of applicant's father Elgin M. Butledge
   (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 Lucille E. Snyder
   (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 Sharon Serles Date 12-6-95

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 Serles
New Address same
Subscribed and sworn to before me this 6th day of Dec., 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-6-95 *, authorizing the marriage of* Allen L. Lane *and* Sharon E. Serles *. I further certify that the following marriage certificate was filed in my office: I,* Darrell King *(name), certify that on* 12-6-95 *(date), at* Indianapolis *in* Marion *County, Indiana,* Allen L. Lane *of* Hendricks *County* IN *(state), and* Sharon E. Serles *of* Hendricks *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-6-95 *. Signed by:* /s/ Darrell King *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-12-95 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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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. 685
File 58
12-7-95
Date of Application

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

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

MALE APPLICANT

Name: First Andrew Middle J. Last Clark
Date of Birth: Month 6 Day 30 Year 55
Place of Birth (State or foreign country) In.
Residence Address: Street or R.R. Same → City County State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 6/88
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X [signature] Date 12-7-95

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 7th day of Dec., 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Brenda Middle D. Last Howard
Date of Birth: Month 1 Day 27 Year 61
Place of Birth (State or foreign country) In.
Residence Address: Street or R.R. P.O. Box 532 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 5/94
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Joshua Howard, Amber Howard
6. (a) Full name of applicant's father William E. Sherman
   (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 Myrna J. Carter
   (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 Brenda D. Howard Date 12-7-95

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Brenda D. Howard
New Address Same
Subscribed and sworn to before me this 7th day of Dec., 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-7-95 *, authorizing the marriage of* Andrew J. Clark *and* Brenda D. Howard *. I further certify that the following marriage certificate was filed in my office: I,* Cindy Spence *(name), certify that on* 12-7-95 *(date), at* Danville *in* Hendricks *County, Indiana,* Andrew J. Clark *of* Hendricks *County* IN *(state), and* Brenda D. Howard *of* Hendricks *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-7-95 *.*
Signed by: /s/ Cindy Spence 1st Deputy Clerk *(official designation)*
Filed and recorded in accordance with the laws of the State of Indiana on 12-7-95 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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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. 686

File 58

12-7-95 Date of Application

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

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

MALE APPLICANT

Name: First Lawrence Middle E. Last Feeney

Date of Birth: Month 9 Day 6 Year 70

Place of Birth (State or foreign country) In

Residence Address: 8295 E. Mallory Rd Street or R.R. Brown Twp City Kendallville County In. State

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 7/88

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) D.L. Xerox

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Feeney
6. (a) Full name of applicant's father Wm. J. Feeney
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of applicant's mother Mary J. Williams
   (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 Lawrence E. Feeney Date 12-7-95

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Lawrence E. Feeney

New Address Same

Subscribed and sworn to before me this 7th day of Dec., 19 95

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 M. Last Feagan

Date of Birth: Month 8 Day 6 Year 73

Place of Birth (State or foreign country) In.

Residence Address: 736 Br Street or R.R. Rochester City Logansport County Cass State In. 46240

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

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

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

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

ACKNOWLEDGMENT

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

Signature of Applicant X Heather M. Feagan Date 12-7-95

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

Clerk of Court X _____ Date 12-7-95

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Heather M. Feagan

New Address _____

Subscribed and sworn to before me this 7 day of Dec., 19 95

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-9-95 *, authorizing the marriage of* Lawrence E. Feeney *and* Heather M. Feagan *. I further certify that the following marriage certificate was filed in my office: I,* Tim Crouse *(name), certify that on* 12-9-95 *(date), at* Indianapolis *in* Marion *County, Indiana,* Lawrence E. Feeney *of* Hendricks *County* IN *(state), and* Heather M. Feagan *of* Marion *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-7-95 *. Signed by:* /s/ Tim Crouse *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-14-95 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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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. 687
File 58
12-8-95
Date of Application

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

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

MALE APPLICANT

Name: First Larry Middle L. Last Dockery
Date of Birth: Month 2 Day 20 Year 60
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 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 10/85
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr Slip.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Kenzo Dockery
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Ky.
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of applicant's mother Dorothy D. Despain
   (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 Larry L Dockery Date 12-8-95

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 L Dockery
New Address _____
Subscribed and sworn to before me this 8th day of Dec., 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Joanne Middle J. Last Daily
Date of Birth: Month 4 Day 3 Year 60
Place of Birth (State or foreign country) Ia.
Residence Address: Street or R.R. 676 Cobblestone Rd City Pittsford County Hendricks State Ia.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 7/95
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr Slip

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Wesley Livingston, Steven Brizendine, Megan Richardson, Jade Daily, William P. Dukes
6. (a) Full name of applicant's father William P. Dukes
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Ia.
   (b) Full maiden name of applicant's mother Helen E. Vaughn
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Ia.
   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 Joanne J. Daily Date 12-8-95

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Joanne J. Daily
New Address Same
Subscribed and sworn to before me this 8th day of Dec., 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-8-95 *, authorizing the marriage of* LARRY L DOCKERY *and* JOANNE T DAILY *. I further certify that the following marriage certificate was filed in my office: I,* CONNIE LAWSON *(name), certify that on* 12-9-95 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* LARRY L DOCKERY *of* HENDRICKS *County* INDIANA *(state), and* JOANNE T DAILY *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:* JACQUELINE A MEANS PRIEST *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-9-95 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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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. 688
File 58
12-8-95
Date of Application

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

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

MALE APPLICANT

Name: First Bradley Middle H. Last Cheek
Date of Birth: Month 10 Day 14 Year 68
Place of Birth (State or foreign country) In.
Residence Address: Street or R.R. same → City County State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 3/95
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Slic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Douglas Cheek, Jacob Cheek
6. (a) Full name of applicant's father Joseph H. Cheek
   (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 Alberta R. Chance
   (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 Bradley H. Cheek Date 12-8-95

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Bradley H. Cheek
New Address _____
Subscribed and sworn to before me this 8th day of Dec., 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 L. Last Esch
Date of Birth: Month 12 Day 11 Year 66
Place of Birth (State or foreign country) In.
Residence Address: Street or R.R. 2217 Navajo Dr. City Indpls County Hendricks State In. 46254
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 12/93
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Slic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Dylan Esch
6. (a) Full name of applicant's father Leroy C. Bartlett
   (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 Peggy L. Hamilton
   (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 Candice L Esch Date 12-8-95

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Candice L Esch
New Address Same
Subscribed and sworn to before me this 8th day of Dec., 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-11-95 *, authorizing the marriage of* Bradley H. Cheek *and* Candice L. Esch *. I further certify that the following marriage certificate was filed in my office: I,* Danny Vaughn *(name), certify that on* 12-11-95 *(date), at* Avon *in* Hendricks *County, Indiana,* Bradley H. Cheek *of* Hendricks *County* IN *(state), and* Candice L. Esch *of* Hendricks *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-8-95 *. Signed by:* /s/ Danny Vaughn *,* Judge, P.T. *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-14-95 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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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. 689
File 58
12-8-95
Date of Application

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

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

MALE APPLICANT

Name: First Christopher Middle L. Last Mrozinski
Date of Birth: Month 1 Day 12 Year 75
Place of Birth (State or foreign country): In.
Residence Address: Street or R.R. Same → City County State
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Kenneth J. Mrozinski
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) In. Wi.
   Birthplace of father (State or foreign country)
   (b) Full maiden name of applicant's mother Loretta J. Ulrich
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) In. Wi.
   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 Christopher L Mrozinski Date 12-8-95

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 L Mrozinski
New Address _____
Subscribed and sworn to before me this 8th day of Dec., 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 C. Last Dixon
Date of Birth: Month 5 Day 9 Year 67
Place of Birth (State or foreign country): In.
Residence Address: Street or R.R. 214 W. Main St City Clayton County Hendricks State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 10/94
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Rec.

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Michelle Dixon Date 12-8-95

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 Dixon
New Address Same
Subscribed and sworn to before me this 8th day of Dec., 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-8-95 *, authorizing the marriage of* Christopher L. Mrozinski *and* Michelle C. Dixon *. I further certify that the following marriage certificate was filed in my office: I,* Cindy Spence *(name), certify that on* 12-8-95 *(date), at* Danville *in* Hendricks *County, Indiana,* Christopher L. Mrozinski *of* Hendricks *County* IN *(state), and* Michelle C. Dixon *of* Hendricks *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-8-95 *.*
Signed by: /s/ Cindy Spence 1st Deputy Clerk *(official designation)*
Filed and recorded in accordance with the laws of the State of Indiana on 12-8-95 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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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. 690
File 58
12-8-95
Date of Application

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

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

MALE APPLICANT

Name: First Keith Middle K. Last Antell
Date of Birth: Month 3 Day 9 Year 60
Place of Birth (State or foreign country) Ia.
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 6/92
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr's Rec.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 K. Antell
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Ia.
   Birthplace of father (State or foreign country) Ia.
   (b) Full maiden name of applicant's mother Patricia A. Dickerson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   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 K Antell Date 12-8-95

The above applicant has objected to verifying by 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 X K Antell
New Address _____
I swear/affirm that the information given in this application is true and correct.
Subscribed and sworn to before me this 8th day of Dec., 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 A. Last Carpenter
Date of Birth: Month 8 Day 29 Year 48
Place of Birth (State or foreign country) Wis.
Residence Address: Street or R.R. 1149 Richfield Dr. City Danville County Hendricks State Ia.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr's Rec.

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Melinda Carpenter Date 12-8-95

The above applicant has objected to verifying by 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 X Melinda Carpenter
New Address Same
I swear/affirm that the information given in this application is true and correct.
Subscribed and sworn to before me this 8th day of Dec., 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-8-95 *, authorizing the marriage of* Keith K. Antell *and* Melinda A. Carpenter *. I further certify that the following marriage certificate was filed in my office: I,* John Roof *(name), certify that on* 12-30-95 *(date), at* Indianapolis *in* Marion *County, Indiana,* Keith K. Antell *of* Hendricks *County* Indiana *(state), and* Melinda A. Carpenter *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* 12-8-95 *. Signed by:* /s/ John Roof *,* Reverend *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-8-96 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 691

HENDRICKS County

File

12-11-95
Date of Application

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

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 11.14.95
Name of Physician DR. LEECH

MALE APPLICANT

Name: First RYAN S. Middle SALLEE Last

Date of Birth: Month JANUARY Day 22 Year 1973

Place of Birth (State or foreign country) INDIANA

Residence Address: Street or R.R. 511 ENDERLY AVE APT 8 City BROWNSBURG, IN. 46112 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) 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.

6. (a) Full name of applicant's father ROBERT L. SALLEE
   (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 L. NICCUM
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) INDIANA
   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 Ryan S. Sallee Date 12/11/95

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Ryan S. Sallee
New Address SAME AS ABOVE

Subscribed and sworn to before me this 11 day of DEC, 19 95

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 LYNN Last SWINFORD

Date of Birth: Month APRIL Day 16 Year 1976

Place of Birth (State or foreign country) INDIANA

Residence Address: Street or R.R. 511 ENDERLY AVE APT 8 City BROWNSBURG, IN 46112 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 THOMAS J. SWINFORD
   (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 BARBARA JEAN SPENCER
   (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 Heather Swinford Date 12/11/95

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Heather Swinford
New Address SAME AS ABOVE

Subscribed and sworn to before me this 11 day of DEC, 19 95

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-11-95 *, authorizing the marriage of* Ryan S. Sallee *and* Heather L. Swinford *. I further certify that the following marriage certificate was filed in my office: I,* Stephen Jay Thompson *(name), certify that on* 12-23-95 *(date), at* Brownsburg *in* Hendricks *County, Indiana,* Ryan S. Sallee *of* Hendricks *County* Indiana *(state), and* Heather L. Swinford *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* 1-2-96 *. Signed by:* /s/ Stephen Jay Thompson *,* Bishop *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-2-96 *(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. 692
File 58
12-12-95 Date of Application

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

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

MALE APPLICANT

Name: First David Middle C. Last Darby, Jr.
Date of Birth: Month 1 Day 8 Year 69
Place of Birth (State or foreign country) OK.
Residence Address: 7274 Lakeside Woods Dr. Street or R.R. Brownsburg City Hendricks County IN State
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that 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 C. Darby, Jr. Date 12-12-95

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 C. Darby, Jr.
New Address _____
Subscribed and sworn to before me this 12th day of Dec., 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 K. Last Rutledge
Date of Birth: Month 1 Day 14 Year 71
Place of Birth (State or foreign country) In.
Residence Address: 755 Bookhunter Dr. Street or R.R. Plainfield City Hendricks County In State
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 C. Rutledge
   (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 Rosemary Harris
   (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 Julie R. Rutledge Date 12-12-95

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Julie R. Rutledge
New Address Same
Subscribed and sworn to before me this 12th day of Dec., 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-15-95 *, authorizing the marriage of* David C. Darby, Jr. *and* Julie R. Rutledge *. I further certify that the following marriage certificate was filed in my office: I,* Robert F. Carter *(name), certify that on* 12-15-95 *(date), at* Plainfield *in* Hendricks *County, Indiana,* David C. Darby, Jr. *of* Marion *County* IN *(state), and* Julie R. Rutledge *of* Hendricks *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-12-95 *. Signed by:* /s/ Robert F. Carter *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-19-95 *(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. 693
File 58
12-13-95
Date of Application

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

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

MALE APPLICANT

Name: First Donal Middle K. Last Payne
Date of Birth: Month 9 Day 30 Year 43
Place of Birth (State or foreign country): La.
Residence Address: Street or R.R. Same → City County State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 10/87
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.
6. (a) Full name of applicant's father Melburne W. Payne
   (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 Vera Wood
   (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 Donal K. Payne Date 12-13-95

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Donal K. Payne
New Address _____
Subscribed and sworn to before me this 13th day of December, 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 S. Last Garnett
Date of Birth: Month 1 Day 22 Year 50
Place of Birth (State or foreign country): Ar.
Residence Address: Street or R.R. 123 Lincoln Ave. City Brburg County Hendricks State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1/89
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 Ernest E. Garnett, Jr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Ar.
   (b) Full maiden name of applicant's mother Erma J. Austin
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Mtn. H.
   Birthplace of mother (State or foreign country) In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that 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 S. Garnett Date 12-13-95

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date 12-13-95

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Karen S. Garnett
New Address Same
Subscribed and sworn to before me this 13th day of Dec., 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-13-95 *, authorizing the marriage of* Donal K. Payne *and* Karen S. Garnett *. I further certify that the following marriage certificate was filed in my office: I,* Paul R. Dunklau *(name), certify that on* 12-22-95 *(date), at* Noblesville *in* Hamilton *County, Indiana,* Donal K. Payne *of* Hendricks *County* Indiana *(state), and* Karen S. Garnett *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* 12-13-95 *. Signed by:* /s/ Rev. Paul Dunklau *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-5-96 *(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. 694

File

12-13-95
Date of Application

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

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Broad Ripple Family Phys.

MALE APPLICANT

Name: First Edward Middle N. Last Blackard

Date of Birth: Month 5 Day 31 Year 54

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 2325 E. Main St. City Plfld County Hendricks State IN

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

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

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. Curtis Manuel Blackard, Jonah Neal Blackard
6. (a) Full name of applicant's father Julian H. Blackard
   (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 Sarah E. Stephenson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plfld IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

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

Signature of Applicant X Edward Blackard Date 12-13-95

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Edward Blackard
New Address Same

Subscribed and sworn to before me this 13 day of Dec., 19 95

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Christy Middle L. Last Mannis

Date of Birth: Month 1 Day 20 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 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 3-9-95

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Megan Patricia Ann Mannis, Cody Allen Mannis
6. (a) Full name of applicant's father Harry E. Sinclair
   (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 Lola B. Cummins
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indpls. IN
   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 Christy L. Mannis Date 12-13-95

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Christy L. Mannis
New Address _____

Subscribed and sworn to before me this 13 day of Dec., 19 95

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-13-95 *, authorizing the marriage of* Edward N. Blackard *and* Christy L. Mannis *. I further certify that the following marriage certificate was filed in my office: I,* Ted D. Stephenson *(name), certify that on* 12-19-95 *(date), at* Indianapolis *in* Marion *County, Indiana,* Edward N. Blackard *of* Hendricks *County* Indiana *(state), and* Christy L. Mannis *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* 12-13-95 *. Signed by:* /s/ Ted D. Stephenson *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-16-96 *(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. 695
File 58
12-13-95
Date of Application

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

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

MALE APPLICANT

Name: First Steven Middle A. Last Holloway
Date of Birth: Month 11 Day 6 Year 65
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. Joseph A. Holloway

6. (a) Full name of applicant's father Clayton E. Holloway
   (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 Jane J. Donovan
   (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 Steve A. Holloway Date 12-13-95

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Steve A. Holloway
New Address _____

Subscribed and sworn to before me this 13th day of Dec, 1995
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

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

FEMALE APPLICANT

Name: First Martha Middle A. Last Rigdon
Date of Birth: Month 12 Day 9 Year 69
Place of Birth (State or foreign country) In.
Residence Address: Street or R.R. 10297 Pawnee Dr. City Indpls. County Hendricks State In. 46234
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 8/89
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. Shawn Davis

6. (a) Full name of applicant's father Charles E. Rigdon
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Ga.
   Birthplace of father (State or foreign country) Ga.
   (b) Full maiden name of applicant's mother Lucy Ashley
   (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 Martha A. Rigdon Date 12-13-95

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Martha A. Rigdon
New Address same

Subscribed and sworn to before me this 13th day of Dec, 1995
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-13-95 *, authorizing the marriage of* Steven A. Holloway *and* Martha A. Rigdon *. I further certify that the following marriage certificate was filed in my office: I,* Rev. Kenneth Smith *(name), certify that on* 12-30-95 *(date), at* Indianapolis *in* Marion *County, Indiana,* Steven A. Holloway *of* Marion *County* Indiana *(state), and* Martha A. Rigdon *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* 12-13-95 *. Signed by:* /s/ Rev Kenneth Smith *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-12-96 *(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. 496
File 58
12-15-95 Date of Application

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

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

MALE APPLICANT

Name: First Anthony Middle C Last Hullinger
Date of Birth: Month 11 Day 9 Year 71
Place of Birth (State or foreign country): In.
Residence Address: 4600 Westbrook 311 Street or R.R. Brooklyn City Cuyahoga County State Oh.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr Lic.

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

6. (a) Full name of applicant's father James F. Hullinger
   (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 Sharon K. Stucky
   (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 X Anthony C. Hullinger Date 12-15-95

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 C. Hullinger
New Address _____
Subscribed and sworn to before me this 15 day of Dec, 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 A. Last Jones
Date of Birth: Month 5 Day 29 Year 73
Place of Birth (State or foreign country): In.
Residence Address: 8057 Barbara Dr. Street or R.R. Brownsburg City Hendricks County State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr Lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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. Jones
   (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 Eleanor M. Conroy
   (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 Pamela A. Jones Date 12-15-95

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Pamela A. Jones
New Address Same
Subscribed and sworn to before me this 15 day of Dec, 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-15-95 *, authorizing the marriage of* Anthony Charles Hullinger *and* Pamela Anne Jones *. I further certify that the following marriage certificate was filed in my office: I,* Wildred E. Day *(name), certify that on* 1-13-96 *(date), at* Brownsburg *in* Hendricks *County, Indiana,* Anthoney Charles Hullinger *of* Cuyahoga *County* Ohio *(state), and* Pamela Anne 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* 12-15-95 *.*
Signed by: /s/ Wilfred E. Day Priest *(official designation)*
Filed and recorded in accordance with the laws of the State of Indiana on 1-17-96 *(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. 697
File 58
12-15-95
Date of Application

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

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

MALE APPLICANT

Name: First Anthony Middle J. Last Oliver
Date of Birth: Month 3 Day 16 Year 58
Place of Birth (State or foreign country) Mi.
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 Rice

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Anthony Oliver Jr Date 12-15-95

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 Oliver Jr
New Address _____
Subscribed and sworn to before me this 15 day of Dec., 1995
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Petra Middle H. Last Hauser
Date of Birth: Month 6 Day 10 Year 70
Place of Birth (State or foreign country) In.
Residence Address: Street or R.R. 235 E. Main St. #19 City Pnfld 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) Dr. Rice

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Bernadette Oliver, Katie Oliver, Jessica Oliver
6. (a) Full name of applicant's father Peter H. Hauser
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) In.
   Birthplace of father (State or foreign country) Germany
   (b) Full maiden name of applicant's mother Barbara A. Zumbaum
   (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).
Signature of Applicant X Petra Bushon Date 12-15-95

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Petra Bushon
New Address None
Subscribed and sworn to before me this 15 day of Dec., 1995
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-15-96 *, authorizing the marriage of* Anthony Oliver Jr. *and* Petra H. Hauser *. I further certify that the following marriage certificate was filed in my office: I,* Gary D. Houston *(name), certify that on* 12-29-95 *(date), at* Indianapolis *in* Marion *County, Indiana,* Anthony Oliver Jr. *of* Hendricks *County* Indiana *(state), and* Petra H. Hauser *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* 12-15-95 *. Signed by:* /s/ Gary D. Houston *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-5-96 *(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. 698
File 58
12-18-95
Date of Application

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

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

MALE APPLICANT

Name: First James Middle C. Last Noon
Date of Birth: Month 2 Day 20 Year 63
Place of Birth (State or foreign country) N.J.
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 3/94
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Slie

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that 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 C Noon Date 12-18-95

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 C Noon
New Address _____
Subscribed and sworn to before me this 18 day of Dec, 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Susan Middle _____ Last Menne
Date of Birth: Month 12 Day 15 Year 65
Place of Birth (State or foreign country) Philippines
Residence Address: Street or R.R. 1705 Wellington Ct. City Plfld County Hendricks State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 9/95
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. Philip Menne, Alyssa Menne, Julia Menne
6. (a) Full name of applicant's father Soter Cabuenas
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) deceased NOVALICHES, Q.C. PHILLIPINES
   Birthplace of father (State or foreign country) Roman, Philippines
   (b) Full maiden name of applicant's mother Esperesa Martirina
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) deceased CARDONA, RIZAL
   Birthplace of mother (State or foreign country) Roman, Philippines

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Susan Menne Date 12-18-95

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Susan Menne
New Address Same
Subscribed and sworn to before me this 18th day of Dec, 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-18-95 *, authorizing the marriage of* James C. Noon *and* Susan Menne *. I further certify that the following marriage certificate was filed in my office: I,* Cindy Spence *(name), certify that on* 12-18-95 *(date), at* Danville *in* Hendricks *County, Indiana,* James C. Noon *of* Hendricks *County* IN *(state), and* Susan Menne *of* Hendricks *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-18-95 *. Signed by:* /s/ Cindy Spence *,* 1st Deputy Clerk *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-20-95 *(date).*

Connie Lawson
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

HENDRICKS County

No. 699
File 58
12-18-95
Date of Application

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

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

MALE APPLICANT

Name: First Thomas Middle E. Last Walker
Date of Birth: Month 6 Day 2 Year 60
Place of Birth (State or foreign country) In.
Residence Address: Street or R.R. same → City County State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 12/85
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that 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. Walker Date 12-18-95

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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. Walker
New Address _____
Subscribed and sworn to before me this 18 day of Dec., 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 Kelly
Date of Birth: Month 4 Day 4 Year 67
Place of Birth (State or foreign country) In.
Residence Address: Street or R.R. 510 S. Center St. #8 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 6/90
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr Rice

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Kelly, Dillon Robinson
6. (a) Full name of applicant's father John W. Stracker
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) Wi
   (b) Full maiden name of applicant's mother Joyce A. Rounds
   (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 Melissa A Kelly Date 12-18-95

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 A Kelly
New Address Same
Subscribed and sworn to before me this 18 day of Dec., 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-18-95 *, authorizing the marriage of* Thomas E. Walker *and* Melissa A. Kelly *. I further certify that the following marriage certificate was filed in my office: I,* Bennie B. Coffey *(name), certify that on* 1-1-96 *(date), at* Acton *in* Marion *County, Indiana,* Thomas E. Walker *of* Hendricks *County* Indiana *(state), and* Melissa A. Kelly *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* 12-18-95. *Signed by:* /s/ Bennie B. Coffey Ordained Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-9-96 *(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. 700

File 58

12-18-95
Date of Application

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

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

MALE APPLICANT

Name: First Michael Middle J. Last Harris, Jr.
Date of Birth: Month 3 Day 29 Year 74
Place of Birth (State or foreign country) In.
Residence Address: Street or R.R. 725 Sunset Dr. City Danville County Hendricks State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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. Harris, Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) In.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of applicant's mother Dona Rouse
   (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 Michael J Harris J Date 12-18-95

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

Clerk of Court _____ 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 J Harris J
New Address Same

Subscribed and sworn to before me this 18 day of Dec., 19 95

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Sarah Middle A. Last Geiss
Date of Birth: Month 12 Day 15 Year 76
Place of Birth (State or foreign country) In.
Residence Address: Street or R.R. 7832 Hughes Rd. City North Salem County Hendricks State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 P. Geiss
   (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 Dona S. Combs
   (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 Sarah A. Geiss Date 12-18-95

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

Clerk of Court _____ 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 A. Geiss
New Address _____

Subscribed and sworn to before me this 18 day of Dec., 19 95

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-18-95 *, authorizing the marriage of* Michael J. Harris, Jr. *and* Sarah A. Geiss *. I further certify that the following marriage certificate was filed in my office: I,* John P. Roof *(name), certify that on* 1-20-96 *(date), at* Danville *in* Hendricks *County, Indiana,* Michael Hohn Harris, Jr. *of* Hendricks *County* Indiana *(state), and* Sarah Ann Geiss *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* 12-18-95 *. Signed by:* /s/ John P. Roof *,* Priest *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-22-96 *(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. 701
File 58
12-18-95
Date of Application

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

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

MALE APPLICANT	FEMALE APPLICANT
Name: First Timothy Middle D. Last Brackin	Name: First Tammy Middle M. Last Jacobs
Date of Birth: Month 10 Day 24 Year 66	Date of Birth: Month 1 Day 7 Year 76
Place of Birth (State or foreign country): In.	Place of Birth (State or foreign country): In.
Residence Address: Street or R.R. Same → City County State	Residence Address: Street or R.R. 725 W. William Dr. City Bkburg County Hendricks State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages	Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date	Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) DL Lic	Date of birth verified by: ☒ Birth Certificate ☒ Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐	1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐	2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐	4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.	5. List the full names of any dependent children. Mackenzie Jacobs
6. (a) Full name of applicant's father Cecil R. Brackin	6. (a) Full name of applicant's father Kevin D. Jacobs
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) In.	Residence of father (if deceased, so state) In.
Birthplace of father (State or foreign country) In.	Birthplace of father (State or foreign country) In.
(b) Full maiden name of applicant's mother Georgia A. Beck	(b) Full maiden name of applicant's mother Joyce A. McCauley
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) In.	Residence of mother (if deceased, so state) In.
Birthplace of mother (State or foreign country) 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 D. Brackin Date 12-18-95

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

Clerk of Court _____ 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 D. Brackin
New Address _____
Subscribed and sworn to before me this 18 day of Dec., 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other 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 Tammy M. Jacobs Date 12-18-95

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

Clerk of 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 M. Jacobs
New Address Same
Subscribed and sworn to before me this 18 day of Dec., 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-18-95 *, authorizing the marriage of* Timothy D. Brackin *and* Tammy M. Jacobs *. I further certify that the following marriage certificate was filed in my office: I,* Andrew D. Kinsey *(name), certify that on* 1-6-96 *(date), at* Brownsburg *in* Hendricks *County, Indiana,* Timothy D. Brackin *of* Hendricks *County* Indiana *(state), and* Tammy M. Jacobs *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* 12-18-95 *. Signed by:* /s/ Andrew D. Kinsey *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-10-96 *(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. 702
File 58
12-19-95
Date of Application

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

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

MALE APPLICANT

Name: First Rex Middle Allen Last Ward
Date of Birth: Month 5 Day 1 Year 58
Place of Birth (State or foreign country): In.
Residence Address: Street or R.R. Home → City County State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 9/91
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. Brent Ward, Andrea Ward
6. (a) Full name of applicant's father Herbert E. Ward
   (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 Dorothy Harris
   (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 Rex A Ward Date 12-19-95

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Rex A Ward
New Address Home
Subscribed and sworn to before me this 19 day of Dec., 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 Ann Last Pittman
Date of Birth: Month 1 Day 24 Year 56
Place of Birth (State or foreign country): In.
Residence Address: Street or R.R. 529 Willow Dr. City Danville County Hendricks State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 5/95
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr Lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Zoe Mariah Rothin, Joshua Rothin, Sarah Rothin
6. (a) Full name of applicant's father Ben F. Jones Jr.
   (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 Debra P. Kelly
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) In.
   Birthplace of mother (State or foreign country) Mo.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Betty A. Pittman Date 12-19-95

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Betty A. Pittman
New Address Home
Subscribed and sworn to before me this 19 day of Dec., 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-19-95 *, authorizing the marriage of* REX ALLAN WARD *and* BETTY ANN PITTMAN *. I further certify that the following marriage certificate was filed in my office: I,* CONNIE LAWSON *(name), certify that on* 12-19-95 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* REX ALLAN WARD *of* HENDRICKS *County* INDIANA *(state), and* BETTY ANN PITTMAN *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* 12-19-95. *Signed by:* REV HOWARD D ALLEN *,* ELDER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 01-02-96 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 703

HENDRICKS County

File 58

12-19-95
Date of Application

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

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

MALE APPLICANT

Name: First John Middle S. Last Testerman Jr.

Date of Birth: Month 5 Day 26 Year 65

Place of Birth (State or foreign country): Ga. Rockdale County

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

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1 August 1991

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. Cindelle Testerman, John Testerman, Jr.
6. (a) Full name of applicant's father Maurice Testerman
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) Ga.
   (b) Full maiden name of applicant's mother Frances Weiler
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Ga.
   Birthplace of mother (State or foreign country) N.D.

ACKNOWLEDGMENT

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

Signature of Applicant X [signature] Date 12-19-95

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

Clerk of Court _____ 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 Dec., 19 95

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 K. Last Worley

Date of Birth: Month 9 Day 30 Year 60

Place of Birth (State or foreign country) In.

Residence Address: 4416 Stuart Dr. Street or R.R. Bl Burg City Hendricks County In. State

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 8-93

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. Paul Worley,
6. (a) Full name of applicant's father Donald E. Gibbons
   (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 Lois A. Probst
   (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 Victoria K. Worley Date 12-19-95

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Victoria K. Worley

New Address Same

Subscribed and sworn to before me this 19 day of Dec., 19 95

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 1-800-362-8702 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

HENDRICKS County

No. 704
File 58
12-21-95
Date of Application

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

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

MALE APPLICANT

Name: First Palmer Middle C Last Hodges
Date of Birth: Month 8 Day 2 Year 38
Place of Birth (State or foreign country) Ga.
Residence Address: Street or R.R. same → City County State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 4
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1/86
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Palmer C Hodges Date 12-21-95

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Palmer C Hodges
New Address _____
Subscribed and sworn to before me this 21 day of Dec., 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Percia Middle A. Last Amedee
Date of Birth: Month 9 Day 4 Year 46
Place of Birth (State or foreign country) Ga.
Residence Address: Street or R.R. 124 Shamrock Cle. City Savannah County Chatham State Ga. 31406
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 7/82
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr Lic

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Percia Amedee Date 12-21-95

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Percia Amedee
New Address same
Subscribed and sworn to before me this 21 day of Dec., 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-21-95 *, authorizing the marriage of* PALMER C HODGES *and* PERCIA F AMEDEE *. I further certify that the following marriage certificate was filed in my office: I,* CONNIE LAWSON *(name), certify that on* 12-23-95 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* DUANE BURRIS *of* CHATHAM *County* GEORGIA *(state), and* PERCIA AMEDEE *of* CHATHAM *County* GEORGI *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-23-95 *. Signed by:* DUANE BURRIS *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* JAN 2, 1996 *(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. 705

File

12-21-95
Date of Application

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

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 11-17-95
Name of Physician THEODORE BAILEY

MALE APPLICANT

Name: First JEFFREY Middle L. Last REED
Date of Birth: Month JUNE Day 25 Year 1956
Place of Birth (State or foreign country) INDIANA
Residence Address: Street or R.R. 2 DONNELLY City BROWNSBURG County State IN. 46112
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 12-15-95
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) INDIANA IDENTIFICATION CARD

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father CLARENCE COLEMAN REED
   (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 GENEVA JANE HALL
   (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 ✕ Jeffrey L. Reed Date 12-21-95

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 L. Reed
New Address SAME AS ABOVE
Subscribed and sworn to before me this 21st day of DEC., 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 G. Last YORK
Date of Birth: Month AUGUST Day 13 Year 1951
Place of Birth (State or foreign country) INDIANA
Residence Address: Street or R.R. 2 DONNELLY DR. City BROWNSBURG County State IN 46112
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 7-82
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) INDIANA 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 MORRIS D. ISENBERG
   (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 ADIS NELL BRUMMETT
   (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 ✕ Glenda G York Date 12-21-95

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 G York
New Address SAME AS ABOVE
Subscribed and sworn to before me this 21 day of Dec, 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-21-95 *, authorizing the marriage of* JEFFREY L REED *and* GLENDA G Y ORK *. I further certify that the following marriage certificate was filed in my office: I,* CONNIE LAWSON *(name), certify that on* 12-21-95 *(date), at* CRAWFORDSVILLE *in* MONTGOMERY *County, Indiana,* JEFFREY L REED *of* HENDRICKS *County* INDIANA *(state), and* GLENDA G YORK *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* 12-21-95 *. Signed by:* CLARENCE LEE *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-21-95 *(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. 706

File 58

12-21-95
Date of Application

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

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 12-4-95
Name of Physician RICHARD FLOYD

MALE APPLICANT

Name: First MICHAEL Middle T. Last MILLER

Date of Birth: Month AUGUST Day 12 Year 1971

Place of Birth (State or foreign country) INDIANA

Residence Address: 1005 PINEWOOD Street or R.R. 1005 PINEWOOD CT S. City PLAINFIELD County State IN 46118

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

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

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) 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 female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father WILLIAM EDWARD MILLER
   (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 LULA INEZ WRIGHT
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) INDIANA
   Birthplace of mother (State or foreign country) TENN

ACKNOWLEDGMENT

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

Signature of Applicant X Michael T Miller Date 12-21-95

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

Clerk of Court _____ 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 T. Miller

New Address Same

Subscribed and sworn to before me this 21 day of Dec., 1995

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 TERESA Middle A. Last COLSON

Date of Birth: Month APRIL Day 5 Year 1973

Place of Birth (State or foreign country) USAF - W. GERMANY

Residence Address: 1350 N CO RD 475 E Street or R.R. City DANVILLE County State INDIANA 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) 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. Michael Sean Colson
6. (a) Full name of applicant's father NEIL ALLEN COLSON
   (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 A. Lee
   (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 X Teresa A. Colson Date 12-21-95

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Teresa A. Colson

New Address _____

Subscribed and sworn to before me this 21 day of Dec., 1995

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* 12-21-95 *, authorizing the marriage of* Michael T. Miller *and* Teresa A. Colson *. I further certify that the following marriage certificate was filed in my office: I,* Gary L. VanJelgerhuis *(name), certify that on* 1-13-96 *(date), at* Avon *in* Hendricks *County, Indiana,* Michael Todd Miller *of* Hendricks *County* Indiana *(state), and* Teresa Ann Colson *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* 12-21-95 *. Signed by:* /s/ Gary L. VanJelgerhuis *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-16-96 *(date).*

Signed Connie Rawson *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. 707
File 58
12-21-95
Date of Application

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

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

MALE APPLICANT

Name: First Brian Middle C. Last Arnot
Date of Birth: Month 6 Day 23 Year 71
Place of Birth (State or foreign country) In.
Residence Address: Street or R.R. 511 Dirks School 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. Bic

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Brian C. Arnot Date 12-21-95

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 C. Arnot
New Address _____
Subscribed and sworn to before me this 21 day of Dec., 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Ginger Middle N. Last Owens
Date of Birth: Month 10 Day 21 Year 72
Place of Birth (State or foreign country) In.
Residence Address: Street or R.R. 2075 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) Dr. Bic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 H. Owens
   (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 A. Kemp
   (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 Ginger N. Owens Date 12-21-95

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Ginger N. Owens
New Address same
Subscribed and sworn to before me this 21 day of Dec., 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-21-95 *, authorizing the marriage of* Brian C. Arnot *and* Ginger N. Owens *. I further certify that the following marriage certificate was filed in my office: I,* Rev. Hubert D. Searcy *(name), certify that on* 1-6-96 *(date), at* Danville *in* Hendricks *County, Indiana,* Brian C. Arnot *of* Marion *County* Indiana *(state), and* Ginger N. Owens *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* 12-21-95 *. Signed by:* /s/ Rev. Hubert D. Searcy *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-10-96 *(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. 708
File 58
12-22-95
Date of Application

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

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

MALE APPLICANT

Name: First Frederick Middle A. Last Willis
Date of Birth: Month 3 Day 9 Year 67
Place of Birth (State or foreign country): Fl.
Residence Address: Street or R.R. Same → City County State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 12/95
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Dix.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 C. Willis
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Fl.
   Birthplace of father (State or foreign country) Va.
   (b) Full maiden name of applicant's mother Ruth M. Beverly
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Fl.
   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 Frederick A. Willis Date 12-22-95

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Frederick A Willis
New Address _____
Subscribed and sworn to before me this 22 day of Dec., 1995
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 Tina Middle J. Last Burris
Date of Birth: Month 1 Day 8 Year 71
Place of Birth (State or foreign country): In.
Residence Address: Street or R.R. 598 B Ridgewood Dr. City Plfd County Hendricks State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 3/95
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Dix

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

6. (a) Full name of applicant's father John Norris
   (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 Theresa J Long
   (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 Tina J. Burris Date 12-22-95

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 J. Burris
New Address Same
Subscribed and sworn to before me this 22 day of Dec., 1995
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* 12-22-95 *, authorizing the marriage of* Frederick A. Willis *and* Tina J. Burris *. I further certify that the following marriage certificate was filed in my office: I,* James D. Spencer *(name), certify that on* 1-5-96 *(date), at* Plainfield *in* Hendricks *County, Indiana,* Frederick A. Willis *of* Hendricks *County* Indiana *(state), and* Tina J. Burris *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* 12-22-95 *. Signed by:* ~~/s/ James D. Spencer~~ *,* Judge *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-9-96 *(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. 709

HENDRICKS County

File 58

12-22-95
Date of Application

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

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

MALE APPLICANT

Name: First Jerald Middle B. Last Burnell

Date of Birth: Month 5 Day 27 Year 62

Place of Birth (State or foreign country) Ind.

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

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2/95

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children: Brock Burnell, Mark Burnell
6. (a) Full name of applicant's father Jerald W. Burnell
   (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 Martin
   (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 Jerald B Burnell Date 12-22-95

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Jerald B Burnell

New Address _____

Subscribed and sworn to before me this 22 day of Dec., 1995

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Laurie Middle A. Last Stroup

Date of Birth: Month 8 Day 7 Year 62

Place of Birth (State or foreign country) Mo.

Residence Address: Street or R.R. 1131 Crystal Ct. City Plainfield County Hendricks State Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 5/93

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. Ashley Stroup, Joshua George, Jacob Stroup
6. (a) Full name of applicant's father Revel W. Wickstrom
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) S.D.
   (b) Full maiden name of applicant's mother Anna E. Creagan
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) In.
   Birthplace of mother (State or foreign country) S.D.

ACKNOWLEDGMENT

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

Signature of Applicant X Laurie A. Stroup Date 12-22-95

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Laurie A. Stroup

New Address Same

Subscribed and sworn to before me this 22 day of Dec., 1995

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-22-95 *, authorizing the marriage of* Jerald B. Burnell *and* Laurie A. Stroup *. I further certify that the following marriage certificate was filed in my office: I,* Kenneth Smith *(name), certify that on* 12-31-95 *(date), at* Plainfield *in* Hendricks *County, Indiana,* Jerald B. Burnell *of* Hendricks *County* Indiana *(state), and* Laurie A. Stroup *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* 12-22-95 *. Signed by:* /s/ Rev. Kenneth Smith *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-8-96 *(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. 711
File 58
12-27-95
Date of Application

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

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

MALE APPLICANT

Name: First Bruce Middle K. Last Jeffrey-Smith
Date of Birth: Month 3 Day 31 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 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 8/94
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr's Rec

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that 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 K Jeffrey-Smith Date 12-27-95

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 K Jeffrey-Smith
New Address _____
Subscribed and sworn to before me this 27 day of Dec., 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 A. Last Brodhecker
Date of Birth: Month 9 Day 20 Year 52
Place of Birth (State or foreign country) In.
Residence Address: Street or R.R. 1869 Ginseng Trail City Danville County Hendricks State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr's Rec

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 A. Brodhecker
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) In.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of applicant's mother Betty J. Duck
   (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 Cheryl A Brodhecker Date 12-27-95

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Cheryl A Brodhecker
New Address Same
Subscribed and sworn to before me this 27 day of Dec., 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-27-95 *, authorizing the marriage of* Bruce K. Jeffrey-Smith *and* Cheryl A. Brodhecker *. I further certify that the following marriage certificate was filed in my office: I,* Kittie Hartfelter *(name), certify that on* 1-1-96 *(date), at* Danville *in* Hendricks *County, Indiana,* Bruce K. Jeffrey-Smith *of* Hendricks *County* Indiana *(state), and* Cheryl A. Brodhecker *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* 12-27-95 *. Signed by:* /s/ Kittie Hartfelter *,* Assoc. Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-2-96 *(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. 710

File 58

12-26-95

Date of Application

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

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

MALE APPLICANT

Name: First Terry Middle Hunter Last Wells

Date of Birth: Month Sept. Day 5 Year 1955

Place of Birth (State or foreign country): Ohio

Residence Address: Street or R.R. 1776 Village Run N. City Encinitas County State San Diego county

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

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

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

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

6. (a) Full name of applicant's father Van Devender Wells
   (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 Josephine Palmer
   (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 ✗ Terry Hunter Wells Date Dec 26, '95

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed ✗ Terry Hunter Wells

New Address 1276 Village Run N, Encinitas CA

Subscribed and sworn to before me this 26 day of December, 19 95

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 Sue Last Brummel

Date of Birth: Month 5 Day 31 Year 53

Place of Birth (State or foreign country): California

Residence Address: Street or R.R. 1776 Village Run N. City Encinitas County San Diego State Calif.

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

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

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

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

6. (a) Full name of applicant's father Robert Allen Brummel
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) California
   Birthplace of father (State or foreign country)
   (b) Full maiden name of applicant's mother Patsy Lee Hale
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) California
   Birthplace of mother (State or foreign country) Los Angeles

ACKNOWLEDGMENT

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

Signature of Applicant ✗ [signature] Date 12-26-95

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

Clerk of 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 [illegible] Encinitas Ca. 92024

Subscribed and sworn to before me this 26 day of December, 19 95

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-26-95 *, authorizing the marriage of* Terry H. Wells *and* Crystal S. Brummel *. I further certify that the following marriage certificate was filed in my office: I,* Karen M Love *(name), certify that on* 12-26-95 *(date), at* Avon *in* Hendricks *County, Indiana,* Terry H. Wells *of* San Diego *County* CA. *(state), and* Crystal S. Brummel *of* San Diego *County* CA. *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-26-95 *. Signed by:* /s/ Karen M. Love Judge *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-27-95 *(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. 714
File 58
12/27/95 Date of Application

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

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

MALE APPLICANT

Name: First Alan Middle W. Last Coffey II

Date of Birth: Month 9 Day 7 Year 74

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. Slc

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

6. (a) Full name of applicant's father Alan W. Coffey, Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) In.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of applicant's mother Deborah J. Hutchison
   (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 Alan W Coffey II Date 12-27-95

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Alan W Coffey II
New Address _____

Subscribed and sworn to before me this 27 day of Dec., 19 95

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 M. Last Wideman

Date of Birth: Month 7 Day 16 Year 74

Place of Birth (State or foreign country) In.

Residence Address: Street or R.R. 2 125 E. Edgewood St. 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

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

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

6. (a) Full name of applicant's father Robert D. Wideman
   (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 Erlene Burns
   (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 Rhonda M. Wideman Date 12-27-95

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

Clerk of Court _____ 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 M. Wideman
New Address same

Subscribed and sworn to before me this 27 day of Dec., 19 95

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-27-95 *, authorizing the marriage of* ALAN W COFFEY II *and* RHONDA M WIDEMAN *. I further certify that the following marriage certificate was filed in my office: I,* CONNIE LAWSON *(name), certify that on* 12-27-95 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* ALAN W COFFEY II *of* HENDRICKS *County* INDIANA *(state), and* RHONDA M WIDEMAN *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* 12-27-95 *. Signed by:* REVEREND JERRY G VANLUE *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-02-96 *(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. 712
File 58
12-27-95
Date of Application

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

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

MALE APPLICANT

Name: First John Middle W. Last Chasteen
Date of Birth: Month 11 Day 6 Year 72
Place of Birth (State or foreign country): In.
Residence Address: 3078 S. 6. Rd. 101 E. 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) Dr. Lic

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X John W. Chasteen Date 12-27-95

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X John W. Chasteen
New Address _____
Subscribed and sworn to before me this 27 day of Dec., 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Holly Middle L. Last Shaner
Date of Birth: Month 9 Day 15 Year 74
Place of Birth (State or foreign country): In.
Residence Address: 751 Sundown Circle P. Ind. Street or R.R. 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 Robert E. Shaner
   (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 Shirley A. Custis
   (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 Holly Shaner Date 12-27-95

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Holly Shaner
New Address 1191 E. C.R. 500 N. Danville
Subscribed and sworn to before me this 27 day of Dec., 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-27-95 *, authorizing the marriage of* John W. Chasteen *and* Holly L. Shaner *. I further certify that the following marriage certificate was filed in my office: I,* Stevan W. Ranson *(name), certify that on* 12-30-95 *(date), at* Clayton *in* Hendricks *County, Indiana,* John W. Chasteen *of* Hendricks *County* Indiana *(state), and* Holly L. Shaner *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* 12-27-95 *. Signed by:* /s/ Stevan W. Ranson *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-4-96 *(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. 713

File 58

12-27-95
Date of Application

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

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

MALE APPLICANT

Name: First Fernando Middle L. Last Dejesus

Date of Birth: Month 5 Day 7 Year 34

Place of Birth (State or foreign country) Puerto Rico

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

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 12/95

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

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

ACKNOWLEDGMENT

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

Signature of Applicant X Fernando Luis Dejesus Date 12-27-95

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Fernando Luis Dejesus

New Address _____

Subscribed and sworn to before me this 27 day of Dec., 19 95

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 J. Last Goen

Date of Birth: Month 11 Day 22 Year 33

Place of Birth (State or foreign country) In.

Residence Address: Street or R.R. 1326 Clara St. City Rlfld County Hendricks State In. 46168

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

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 1/95

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 J. Davis
   (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 Florie Camp
   (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 Rebecca Goen Date 12-27-95

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

Clerk of Court _____ 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 Goen

New Address Same

Subscribed and sworn to before me this 27 day of Dec., 19 95

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-27-95 *, authorizing the marriage of* Fernando L. Dejesus *and* Rebecca J. Goen *. I further certify that the following marriage certificate was filed in my office: I,* Michieal E. Hammond *(name), certify that on* 12-30-95 *(date), at* Plainfield *in* Hendricks *County, Indiana,* Fernando L. Dejesus *of* Hendricks *County* Indiana *(state), and* Rebecca J. Goen *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* 12-27-95 *. Signed by:* /s/ Michieal E. Hammond *,* Bishop *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-8-96 *(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. 715
File 58
12-27-95
Date of Application

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

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

MALE APPLICANT

Name: First Ermil Middle R. Last Bush
Date of Birth: Month 3 Day 16 Year 31
Place of Birth (State or foreign country): In.
Residence Address: 1648 N. CO Rd. 600 E. 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 1/94
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.
6. (a) Full name of applicant's father Aubrey O. Bush
   (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 E. Wheeley
   (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 Ermil R. Bush Date 12-27-95

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Ermil R. Bush 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 27 day of Dec, 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Kathie Middle J. Last Kohl
Date of Birth: Month 6 Day 22 Year 44
Place of Birth (State or foreign country): In.
Residence Address: 3675 Creston Dr. Street or R.R. Indpls City Marion County 46222 State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 4/94
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Harry Record
   (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 Elsie B. Petry
   (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 Kathie J Kohl Date 12-27-95

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Kathie J Kohl
New Address Same
Subscribed and sworn to before me this 27 day of Dec, 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-27-95 *, authorizing the marriage of* Ermil Ray Bush *and* Kathie L Kohl *. I further certify that the following marriage certificate was filed in my office: I,* Cindy Spence *(name), certify that on* 1-11-96 *(date), at* Danville *in* Hendricks *County, Indiana,* Ermil Ray Bush *of* Hendricks *County* Indiana *(state), and* Kathie L Kohl *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* 12-27-95 *. Signed by:* /s/ Cindy Spence *,* 1st Deputy Clerk *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-12-96 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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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. 716
File 54
12-27-95
Date of Application

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

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

MALE APPLICANT

Name: First Kevin Middle L. Last Pruitt
Date of Birth: Month 4 Day 17 Year 63
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 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2/92
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr Rec

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Pruitt, Keaton Pruitt
6. (a) Full name of applicant's father Kyle Martin Pruitt
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Ky
   Birthplace of father (State or foreign country) Ky
   (b) Full maiden name of applicant's mother Gwen V. Gentry
   (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 Kevin L. Pruitt Date 12-27-95

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 L Pruitt
New Address _____
Subscribed and sworn to before me this 27 day of Dec., 1995
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Karyle Middle M. Last Green
Date of Birth: Month 5 Day 29 Year 60
Place of Birth (State or foreign country) In.
Residence Address: Street or R.R. 6878 S. Raceway Rd. City Cmby County Hendricks State In. 46113
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 8/95
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr Lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Kyley Green, John Green, II
6. (a) Full name of applicant's father Joseph E. Katona, Jr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of applicant's mother Joyce A. Root
   (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 Karyle M Green Date 12-27-95

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Karyle M Green
New Address same
Subscribed and sworn to before me this 27 day of Dec., 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-27-95 *, authorizing the marriage of* Kevin L. Pruitt *and* Karyle M. Green *. I further certify that the following marriage certificate was filed in my office: I,* Jack T. King *(name), certify that on* 12-31-95 *(date), at* Carmel *in* Hamilton *County, Indiana,* Kevin L. Pruitt *of* Hendricks *County* Indiana *(state), and* Karyle 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* 12-27-95 *Signed by:* /s/ Jack T. King *,* Clergyman *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-5-96 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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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. 717
File 58
12-27-95
Date of Application

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

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

MALE APPLICANT

Name: First Larry Middle E. Last Trout
Date of Birth: Month 3 Day 6 Year 37
Place of Birth (State or foreign country) In.
Residence Address: Street or R.R. Same → City County State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 7/94
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.
6. (a) Full name of applicant's father Harold O. Trout
   (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 Jeri B. Reed
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Ind. In.
   Birthplace of mother (State or foreign country)

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Larry Trout Date 12-27-95

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 Trout
New Address
Subscribed and sworn to before me this 27 day of Dec., 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 K. Last Trout
Date of Birth: Month 12 Day 24 Year 42
Place of Birth (State or foreign country) In.
Residence Address: Street or R.R. 8560 W. 1050 E. City O'Brien County Hendricks State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 12/85
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 Edward F. O'Donnell
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) Oh.
   (b) Full maiden name of applicant's mother Naomi K. Norman
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) deceased
   Birthplace of mother (State or foreign country) In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Patricia K. Trout Date 12-27-95

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Patricia K. Trout
New Address Same
Subscribed and sworn to before me this 27 day of Dec., 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-27-95 *, authorizing the marriage of* Larry E. Trout *and* Patricia K. Trout *. I further certify that the following marriage certificate was filed in my office: I,* Paul T. Brenton *(name), certify that on* 12-30-95 *(date), at* Brownsburg *in* Hendricks *County, Indiana,* Larry E. Trout *of* Hendricks *County* Indiana *(state), and* Patricia K. Trout *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* 12-27-95 *. Signed by:* /s/ Paul T. Brenton *,* Judge Pro Tem *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-4-96 *(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. 718
File 58
12-27-95
Date of Application

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

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

MALE APPLICANT

Name: First James Middle E. Last Staley
Date of Birth: Month 9 Day 29 Year 73
Place of Birth (State or foreign country) In.
Residence Address: 10192 S. Co. Rd. O 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) Dr. Office

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father James W. Staley
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) In.
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of applicant's mother Dora J. Byrd
   (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 James E Staley Date 12-27-95

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 Staley
New Address Same
Subscribed and sworn to before me this 27 day of Dec., 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 Murrell
Date of Birth: Month 7 Day 30 Year 72
Place of Birth (State or foreign country) In.
Residence Address: R#1 Box 33-18 Street or R.R. Stilesville City Hendricks County In. State 46180
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Office

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 D. Murrell
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) In.
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of applicant's mother Martha D. 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 X J. Renae Murrell Date 12-27-95

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X J. Renae Murrell
New Address 10192 S. Co. Rd. O Clayton In.
Subscribed and sworn to before me this 27 day of Dec, 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-27-95 *, authorizing the marriage of* James E. Staley *and* Jennifer Reneae Murrell *. I further certify that the following marriage certificate was filed in my office: I,* /s/ Henry E. Byrd *(name), certify that on* 1-13-96 *(date), at* Plainfield *in* Hendricks *County, Indiana,* James E. Staley *of* Hendricks *County* Indiana *(state), and* Jennifer Reneeae Murrell *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* 12-27-95 *. Signed by:* /s/ Henry E. Byrd, Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-18-96 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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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. 719
File 58
12-27-95
Date of Application

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

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

MALE APPLICANT

Name: First Brad Middle J. Last Johnson
Date of Birth: Month 3 Day 24 Year 71
Place of Birth (State or foreign country): In.
Residence Address: Street or R.R. same City County State
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Clayton W. Johnson
6. (a) Full name of applicant's father Bill Johnson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) In.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of applicant's mother Ida Priebargen
   (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 Brad W Johnson Date 12-27-95

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 W Johnson
New Address _____
Subscribed and sworn to before me this 27 day of Dec., 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Kristen Middle R. Last Meyer
Date of Birth: Month 7 Day 27 Year 74
Place of Birth (State or foreign country): In.
Residence Address: Street or R.R. 431 Hardin zgt. City Pittsboro County Hendricks State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Kristen R. Meyer Date 12-27-95

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Kristen R. Meyer
New Address same
Subscribed and sworn to before me this 27 day of Dec., 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-27-95 *, authorizing the marriage of* Brad W. Johnson *and* Kristen R. Meyer *. I further certify that the following marriage certificate was filed in my office: I,* Myron Barnard *(name), certify that on* 12-29-95 *(date), at* Indianapolis *in* Marion *County, Indiana,* Brad W. Johnson *of* Hendricks *County* Indiana *(state), and* Kristen R. Meyer *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* 12-29-95 *. Signed by:* /s/ Myron Barnard *,* Judge *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-29-95 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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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. 720
File 58
12-28-95
Date of Application

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

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

MALE APPLICANT

Name: First Mark Middle S. Last Matthews
Date of Birth: Month 10 Day 23 Year 54
Place of Birth (State or foreign country): In.
Residence Address: Street or R.R. Same → City County State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 8/89
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Andrew Matthews
6. (a) Full name of applicant's father Raymond H. Matthews
   (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 J. Hauck
   (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 Mark Matthews Date 12-28-95

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 Matthews
New Address _____
Subscribed and sworn to before me this 28 day of Dec, 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 A. Last Wood
Date of Birth: Month 6 Day 12 Year 63
Place of Birth (State or foreign country): In.
Residence Address: Street or R.R. 1189 S. Co. Rd. 525 E. 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 7/90
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. Madelyn Wood, Adrian Wood
6. (a) Full name of applicant's father William K. Abraham
   (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 Sandra J. Rushford
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) In.
   Birthplace of mother (State or foreign country) In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Kathryn A. Wood Date 12-28-95

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Kathryn A. Wood
New Address Same
Subscribed and sworn to before me this 28 day of Dec, 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-28-95 *, authorizing the marriage of* Mark S. Matthews *and* Kathryn A. Wood *. I further certify that the following marriage certificate was filed in my office: I,* Homer E. Henderson *(name), certify that on* 12-31-95 *(date), at* Crown Center *in* Morgan *County, Indiana,* Mark S. Matthews *of* Hendricks *County* Indiana *(state), and* Kathryn A. 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* 12-28-95 *. Signed by:* /s/ Homer E. Henderson *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-4-96 *(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. 721
File 58
12-28-95
Date of Application

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

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 12-27-95
Name of Physician DAVID W. HADLEY

MALE APPLICANT

Name: First KENNETH Middle L. Last PENCE
Date of Birth: Month OCTOBER Day 24 Year 1951
Place of Birth (State or foreign country): INDIANA
Residence Address: 2385 SCR 1050E Street or R.R. INDIANAPOLIS City HEND County IN State 46231
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 9-85
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) COURT DETERMINATION

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 JOSEPH PENCE
6. (a) Full name of applicant's father JOSEPH H. PENCE
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) INDIANA
   Birthplace of father (State or foreign country) INDIANA
   (b) Full maiden name of applicant's mother ANNA JEAN LACY
   (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 Kenneth L Pence Date 12-28-95

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 L Pence
New Address SAME AS ABOVE
Subscribed and sworn to before me this 28 day of DEC, 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First MELISSA Middle K Last SMOOT
Date of Birth: Month FEBRUARY Day 24 Year 1967
Place of Birth (State or foreign country): INDIANA
Residence Address: 2385 S CR. 1050 E Street or R.R. INDIANAPOLIS City HEND County INDIANA State 46231
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) DRIVERS LICENSE

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 ATWELL
   (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 COY
   (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 Melissa K Smoot Date 12/28/95

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 K Smoot
New Address SAME AS ABOVE
Subscribed and sworn to before me this 28 day of DEC, 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-28-95 *, authorizing the marriage of* Kenneth L. Pence *and* Melissa K. Smoot *. I further certify that the following marriage certificate was filed in my office: I,* Gregory Lee Ratliff *(name), certify that on* 1-1-96 *(date), at* Danville *in* Hendricks *County, Indiana,* Kenneth L. Pence *of* Hendricks *County* Indiana *(state), and* Melissa K. Smoot *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* 12-28-95 *. Signed by:* /s/ Gregory L. Ratliff *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-5-96 *(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. 722

HENDRICKS County

File 58

12-28-95
Date of Application

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

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

MALE APPLICANT

Name: First Christopher Middle L. Last Nichols

Date of Birth: Month 11 Day 17 Year 70

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

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

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

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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Jackie K. Nichols
   (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 Joan Fisher
   (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 Christopher L. Nichols Date 12-28-95

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

Clerk of Court _____ 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 L. Nichols

New Address _____

Subscribed and sworn to before me this 28 day of Dec., 19 95

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 M. Last Woods

Date of Birth: Month 9 Day 3 Year 71

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

Residence Address: Street or R.R. 706 Kenley St. City Plainfield County Hendricks State In.

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

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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 W. Woods
   (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 Bessie L. Burch
   (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 M. Woods Date 12-28-95

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

Clerk of Court _____ 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 M. Woods

New Address same

Subscribed and sworn to before me this 28 day of Dec, 19 95

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-28-95 *, authorizing the marriage of* Christopher L. Nichols *and* Jennifer M. Woods *. I further certify that the following marriage certificate was filed in my office: I,* David Jefferson *(name), certify that on* 12-30-95 *(date), at* Plainfield *in* Hendricks *County, Indiana,* _____ Christopher L. Nichols *of* Hendricks *County* Indiana *(state), and* _____ Jennifer M. 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* 12-28-95 *. Signed by:* /s/ David Jefferson *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-4-96 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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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. 723
File 58
12-29-95
Date of Application

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

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

MALE APPLICANT

Name: First Richard Middle S. Last Andrew
Date of Birth: Month 8 Day 10 Year 48
Place of Birth (State or foreign country) Ok
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 4/92
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Dic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 A. Andrew
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Ky.
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of applicant's mother Marion Allsup
   (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 [signature] Date 12-29-95

The above applicant has objected to verifying by 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 X [signature] I swear/affirm that the information given in this application is true and correct.
New Address _____
Subscribed and sworn to before me this 29 day of Dec, 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Vicki Middle L. Last Minniear
Date of Birth: Month 12 Day 30 Year 51
Place of Birth (State or foreign country) S.D.
Residence Address: Street or R.R. 248 Andrews Dr. City Plainfield County Hendricks State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 11/92
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Dic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Minniear
6. (a) Full name of applicant's father Floyd S. DeHaai
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) S.D.
   Birthplace of father (State or foreign country) S.D.
   (b) Full maiden name of applicant's mother Betty L. Moody
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) S.D.
   Birthplace of mother (State or foreign country) S.D.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X [signature] Date 12-29-95

The above applicant has objected to verifying by 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 X [signature] I swear/affirm that the information given in this application is true and correct.
New Address Same
Subscribed and sworn to before me this 29 day of Dec, 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-29-95 *, authorizing the marriage of* Richard S. Andrew *and* Vicki L. Minniear *. I further certify that the following marriage certificate was filed in my office: I,* Gregory A. Ponchot *(name), certify that on* 12-30-95 *(date), at* Plainfield *in* Hendricks *County, Indiana,* Richard S. Andrew *of* Hendricks *County* Indiana *(state), and* Vicki L. Minniear *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* 12-29-95 *. Signed by:* /s/ Gregory A. Ponchot *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-8-96 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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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. 724
File 58
12-29-95
Date of Application

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

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

MALE APPLICANT

Name First Kenneth Middle S. Last Koelling
Date of Birth Month 3 Day 3 Year 68
Place of Birth (State or foreign country) In.
Residence Address Street or R.R. same City County State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 8/91
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Slic.

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that 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 Scott Koelling Date 12-29-95

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 Scott Koelling
New Address _____
Subscribed and sworn to before me this 29 day of Dec., 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of 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 J. Last Simpson
Date of Birth Month 8 Day 23 Year 69
Place of Birth (State or foreign country) Ky.
Residence Address Street or R.R. 783 S. Cross St. City Danville County Hendricks State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Slic.

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Peggy J. Simpson Date 12-27-95

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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. Simpson
New Address Same
Subscribed and sworn to before me this 29 day of Dec., 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-29-95 *, authorizing the marriage of* Kenneth S. Koelling *and* Peggy J. Simpson *. I further certify that the following marriage certificate was filed in my office: I,* Roger S. Alber *(name), certify that on* 2-10-96 *(date), at* Indianapolis *in* Marion *County, Indiana,* Kenneth S. Koelling *of* Hendricks *County* Indiana *(state), and* Peggy J. Simpson *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* 12-29-95 *. Signed by:* /s/ Roger S. Alber *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-14-96 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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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. 725
File 58
12-29-95
Date of Application

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

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

MALE APPLICANT

Name: First Steven Middle D. Last Scott
Date of Birth: Month 12 Day 21 Year 53
Place of Birth (State or foreign country) In.
Residence Address: Street or R.R. same → City County State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2/94
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Dic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 A. Scott
   Britney Scott
6. (a) Full name of applicant's father George Scott
   (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 Margerite A. Black
   (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 Steven D Scott Date 12-29-95

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 D Scott
New Address _____
Subscribed and sworn to before me this 29 day of Dec., 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Tobi Middle J. Last Minnick
Date of Birth: Month 9 Day 5 Year 75
Place of Birth (State or foreign country) In.
Residence Address: Street or R.R. 2293 W. Co. Rd. 600 S. City Coatesville County Hendricks State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 9/93
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. Britney Scott
6. (a) Full name of applicant's father Donald A. Minnick
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) In.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of applicant's mother Teresa A. Hanko
   (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 Tobi J. Minnick Date 12-29-95

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Tobi J. Minnick
New Address none
Subscribed and sworn to before me this 29 day of Dec., 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-29-95 *, authorizing the marriage of* Steven D. Scott *and* Tobi J. Minnick *. I further certify that the following marriage certificate was filed in my office: I,* Mary G. Watts *(name), certify that on* 12-29-95 *(date), at* Greencastle *in* Putnam *County, Indiana,* Steven D. Scott *of* Hendricks *County* Indiana *(state), and* Tobi J. Minnick *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* 12-29-95 *. Signed by:* /s/ Marty G. Watts *,* Clerk *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-8-96 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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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. 726
File 58
12-29-95
Date of Application

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

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

MALE APPLICANT

Name: First Larry Middle J. Last Zimmerman
Date of Birth: Month 8 Day 14 Year 66
Place of Birth (State or foreign country) In.
Residence Address: same → 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 6/94
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Bie.

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Larry J. Zimmerman Date 12-29-95

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 J. Zimmerman
New Address _____
Subscribed and sworn to before me this 29 day of Dec., 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Jana Middle J. Last Rader
Date of Birth: Month 6 Day 19 Year 69
Place of Birth (State or foreign country) In.
Residence Address: P.O. Box 270 Street or R.R. City Clayton County Hendricks State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 8/94
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Bie.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Bryce Burgess
6. (a) Full name of applicant's father David C. Rader
   (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 Vickie J. Zimberman
   (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 Jana J Rader Date 12-29-95

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Jana J Rader
New Address Same
Subscribed and sworn to before me this 29 day of Dec., 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-29-95 *, authorizing the marriage of* Larry J. Zimmerman *and* Jana J. Rader *. I further certify that the following marriage certificate was filed in my office: I,* Andrew J. Simkins *(name), certify that on* 12-31-95 *(date), at* Danville *in* Hendricks *County, Indiana,* Larry J. Zimmerman *of* Hendricks *County* Indiana *(state), and* Jana J. Rader *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* 12-29-95 *. Signed by:* /s/ Andrew J. Simkins *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-8-96 *(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. 727
File 58
12-29-95
Date of Application

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

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

MALE APPLICANT

Name: First George Middle E. Last Vonogden
Date of Birth: Month 4 Day 7 Year 60
Place of Birth (State or foreign country): In.
Residence Address: Street or R.R. same → City County State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 12/95
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic

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

6. (a) Full name of applicant's father John F. Vonogden
   (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 Sarah Ann Bizzuto
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) deceased
   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 X George Von Ogden Date 12-29-95

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X George Von Ogden
New Address _____
Subscribed and sworn to before me this 29 day of Dec., 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Amy Middle J. Last Alexander
Date of Birth: Month 6 Day 28 Year 64
Place of Birth (State or foreign country): In.
Residence Address: Street or R.R. 1131 Crystal Ct. 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 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 male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Megan Alexander, Matt Alexander

6. (a) Full name of applicant's father Harold U. Burnell
   (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 L. Martin
   (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 J. Alexander Date 12-29-95

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Amy J. Alexander
New Address _____
Subscribed and sworn to before me this 29 day of Dec., 19 95
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-29-95 *, authorizing the marriage of* George E. Van Ogden *and* Amy J. Alexander *. I further certify that the following marriage certificate was filed in my office: I,* Rev. Kenneth Smith *(name), certify that on* 12-31-95 *(date), at* Plainfield *in* Hendricks *County, Indiana,* George E. Von Ogden *of* Hendricks *County* Indiana *(state), and* Amy J. Alexander *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* 12-29-95 *. Signed by:* /s/ Rev. Kenneth Smith *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-8-96 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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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. 1

File

1-2-96 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under 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 JARRETT

MALE APPLICANT

Name: First TIMOTHY Middle LEE Last MCHUGH
Date of Birth: Month 3 Day 30 Year 51
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 7944 N CO RD 75E City LIZTON County HEN State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1-7-86
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) DR. LIC.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father HARRY MCHUGH
   (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 IRENE MAY MILES
   (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 Timothy Lee McHugh Date 1/2/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 Lee McHugh
New Address SAME AS ABOVE
Subscribed and sworn to before me this 2 day of JAN, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First STARLA Middle GAIL Last RISK
Date of Birth: Month 1 Day 25 Year 59
Place of Birth (State or foreign country) CA
Residence Address: Street or R.R. 780 MAPLE LN City BROWNSBURG County HEN State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 5-95
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) DR. LIC.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. LINDSAY BARRETT, MICHAEL RISK, DANIEL RISK
6. (a) Full name of applicant's father PAUL SARTOR
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) BRAZIL IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother MARY LOU LYNCH
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) BRAZIL IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Starla Gail Risk Date 1/2/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Starla Gail Risk
New Address
Subscribed and sworn to before me this 2 day of JAN, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-2-96 *, authorizing the marriage of* Timothy Lee McHugh *and* Starla Gail Risk *. I further certify that the following marriage certificate was filed in my office: I,* Lynn Coleman *(name), certify that on* 1-25-96 *(date), at* Pittsboro *in* Hendricks *County, Indiana,* Timothy Lee McHugh *of* Hendricks *County* Indiana *(state), and* Starla Gail Risk *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* 1-2-96 *. Signed by:* /s/ Lynn Coleman *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-1-96 *(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. 2

HENDRICKS County

File 729

1-2-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 1-2-96
Name of Physician David Hadley

MALE APPLICANT

Name: First Daniel Middle J Last Parrott

Date of Birth: Month 7 Day 29 Year 60

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 7690 Kathy Drive 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 11-16-95

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. Daniel Wesley Parrott
   Randall Thomas Parrott
6. (a) Full name of applicant's father Fontie Willie Parrott, 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 Barbara Lee Kendall
   (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 Daniel J. Parrott Date 1-2-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ 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. Parrott
New Address Same as above

Subscribed and sworn to before me this 2 day of JAN, 19 96

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 K. Last Dixon

Date of Birth: Month 10 Day 18 Year 65

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 7690 Kathy Drive 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 8-17-93

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. Bryan Christopher Dixon
   Joshua Scott Dixon
6. (a) Full name of applicant's father Michael George Phillips
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Tennessee
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Judy Ruth Crawford
   (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 Shelly K Dixon Date 1-2-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Shelly K Dixon
New Address Same as above

Subscribed and sworn to before me this 2nd day of JAN, 19 96

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-2-96 *, authorizing the marriage of* Daniel J. Parrott *and* Shelly K. Dixon *. I further certify that the following marriage certificate was filed in my office: I,* Ken A. Elmendorf *(name), certify that on* 1-5-96 *(date), at* Brownsburg *in* Hendricks *County, Indiana,* Daniel J. Parrott *of* Hendricks *County* Indiana *(state), and* Shelly K. Dixon *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* 1-2-96 *. Signed by:* /s/ Ken A. Elmendorf *,* Judge ProTem *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-13-96 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 3

HENDRICKS County

File

1-2-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under 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 Mann Middle Matthew Last E.
Date of Birth: Month May Day 23 Year 1920
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R.R. 6914 Camelot Ct. City Indpls County In. State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Dr. Leuenel

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 Mann
   (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 Viola Ennis
   (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 Matthew E Mann Date 1-2-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court 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 E Mann
New Address 5457 Carnoustie Cir.
Subscribed and sworn to before me this 2 day of Jan, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

FEMALE APPLICANT

Name: First Kay Middle F. Last Burkhart
Date of Birth: Month Jan Day 4 Year 1938
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R.R. 5457 Carnoustie City Circle 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) Dr. Leuenel

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Dwight Hughes
   (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 Bessie Sorrels
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) deceased
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Kay F. Burkhart Date 12-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Kay F. Burkhart
New Address 5457 Carnoustie Circle
Subscribed and sworn to before me this 2 day of Jan, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-2-95 *, authorizing the marriage of* Matthew E. Mann *and* Kay F. Burkhart *. I further certify that the following marriage certificate was filed in my office: I,* David Strange *(name), certify that on* 1-26-96 *(date), at* Franklin *in* Johnson *County, Indiana,* Matthew Edwin Mann *of* Marion *County* Indiana *(state), and* Kay F. Burkhart *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* 1-2-96 *. Signed by:* /s/ David R. Strange *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-29-96 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 4

File 58

1-2-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☐ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Dr. Floyd

MALE APPLICANT

Name: First Keith Middle D Last Ross
Date of Birth: Month 9 Day 19 Year 64
Place of Birth (State or foreign country) Missouri
Residence Address: 7005 S Manor Dr. Street or R.R. 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 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. Dustin, Kyle
6. (a) Full name of applicant's father Charles Ross Jr
   (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 Hazel Marie Burdine
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) Ky

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant ✗ Keith D. Ross Date 1-2-95

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:
I swear/affirm that the information given in this application is true and correct.
Signed ✗ Keith D. Ross
New Address 7212 HATTERAS LN 20 INDPLS MARION IN.
Subscribed and sworn to before me this _____ day of _____, 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 Brenda Middle S Last Johnston
Date of Birth: Month 12 Day 21 Year 60
Place of Birth (State or foreign country) IN
Residence Address: 7212 Hatteras Ln 20 Street or R.R. 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 94
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Jeremiah, Kristine Lora
6. (a) Full name of applicant's father John Albert Warner
   (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 Martha Elizabeth Cusic
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) Ky

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant ✗ Brenda Johnston Date 1-2-95

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:
I swear/affirm that the information given in this application is true and correct.
Signed ✗ Brenda Johnston
New Address 7212 Hatteras LN Apt #20
Subscribed and sworn to before me this _____ day of _____, 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* 1-2-96 *, authorizing the marriage of* Keith D. Ross *and* Brenda S. Johnson *. I further certify that the following marriage certificate was filed in my office: I,* Jerry R. Disbro *(name), certify that on* 1-12-96 *(date), at* Indianapolis *in* Marion *County, Indiana,* Keith D. Ross *of* Hendricks *County* Indiana *(state), and* Brenda S. 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* 1-2-96 *. Signed by:* /s/ Jerry R. Disbro *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-22-96 *(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. 5

File

1-2-95
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician L.H. TRIPPLE

MALE APPLICANT

Name: First GREGORY Middle WAYNE Last SMITH

Date of Birth: Month 5 Day 18 Year 52

Place of Birth (State or foreign country) LA

Residence Address: Street or R.R. 15164 PO BOX City ST PETERSBURG County FL State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 82'

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) DR. LIC.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 SMITH
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) DECEASED
   Birthplace of father (State or foreign country) LA
   (b) Full maiden name of applicant's mother MARELLA VIOLA BURGERMANN
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) DECEASED
   Birthplace of mother (State or foreign country) ID

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that 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 W Smith Date 2 Jan 96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 W Smith
New Address P.O BOX 15164 St Pete FL 33733
Subscribed and sworn to before me this 2 day of JAN, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Last FORREST

Date of Birth: Month 6 Day 7 Year 52

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 8954 CLAREN DR. City PLFD County IN State

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) DR. LIC.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 ALANA KRICK, ANDREA LYNN WELLS, LORI ANN WELLS
6. (a) Full name of applicant's father DARRELL RICHARD CLEARWATER
   (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 GWENDOLENE SHOULDERS
   (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 Debbie Forrest Date 1-2-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 Forrest
New Address P.O Box 15164 St. Pete. Florida 33733
Subscribed and sworn to before me this 2 day of JAN, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-2-96 *, authorizing the marriage of* Gregroy W. Smith *and* Debbie Forrest *. I further certify that the following marriage certificate was filed in my office: I,* Carl Akard Riley *(name), certify that on* 1-6-96 *(date), at* Plainfield *in* Hendricks *County, Indiana,* Gregory W. Smith *of* Pinnallis *County* Florida *(state), and* Debbie Forrest *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* 1-2-96 *. Signed by:* /s/ Carl Akard Riley *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-10-96 *(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. 6

File

1-9-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under 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 Phillip L. Middle Seymour Last

Date of Birth: Month 4 Day 29 Year 57

Place of Birth (State or foreign country): Indiana

Residence Address: 510 S. Maxine Manor Street or R.R. Brownsburg City Hendricks County IN. State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 7/92

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. Amber D. Seymour
6. (a) Full name of applicant's father George L. Seymour
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Speedway Indiana
   Birthplace of father (State or foreign country) Indianapolis Indiana
   (b) Full maiden name of applicant's mother Charlotte J. Gaddis
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Speedway, Indiana
   Birthplace of mother (State or foreign country) Indianapolis, Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Phillip L Seymour Date 1-9-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Phillip L Seymour
New Address 510 S Maxine Manor Brownsburg 46112

Subscribed and sworn to before me this 9 day of JAN, 19 96

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Sherry Middle J Last Freeman

Date of Birth: Month 2 Day 19 Year 56

Place of Birth (State or foreign country): Indiana

Residence Address: 510 S. Maxine Manor Street or R.R. Brownsburg City Hendricks County Indiana State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 12/90

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. Chadd L. Sherman
   Kyle F. Freeman
6. (a) Full name of applicant's father Carlos Elwood Runner
   (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 Elsie, Marie Austin
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) ~~Kentucky~~, 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 Sherry J. Freeman Date 1-9-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Sherry J. Freeman
New Address 510 S Maxine Manor Brownsburg IN 46112

Subscribed and sworn to before me this 9 day of JAN, 19 96

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-9-96 *, authorizing the marriage of* Phillip L. Seymour *and* Sherry J. Freeman *. I further certify that the following marriage certificate was filed in my office: I,* Douglas A. Litsey *(name), certify that on* 1-13-96 *(date), at* Danville *in* Hendricks *County, Indiana,* Phillip L. Seymour *of* Hendricks *County* Indiana *(state), and* Sherry J. Freeman *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* 1-9-96 *. Signed by:* /s/ Douglas A. Litsey *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-26-96 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 7
File 58
1-9-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under 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. Brown

MALE APPLICANT

Name: First Ronald Middle L Last Baber
Date of Birth: Month 7 Day 14 Year 45
Place of Birth (State or foreign country): Indianapolis, Indiana
Residence Address: Street or R.R. 7699 Poplar Rd. City Brownsburg County IN State Hendricks
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) 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 Malcom Eugene Baber
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Speedway Indiana
   Birthplace of father (State or foreign country) Indianapolis, Indiana
   (b) Full maiden name of applicant's mother Mildred McKinney
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Speedway, Indiana
   Birthplace of mother (State or foreign country) Indianapolis, IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Ronald Baber Date 1-9-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 Baber 1-9-96
New Address 7699 Poplar Rd Brownsburg
Subscribed and sworn to before me this 9 day of Jan, 19 96
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 Jenise Middle Nickey Last Ward
Date of Birth: Month 10 Day 17 Year 46
Place of Birth (State or foreign country): Noblesville, Indiana
Residence Address: Street or R.R. 7699 Poplar Rd. City Brownsburg, County IN State Hendricks
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) 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 Jacob Harvey Nickey
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Tipton, Indiana
   (b) Full maiden name of applicant's mother Margaret Elizabeth Bambrough
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Elwood, Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Jenise N. Ward Date 1-9-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Jenise N. Ward
New Address 7699 POPLAR RD, BROWNSBURG
Subscribed and sworn to before me this 9 day of JAN, 19 96
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* 1-9-96 *, authorizing the marriage of* Ronald L. Baber *and* Jenise Nickey Ward *. I further certify that the following marriage certificate was filed in my office: I,* Cindy Spence *(name), certify that on* 1-11-96 *(date), at* Danville *in* Hendricks *County, Indiana,* Ronald L. Baber *of* Hendricks *County* Indiana *(state), and* Jenise Nickey Ward *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* 1-9-96 *. Signed by:* /s/ Cindy Spence *,* 1st Deputy Clerk *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-12-96 *(date).*

Signed Connie Rawson *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. 8

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 Haak

MALE APPLICANT

Name: First Brian Middle Michael Last Amos

Date of Birth: Month Day Year 8-21-75

Place of Birth (State or foreign country) Danville, Indiana

Residence Address: Street or R.R. 6026 E 121 N City Danville County Hendricks 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) 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 Michael Lee Amos
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville, Indiana
   Birthplace of father (State or foreign country) Idaho
   (b) Full maiden name of applicant's mother Lynn Elizabeth Smith
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville, Indiana
   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 ℘ Brian Amos. Date 1-9-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 Amos.
New Address 6026 E 121 N Danville In. 46122
Subscribed and sworn to before me this 9 day of January, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Sunny Middle Lyn Last Cook

Date of Birth: Month Day Year 8-17-77

Place of Birth (State or foreign country) Danville, Indiana

Residence Address: Street or R.R. 6026 E. 121 N. City Danville County Hendricks 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Monty Earl Cook
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Tennessee
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Kathy Sue Brenneman
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Tennessee
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant ℘ Sunny Cook Date 1-9-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed ℘ Sunny Cook
New Address 6026 E 121 N Danville IN 46122
Subscribed and sworn to before me this 9 day of Jan, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-9-96 *, authorizing the marriage of* Brian Michael Amos *and* Sunny Lyn Cook *. I further certify that the following marriage certificate was filed in my office: I,* Cindy Spence *(name), certify that on* 2-6-96 *(date), at* Danville *in* Hendricks *County, Indiana,* Brian Michael Amos *of* Danville *County* Hendricks *(state), and* Sunny Lyn Cook *of* Danville *County* Hendricks *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 1-9-96 *. Signed by:* /s/ Cindy Spence, 1st Deputy Clerk *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-6-96 *(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. 9A

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 Hadley

MALE APPLICANT

Name: First Johnny Middle D. Last Shrake

Date of Birth: Month 2 Day 4 Year 69

Place of Birth (State or foreign country): Indianapolis, Indiana

Residence Address: Street or R.R. 519 Duffy St. City Plainfield County Hendricks State IN 46168

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) 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 Karl Milford Shrake
   (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 Deloris Joan Griffith
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Martinsville, Indiana
   Birthplace of mother (State or foreign country) Hazard 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 Johnny D Shrake Date 11-10-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Johnny D Shrake

New Address 519 DUFFY ST PLAINFIELD IND 46168

Subscribed and sworn to before me this 10 day of Jan, 19 96

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Amanda Middle E. Last Miethe

Date of Birth: Month 7 Day 16 Year 77

Place of Birth (State or foreign country): Indianapolis, Indiana

Residence Address: Street or R.R. 519 Duffy St. City Plainfield County Hendricks State IN 46168

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify) + Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Eugene Miethe
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield, Indiana
   Birthplace of father (State or foreign country) Clinton, Indiana
   (b) Full maiden name of applicant's mother Janice Elaine Simpson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, Indiana
   Birthplace of mother (State or foreign country) Indianapolis, Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that 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 E Miethe Date 11/10/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ 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 E Miethe

New Address X 519 Duffy St. Plainfield, IN 46168

Subscribed and sworn to before me this 10 day of Jan, 19 96

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-10-96 *, authorizing the marriage of* Johnny D. Schrake *and* Amanda E. Miethe *. I further certify that the following marriage certificate was filed in my office: I,* Mrya W. Plummer *(name), certify that on* 1-11-96 *(date), at* Martinsville *in* Morgan *County, Indiana,* Johnny Dale Schrake *of* Hendricks *County* Indiana *(state), and* Amanda Elaine Miethe *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:* /s/ Myra W. Plummer, Deputy Clerk *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-12-96 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 9
File 58
1-11-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under 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 Gregory Middle R. Last Clark
Date of Birth: Month 1 Day 8 Year 68
Place of Birth (State or foreign country): Anderson Indiana
Residence Address: Street or R.R. 1208 Stanley Rd. 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) 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 Jerry Lee Clark
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield, Indiana
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of applicant's mother Judith Ann Somers
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, 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 ☒ Gregory R Clark Date 1/11/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed ☒ Gregory R Clark
New Address 4424 E. Baseline Rd. #1128, Phoenix AZ 85044
Subscribed and sworn to before me this 11 day of January, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Welsh
Date of Birth: Month 7 Day 24 Year 67
Place of Birth (State or foreign country): New Castle Indiana
Residence Address: Street or R.R. 5173 Vantage Point 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) 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 Michael Eugene Welsh
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield, Indiana
   Birthplace of father (State or foreign country) New Castle, Indiana
   (b) Full maiden name of applicant's mother Rebecca Kay Helms
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, Indiana
   Birthplace of mother (State or foreign country) New Castle, Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant ☒ Melissa A Welsh Date 1/11/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed ☒ Melissa A Welsh
New Address 4424 E. Baseline Rd #1128 Phoenix, AZ 85044
Subscribed and sworn to before me this 11 day of January, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-11-96 *, authorizing the marriage of* Gregory R. Clark *and* Melissa A. Welsh *. I further certify that the following marriage certificate was filed in my office: I,* John C. Parsley *(name), certify that on* 3-9-96 *(date), at* Avon *in* Hendricks *County, Indiana,* _____ Gregory R. Clark *of* Hendricks *County* Indiana *(state), and* _____ Melissa A. Welsh *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* 1-11-96 *. Signed by:* /s/ John C. Parsley *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-13-96 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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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. 10

File

1-11-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 12-5-95
Name of Physician DAVID HADLEY

MALE APPLICANT

Name: First DAVID Middle A. Last OBERHOLTZER

Date of Birth: Month 10 Day 31 Year 66

Place of Birth (State or foreign country) CALIFORNIA

Residence Address: Street or R.R. 5849 VILLAGE PLAZA N. DRIVE City INDIANAPOLIS County State IN

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 9-9-93

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. BRADLEY DAVID OBERHOLTZER
6. (a) Full name of applicant's father ROBERT MAX OBERHOLTZER
   (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 NANCY LOU FRANKLIN
   (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 X David A. Oberholtzer Date 01-11-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ 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. Oberholtzer
New Address SAME AS ABOVE

Subscribed and sworn to before me this 11 day of JAN, 19 96

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First MARNIE Middle L. Last BURNETT

Date of Birth: Month 9 Day 16 Year 71

Place of Birth (State or foreign country) INDIANA

Residence Address: Street or R.R. 4405 S COUNTY ROAD 500W City COATESVILLE, State IN

Previous Marital Status: Never Married ☑ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) 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 ROBERT EUGENE BURNETT
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) INDIANAPOLIS, IN
   Birthplace of father (State or foreign country) KENTUCKY
   (b) Full maiden name of applicant's mother BURNETTA HOPE DENNISON
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) COATESVILLE, 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 X Marnie L. Burnett Date 01-11-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date 01-11-96

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Marnie L. Burnett
New Address 5849 VILLAGE PLAZA, NORTH DRIVE, INDIANAPOLIS, IN

Subscribed and sworn to before me this _____ day of _____, 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* 1-11-96 *, authorizing the marriage of* David A. Oberholtzer *and* Marnie L. Burnett *. I further certify that the following marriage certificate was filed in my office: I,* Andy Arnett Sr. *(name), certify that on* 2-3-96 *(date), at* Plainfield *in* Hendricks *County, Indiana,* _____ David A. Oberholtzer *of* Marion *County* Indiana *(state), and* _____ Marnie L. Burnett *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* 1-11-96 *. Signed by:* /s/ Andy Arnett Sr, *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-6-96 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 11
File 58
1-11-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Johnston

MALE APPLICANT

Name: First William Middle Walter Last Winasor Jr.
Date of Birth: Month 12 Day 7 Year 57
Place of Birth (State or foreign country): Rushville, Indiana
Residence Address: Street or R.R. 707 Ironwood Dr. City Plainfield County Hendricks State IN 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1/87
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 William Walter Winasor
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Knightstown, Indiana
   Birthplace of father (State or foreign country) Cincinnati, Ohio
   (b) Full maiden name of applicant's mother Sally Ann Carter
   (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 William W Winasor Date 1-11-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 W Winasor
New Address x 707 Ironwood Dr. Plainfield In
Subscribed and sworn to before me this x eleventh day of January, 19 96
Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First ~~Stovall~~ Karen Middle Lee Last Stovall
Date of Birth: Month 1 Day 16 Year 70
Place of Birth (State or foreign country): Indianapolis, Indiana
Residence Address: Street or R.R. 707 Ironwood Drive City Plainfield County Hendricks State IN 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 5/94
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. Thomas Paul Robinson

6. (a) Full name of applicant's father Thomas Paul Stovall
   (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 Marilyn Kay Moran
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville, Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant x Karen L. Stovall Date 1-11-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 L. Stovall
New Address x 707 Ironwood Drive
Subscribed and sworn to before me this x Jan day of 11, 19 96
Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-11-96 *, authorizing the marriage of* William Walter Windsor *and* Karen Lee Stovall *. I further certify that the following marriage certificate was filed in my office: I,* David A. Bonne *(name), certify that on* 1-21-96 *(date), at* East St. Christian Church *in* Rush *County, Indiana,* _____ William W. Windsor *of* Hendricks *County* Indiana *(state), and* _____ Karen L. Stovall *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* 1-11-96 *. Signed by:* /s/ David A. Bonne *,* Reverend *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-30-96 *(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. 12
File 58
1-11-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician flaggard

MALE APPLICANT

Name: First Daniel Middle Laurance Last Grindean
Date of Birth: Month 7 Day 1 Year 74
Place of Birth (State or foreign country): Hendricks County Indiana
Residence Address: 224 S. Center St. Street or R.R. Plainfield City Hendricks County IN State 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) 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 Elmer Grindean
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Chicago, Illinois
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Sylvia Jean Schuck
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, 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 Daniel L. Grind Date 1-11-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 L. Grind
New Address X 224 S CENTER ST PLAINFIELD, IN 46168
Subscribed and sworn to before me this JAN day of 11, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Lynnette Last Storms
Date of Birth: Month 10 Day 7 Year 75
Place of Birth (State or foreign country): Danville, Indiana
Residence Address: 224 S. Center St. Street or R.R. Plainfield City Hendricks County State IN 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) 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 Joseph Kevin Storms
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield, Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Glenda Jean Pitcock
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Florida
   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 Amy L. Storms Date 1-11-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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. Storms
New Address X 224 S. Center St. Pfd. IN 46168
Subscribed and sworn to before me this Jan day of 11, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-11-96 *, authorizing the marriage of* Daniel Laurance Grindean *and* Amy Lynnette Storms *. I further certify that the following marriage certificate was filed in my office: I,* John Michael Dimmick *(name), certify that on* 2-22-96 *(date), at* Danville *in* Hendricks *County, Indiana,* Daniel L. Grindean *of* Hendricks *County* Indiana *(state), and* Amy Lynnette Storms *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* 1-11-96 *. Signed by:* /s/ John Michael Dimmick *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-5-96 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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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. 13
File 58
1-12-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Collicott

MALE APPLICANT

Name: First Timothy Middle Kenneth Dwayne Last Howard
Date of Birth: Month 11 Day 11 Year 72
Place of Birth (State or foreign country): Montera California
Residence Address: 257 Avon ave. Street or R.R. Plainfield City Hendricks County In State 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) 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 Timothy Lee Howard
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Bellville Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Joyce Ann Nicholes
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, 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 Tim Howard Date 1-12-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Tim Howard
New Address X 252 Avon Ave Plainfield IN 46168
Subscribed and sworn to before me this 12 day of Jan 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Elizabeth Last White
Date of Birth: Month 7 Day 2 Year 73
Place of Birth (State or foreign country): Indianapolis, Indiana
Residence Address: 257 avon ave. Street or R.R. Plainfield City Hendricks County IN State 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) 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 John Michael White
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield, Indiana
   Birthplace of father (State or foreign country) Iowa
   (b) Full maiden name of applicant's mother Diane Crews
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield 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 Kathleen White Date 1-12-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Kathleen White
New Address X 257 Avon Ave Plainfield
Subscribed and sworn to before me this 12 day of Jan 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-12-96 *, authorizing the marriage of* Timothy Kenneth Dwayne Howard *and* Kathleen Elizabeth White *. I further certify that the following marriage certificate was filed in my office: I,* Robert F. Gammon *(name), certify that on* 1-12-96 *(date), at* Lawrence *in* Marion *County, Indiana,* Timothy Kenneth Dwayne Howard *of* Hendricks *County* Indiana *(state), and* Kathleen Elizabeth White *of* Hendricks *County* Indiana *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 1-12-96 *. Signed by:* /s/ Robert F. Gammon *,* Judge *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-18-96 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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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. 14
File 58
1-12-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Health Tracks Dr.

MALE APPLICANT

Name: First William Middle Douglas Last Sanzone
Date of Birth: Month 10 Day 22 Year 62
Place of Birth (State or foreign country): Minneapolis, Minnesota
Residence Address: Street or R.R. 308 Henley Dr. City Plainfield County IN State Hendricks
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) 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 William Michael Sanzone
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Mayfield Kentucky
   Birthplace of father (State or foreign country) Minneapolis, Minnesota
   (b) Full maiden name of applicant's mother Lois Madonna Lowenburg
   (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 [signature] Date 1-12-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 308 Henley Dr. Plainfield IN 46168
Subscribed and sworn to before me this 12 day of January, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for 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 Susan Middle Renee Last Williams
Date of Birth: Month 2 Day 21 Year 69
Place of Birth (State or foreign country): Fort Wayne, Indiana
Residence Address: Street or R.R. 308 Henley Dr. City Plainfield County IN State 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) 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 James Arthur Williams
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Fort Wayne, Indiana
   Birthplace of father (State or foreign country) Fort Wayne, Indiana
   (b) Full maiden name of applicant's mother Patricia Ann Johnson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Fort Wayne, 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 [signature] Date 1-12-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 308 Henley Dr. Plainfield IN 46168
Subscribed and sworn to before me this 12 day of January, 19 96
_____ Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for 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 _____, 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. 15

File 58

1-17-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Brownsburg Family Medical Center Manard

MALE APPLICANT

Name: First Kurt Middle Ervin Last Davidson
Date of Birth: Month 8 Day 26 Year 74
Place of Birth (State or foreign country): Hendricks County Indiana
Residence Address: Street or R.R. 6944 W. Co. Rd. 450 S. City Coatesville County Hendrick State 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) 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 Ted Ervin Davidson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Alice Marie Greeson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Hendricks Co, 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 ℞ Kurt E. Davidson Date 1-17-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed ℞ Kurt E. Davidson
New Address 6944 W. Co. Rd. 450S. Coatesville
Subscribed and sworn to before me this 17 day of January, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Ara Middle Joann Last Kunkel
Date of Birth: Month 3 Day 14 Year 75
Place of Birth (State or foreign country): Indianapolis Indiana
Residence Address: Street or R.R. 4405 N. 1000 E. City Brownsburg County Hendricks 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) 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 Terry Allen Kunkel
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Hendricks Co Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Kathy Jo Phillips
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Hendricks Co. 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 ℞ Ara Kunkel Date 1-17-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed ℞ Ara Kunkel
New Address ℞ 6944 W. Co. Rd. 450S
Subscribed and sworn to before me this 17 day of January, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-17-96 *, authorizing the marriage of* Kurt Ervin Davidson *and* Ara Joann Kunkel *. I further certify that the following marriage certificate was filed in my office: I,* Phillip D. Brenneman *(name), certify that on* 2-10-96 *(date), at* Belleville *in* Hendricks *County, Indiana,* Kurt Ervin Davidson *of* Hendricks *County* Indiana *(state), and* Ara Joann Kunkel *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* 1-17-96 *. Signed by:* /s/ Philip D. Brenneman *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-13-96 *(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. 16

HENDRICKS County

File 58

1-17-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under 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 Bain

MALE APPLICANT

Name First Kristopher Middle Alan Last Olmstead

Date of Birth Month 10 Day 14 Year 76

Place of Birth (State or foreign country) Indianapolis, Indiana

Residence Address 8360 Lakeshore Circle Street or R.R. City Indianapolis County Marion State IN 46250

Previous Marital Status: 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 Jack Alan Olmstead
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Valrico Florida
   Birthplace of father (State or foreign country) Indianapolis, Indiana
   (b) Full maiden name of applicant's mother Susan Elaine Allee
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indianapolis, Indiana
   Birthplace of mother (State or foreign country) Indianapolis, Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant ☒ Kristopher A. Olmstead Date 1-17-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed ☒ Kristopher A. Olmstead

New Address ☒ 8360 LAKESHORE CIRCLE INDPLS., IN 46250

Subscribed and sworn to before me this 17 day of January, 19 96

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Catharine Last Scudder

Date of Birth Month 2 Day 10 Year 75

Place of Birth (State or foreign country) Indianapolis, Indiana

Residence Address 5385 Green Hills Drive Street or R.R. City Brownsburg County Hendricks 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) 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 David Allen Scudder
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brownsburg Indiana
   Birthplace of father (State or foreign country) Indianapolis Indiana
   (b) Full maiden name of applicant's mother Carol Lynn Wyland
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg, Indiana
   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 ☒ Amy C. Scudder Date 1-17-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed ☒ Amy C. Scudder

New Address ☒ 8360 Lakeshore Circle Indpls. INDIANA 46250

Subscribed and sworn to before me this 17 day of January, 19 96

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-17-96 *, authorizing the marriage of* Kristopher Alan Olmstead *and* Amy Catherine Scudder *. I further certify that the following marriage certificate was filed in my office: I,* Dehner Maurer *(name), certify that on* 1-27-96 *(date), at* Indianapolis *in* Marion *County, Indiana,* Kristopher Alan Olmstead *of* Marion *County* Indiana *(state), and* Amy Catherine Scudder *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* 1-17-96 *. Signed by:* /s/ Dehner Maurer *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-29-96 *(date).*

Signed Connie Lawson *Clerk*

HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 17
File 58
1-17-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Johnston

MALE APPLICANT

Name First Davinder Middle Singh Last
Date of Birth Month 4 Day 17 Year 68
Place of Birth (State or foreign country) India
Residence Address 4403 Chatham Dr. Street or R.R. Brownsburg City Hendricks County 46112 State
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Passport

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Phuman Singh
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) India
   Birthplace of father (State or foreign country) India
   (b) Full maiden name of applicant's mother Naranjan Kaur Bassi
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) India
   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 ☒ Davinder Singh 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 ☒ Davinder Singh
New Address ☒ 4403 CHATHAM Dr Brownsburg 46112
Subscribed and sworn to before me this 17 day of January, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

FEMALE APPLICANT

Name First Rajwinder Middle Kaur Last Pooni
Date of Birth Month 5 Day 2 Year 72
Place of Birth (State or foreign country) India
Residence Address 4403 Chatham Dr. Street or R.R. Brownsburg City Hendricks County 46112 State
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Passport

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Gurmail Singh
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Bakersfield California
   Birthplace of father (State or foreign country) India
   (b) Full maiden name of applicant's mother Major Kaur Sanahu
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Bakersfield, California
   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 ☒ Rajwinder Kaur Brar 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 ☒ Rajwinder Kaur Brar
New Address ☒ 4403 CHATHAM Dr Brownsburg 46112
Subscribed and sworn to before me this 17 day of January, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-17-96 *, authorizing the marriage of* Davinder Singh *and* Rajwinder Kaur Pooni *. I further certify that the following marriage certificate was filed in my office: I,* James H. Fierek *(name), certify that on* 1-22-96 *(date), at* Brownsburg *in* Hendricks *County, Indiana,* Davinder Singh *of* Hendricks *County* Indiana *(state), and* Rajwinder Kaur Pooni *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* 1-17-96 *. Signed by:* /s/ James H. Fierek *,* Judge Pro-Tem *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-23-96 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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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. 18

File ~~Redacted~~ 58

1-19-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under 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 Michael Last Fillmore
Date of Birth: Month 12-22-51 Day Year
Place of Birth (State or foreign country): Washington Iowa
Residence Address: 648 S. East St. Street or R.R. Plainfield City Hendricks County IN State 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 91
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) 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. Kendra Marie Fillmore
6. (a) Full name of applicant's father Robert Wendel Fillmore
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Birlington Iowa
   Birthplace of father (State or foreign country) Rochester Minnesota
   (b) Full maiden name of applicant's mother Ellen Ilene Schooley
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Birlington Iowa
   Birthplace of mother (State or foreign country) Brighton 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 Kevin M Fillmore Date 1-19-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 Fillmore
New Address SAME
Subscribed and sworn to before me this 19 day of January, 19 96
Corrie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 White Last
Date of Birth: Month 4-27-42 Day Year
Place of Birth (State or foreign country): Indianapolis, Indiana
Residence Address: 648 S. East St. Street or R.R. Plainfield City Hendricks County IN State 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 82
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) 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 Robert Charles Crews
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Kathleen Freida Williams
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, Indiana
   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 Diane White Date 1-19-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Diane White
New Address SAME
Subscribed and sworn to before me this 19 day of January, 19 96
Corrie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-19-96 *, authorizing the marriage of* Kevin M. Fillmore *and* Diane White *. I further certify that the following marriage certificate was filed in my office: I,* Cindy Spence *(name), certify that on* 2-14-96 *(date), at* Danville *in* Hendricks *County, Indiana,* Kevin Michael Fillmore *of* Hendricks *County* Indiana *(state), and* Diane White *of* Hendricks *County* Indiana *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 1-19-96 *. Signed by:* /s/ Cindy Spence *,* 1st Deputy Clerk *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-14-96 *(date).*

Signed Corrie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 19
File KEHGH 58
1-19-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☐ Yes ☒
If No, Medical Examination or Report Dated
Name of Physician

MALE APPLICANT

Name First: Wilbur Middle: Francis Last: Crain
Date of Birth Month: 7 Day: 20 Year: 19
Place of Birth (State or foreign country): Rushville Illinois
Residence Address: 509 S. Green St. City: Brownsburg County: Hendricks State: IN 46112
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages: 3
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date: 1/96
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: Ralph Glenn Crain
   (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: Veda Hattie Cox
   (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 Wilbur F. Crain Date: 1/19/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed: X Wilbur F. Crain
New Address: 509 South Green Street Brownsburg IN 46112
Subscribed and sworn to before me this 19th day of January, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name First: Dorothy Middle: Mae Last: Jordan
Date of Birth Month: 4 Day: 14 Year: 23
Place of Birth (State or foreign country): Clinton Indiana
Residence Address: 509 S. Green St. 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): 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: James Melvo Lawson
   (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 Hannah Jones
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state): Deceased
   Birthplace of mother (State or foreign country): Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: X Dorothy Mae Jordan Date: 1/19/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed: X Dorothy Mae Jordan
New Address: X 509 S. Green St. Brownsburg, IN 46112
Subscribed and sworn to before me this 19th day of January, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-19-96 *, authorizing the marriage of* Wilbur Francis Crain *and* Dorothy Mae Jordan *. I further certify that the following marriage certificate was filed in my office: I,* Pauletta Frye *(name), certify that on* 1-19-96 *(date), at* Danville *in* Hendricks *County, Indiana,* Wilbur Francis Crain *of* Hendricks *County* Indiana *(state), and* Dorothy Mae Jordan *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* 1-19-96 *. Signed by:* /s/ Pauletta Frye, Clerk *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-22-96 *(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. 20

File 58

1-22-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Terri Y. Brown M.D.

MALE APPLICANT

Name: First Brian Middle Jay Last Moss

Date of Birth: Month Day Year 3-13-67

Place of Birth (State or foreign country) Indianapolis, Indiana

Residence Address: Street or R.R. 101 Stillmeadow City Lizton County Hendricks State IN 46149

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) 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 Paul Ellis Moss
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Greenwood Indiana
   Birthplace of father (State or foreign country) Arkansas
   (b) Full maiden name of applicant's mother Beatrice Lucille Lamb
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Cicero Illinois
   Birthplace of mother (State or foreign country) Chicago 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 1-22-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of 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 ✕ 101 Stillmeadow Dr.

Subscribed and sworn to before me this ✕ 22 day of Jan., 19 96

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Lynn Last Lowder

Date of Birth: Month Day Year 2-17-72

Place of Birth (State or foreign country) Bloomington, Indiana

Residence Address: Street or R.R. 101 Still meadow City Lizton County Hendricks State IN 46149

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) 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 Walter Kenneth Lowder
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Bloomfield Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Brenda Mae Schaad
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Bloomfield, 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 ✕ Lisa L. Lowder Date 1-22-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of 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 L. Lowder
New Address ✕ 101 Stillmeadow Dr.

Subscribed and sworn to before me this ✕ 22 day of Jan., 19 96

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-22-96 *, authorizing the marriage of* Brian Jay Moss *and* Lisa Lynn Lowder *. I further certify that the following marriage certificate was filed in my office: I,* William O. Rodefer *(name), certify that on* 1-22-96 *(date), at* Pittsboro *in* Hendricks *County, Indiana,* Brian Jay Moss *of* Hendricks *County* Indiana *(state), and* Lisa Lynn Lowder *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* 1-22-96 *. Signed by:* /s/ William O. Rodefer *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-22-96 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 21
File 58
1-24-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under 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. Eaton

MALE APPLICANT

Name: First David Middle A Last Plunkett
Date of Birth: Month 10 Day 17 Year 67
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 10942 S. CoRd 0 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) Dr. Lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father William E Plunkett
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Pflgd IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Loretta J. Rusher
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Pflgd IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X David A Plunkett Date 1/24/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 Plunkett
New Address Same 46118
Subscribed and sworn to before me this _____ day of _____, 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 Rebecca Middle Sue Last Foster
Date of Birth: Month 11 Day 4 Year 65
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 4025 Point Bar Rd 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 1-9-95
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Foster
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Frankfort IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Bertie Crane
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Frankfort 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 Sue Foster Date 1/24/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 Sue Foster
New Address _____
Subscribed and sworn to before me this _____ day of _____, 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* 1-24-96 *, authorizing the marriage of* David Arthur Plunkett *and* Rebecca Sue Foster *. I further certify that the following marriage certificate was filed in my office: I,* Steven W. Ranson *(name), certify that on* 2-17-96 *(date), at* Hazelwood *in* Hendricks *County, Indiana,* _____ David Arthur Plunkett *of* Hendricks *County* Indiana *(state), and* _____ Rebecca Sue Foster *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* 1-24-96 *. Signed by:* /s/ Steven W. Ranson *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-22-96 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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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. 22

File 58

Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under 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 Dennis Middle Ray Last Gray

Date of Birth: Month Day Year 3-29-49

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 4380 S. C.R. 200 E. City Danville County Hendricks State IN 46122

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) 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. Joshua

6. (a) Full name of applicant's father John Gray
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Cloverdale, Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Zelma L. Fleener
   (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 Dennis R. Gray Date 1-25-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of 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 R. Gray
New Address 9028 N. Snowden Square, Indpls. 46234
Subscribed and sworn to before me this 25th day of January, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Elaine Middle Eden Last Wagoner

Date of Birth: Month Day Year 5-15-53

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 9028 N. Snowden Sq. City Indianapolis County Marion State IN 46234

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 89

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) 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. Misty, Amy

6. (a) Full name of applicant's father Benny J. Eden
   (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 Jean L. Martin
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, Indiana
   Birthplace of mother (State or foreign country) Tennesse

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Elaine E. Wagoner Date 1/25/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Elaine E. Wagoner
New Address Same as above
Subscribed and sworn to before me this 25th day of January, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-25-96 *, authorizing the marriage of* Dennis Ray Gray *and* Elaine Eden Wagoner *. I further certify that the following marriage certificate was filed in my office: I,* Danny L. Speight *(name), certify that on* 2-10-96 *(date), at* Indianapolis *in* Marion *County, Indiana,* Dennis Ray Gray *of* Hendricks *County* Indiana *(state), and* Elaine Eden Wagone *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* 1-25-96 *. Signed by:* /s/ Danny L. Speight *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-13-96 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 23
File 58
1-24-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician William Edwards

MALE APPLICANT

Name: First Danny Middle Carroll Last Green
Date of Birth: Month Day Year 3-10-49
Place of Birth (State or foreign country) Tennessee
Residence Address: Street or R.R. 887 W C.R. 600 S. City Clayton County Hendricks State IN 46118
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 11/93
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 female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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,
6. (a) Full name of applicant's father Dewy Ervin Green
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Tennessee
   Birthplace of father (State or foreign country) Tennessee
   (b) Full maiden name of applicant's mother Allie Mae Cooper
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Tennessee
   Birthplace of mother (State or foreign country) Tennessee

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant ✗ Danny C Green 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 ✗ Danny C Green
New Address ✗ 887 W. Co. Rd. 600 S Clayton, IN.
Subscribed and sworn to before me this ✗ 24th day of JANUARY, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of 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 Lynnette Last Fruth
Date of Birth: Month Day Year 10-8-52
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 887 W. C. Rd. 600 S. City Clayton County Hendrick State IN 46118
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) 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. Brehan, Natalie
6. (a) Full name of applicant's father Clarence Meredith Pence
   (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 Dell 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 ✗ Denise L. Fruth 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 ✗ Denise L. Fruth
New Address ✗ 887 W. Co. Rd. 600 S Clayton
Subscribed and sworn to before me this ✗ 24 day of JAN, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-24-96 *, authorizing the marriage of* Danny Carroll Green *and* Denise Lynnette Fruth *. I further certify that the following marriage certificate was filed in my office: I,* J. Franklin Dennis *(name), certify that on* 2-3-96 *(date), at* New Albany *in* Floyd *County, Indiana,* Danny Carroll Green *of* Hendricks *County* Indiana *(state), and* Denise Lynette Fruth *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* 1-24-96 *. Signed by:* /s/ J. Franklin Dennis *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-7-96 *(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. 24
File 58
1-26-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Dr. Poe

MALE APPLICANT

Name: First Michael Middle Steven Last Minardo
Date of Birth: Month 9 Day 9 Year 76
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 7205 Sycamore Dr. City Danville County Hendricks 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) 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. Devon Michael Minardo
6. (a) Full name of applicant's father Joseph Samuel Minardo Jr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Coatesville Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Linda Marie Shepard
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Tennessee
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 S Minardo Date 1-26-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 S Minardo
New Address 7205 Sycamore Dr
Subscribed and sworn to before me this 26th day of 26, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Stacey Middle Lyn Last O'Neal
Date of Birth: Month 8 Day 4 Year 76
Place of Birth (State or foreign country): Greencastle Indiana
Residence Address: Street or R.R. 7205 Sycamore Dr. City Danville County Hendricks 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) D.L.
8-4-76

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Charles Bedford O'Neal
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Debra Lyn Shaw
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville, Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Stacey O'Neal Date 1-26-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Stacey O'Neal
New Address 7205 Sycamore Dr
Subscribed and sworn to before me this 26th day of 26, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-26-96 *, authorizing the marriage of* Michael Steven Minardo *and* Stacey Lyn O'Neal *. I further certify that the following marriage certificate was filed in my office: I,* Andy Schroeder *(name), certify that on* 2-10-96 *(date), at* Avon *in* Hendricks *County, Indiana,* _____ Michael Steven Minardo *of* Hendricks *County* Indiana *(state), and* _____ Stacey Lyn O'Neal *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* 1-26-96 *. Signed by:* /s/ Andy Schroeder *,* Director C.I.Y. *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-16-96 *(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. 25
File 58
1-26-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Klein

MALE APPLICANT

Name: First Jeffrey Middle Allen Last Oliver
Date of Birth: Month 10 Day 21 Year 67
Place of Birth (State or foreign country): Lafayette Indiana
Residence Address: 645 Greenridge Dr. Street or R.R. Plainfield City Hendricks County IN State 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) 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 James Arthur Oliver
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Rossville, Indiana
   Birthplace of father (State or foreign country) Lafayette Indiana
   (b) Full maiden name of applicant's mother Pamela Joy Skiles
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Rossville Indiana
   Birthplace of mother (State or foreign country) Frankfort Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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. Oliver Date 1-26-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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. Oliver
New Address ✗ 645 Greenridge Dr Plainfield IN 46168
Subscribed and sworn to before me this ✗ 26th day of January, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Lori Middle Lynn Last Eichelman
Date of Birth: Month 12 Day 01 Year 68
Place of Birth (State or foreign country): Indianapolis Indiana
Residence Address: 645 Greenridge Dr. Street or R.R. Plainfield City Hendricks County IN State 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) 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 Charles Raymond Eichelman
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Pendleton Indiana
   Birthplace of father (State or foreign country) Springfield Ohio
   (b) Full maiden name of applicant's mother Kathleen Ann Jackson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Pendleton, Indiana
   Birthplace of mother (State or foreign country) Indianapolis, IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant ✗ Lori L. Eichelman Date 1-26-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 L Eichelman
New Address ✗ 645 Greenridge Dr. Plainfield IN 46168
Subscribed and sworn to before me this ✗ 26th day of Jan., 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-26-96 *, authorizing the marriage of* Jeffrey Allen Oliver *and* Lori Lynn Eichelman *. I further certify that the following marriage certificate was filed in my office: I,* David Jefferson *(name), certify that on* 2-17-96 *(date), at* Plainfield *in* Hendricks *County, Indiana,* Jeffrey Allen Oliver *of* Hendricks *County* Indiana *(state), and* Lori Lynn Eichelman *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* 1-26-96 *. Signed by:* /s/ David Jefferson *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-22-96 *(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. 26
File 58
1-29-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under 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 Terrence Middle Michael Last Flaherty
Date of Birth: Month 12 Day 19 Year 59
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 9970 N. 950 E. 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 7/84
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Richard Thomas Flaherty
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Joyce Eilen Boucher
   (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 Terrence M Flaherty Date 1-29-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Terrence M Flaherty
New Address 5 AA
Subscribed and sworn to before me this 29 day of Jan, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Brenda Middle Gay Last Dugan
Date of Birth: Month 9 Day 2 Year 60
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 9970 N. 950 E. City Brownsburg County Hendricks State IN 46112
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) 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. Krista Marie Tewell
   Sean Alan White Aricka Nicole White
6. (a) Full name of applicant's father John Francis Dugan
   (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 Gladys Marie Floyd
   (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 Brenda Gay Dugan Date 1-29-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Brenda Gay Dugan
New Address 9970 Same
Subscribed and sworn to before me this 29th day of Jan., 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated _____, authorizing the marriage of _____ and _____. I further certify that the following marriage certificate was filed in my office: I, _____ (name), certify that on _____ (date), at _____ in _____ County, Indiana, _____ of _____ County _____ (state), and _____ of _____ County _____ (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated _____. Signed by: _____, _____ (official designation) Filed and recorded in accordance with the laws of the State of Indiana on _____ (date).*

Signed _____ Clerk
HENDRICKS Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 27
File 58
1-29-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Stegmoller

MALE APPLICANT

Name: First Kevin Middle Alan Last Covey
Date of Birth: Month 9 Day 24 Year 70
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 111 W. Brumfield City Hendricks County Lizton State IN 46149
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) 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 Keith Allen Covey
   (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 Ellen Loveless
   (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 ℣ Kevin A. Covey Date 1-29-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 A. Covey
New Address ℣ Same
Subscribed and sworn to before me this ℣ 29 day of January, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court.

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Rebecca Last Hurst
Date of Birth: Month 10 Day 10 Year 70
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 111 W. Brumfield City Hendricks County Lizton State IN 46149
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) 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 Gregory Ivan Hurst
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Rebecca Lee Williams
   (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 ℣ Amy Rebecca Hurst Date 1-29-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed ℣ Amy Rebecca Hurst
New Address ℣ Same
Subscribed and sworn to before me this ℣ 29th day of Jan, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-29-96 *, authorizing the marriage of* Kevin Alan Covey *and* Amy Rebecca Hurst *. I further certify that the following marriage certificate was filed in my office: I,* Royce T. Willerton *(name), certify that on* 3-23-96 *(date), at* Plainfield *in* Hendricks *County, Indiana,* Kevin Alan Covey *of* Hendricks *County* Indiana *(state), and* Amy Rebecca Hurst *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* 1-29-96 *. Signed by:* Royce T. Willerton *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-2-96 *(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. 28
File 58
1-31-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under 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 MINER

MALE APPLICANT

Name: First JOHN Middle LOWELL Last ARMSTRONG
Date of Birth: Month 12 Day 9 Year 46
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 6512 E ST RD 136 City BROWNSBURG County State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 90'
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) DR. LIC.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. MARY GENEVA ARMSTRONG
6. (a) Full name of applicant's father HARRY HANSON ARMSTRONG
   (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 ROSEMARY E WILLS
   (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 John L Armstrong Date 1/31/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 L Armstrong
New Address 6512 E. ST RD 136 BROWNSBURG
Subscribed and sworn to before me this 31 day of JAN. , 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First MARIA Middle Lynn Last HODGE
Date of Birth: Month 4 Day 28 Year 62
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 6512 E ST RD 136 City BROWNSBURG County State IN
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. ANDREW WADE HODGE
   CHRISTOPHER THOMAS LEE HODGE
6. (a) Full name of applicant's father THOMAS FRANK FREITE
   (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 ELIZABETH LOUISE DOWNING
   (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 X Maria L Hodge Date 1/31/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Maria L. Hodge
New Address 6512 E. St. Rd 136 Brownsburg
Subscribed and sworn to before me this 31 day of JAN. , 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-31-96 *, authorizing the marriage of* John L. Armstrong *and* Maria L. Hodge *. I further certify that the following marriage certificate was filed in my office: I,* Kennard P. Foster *(name), certify that on* 2-10-96 *(date), at* Indianapolis *in* Marion *County, Indiana,* John L. Armstrong *of* Hendricks *County* Indiana *(state), and* Maria L. Hodge *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* 1-31-96 *. Signed by:* /s/ Kennard P. Foster U.S. Magistrate Judge *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-14-96 *(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. 29
File 58
3-29-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Judy Klein

MALE APPLICANT

Name: First Ryan Middle Keith Last Dusek
Date of Birth: Month 5 Day 23 Year 72
Place of Birth (State or foreign country): Michigan
Residence Address: Street or R.R. 1132 Shagbark Ln. City Lexington County Fayette State KY 40515
Previous Marital Status: 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 Joel Bruce Dusek
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Kentucky
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of applicant's mother Charlene Jo Neel
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Kentucky
   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 Ryan K Dusek Date 2/2/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Ryan K Dusek
New Address X 3850 N 575 E Brownsburg IN 46112
Subscribed and sworn to before me this X 2 day of Feb, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 B. Last MIDDLETON
Date of Birth: Month 7 Day 10 Year 72
Place of Birth (State or foreign country): INDIANA
Residence Address: Street or R.R. 3850 N 575 E City BROWNSBURG County IN State
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) DR. LIC.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 ALEN MIDDLETON
   (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 NANCY LOU IRE
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) BROWNSBURG IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Karen Middleton Date 3/29/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 Middleton
New Address 401 W Pine Street #49 Lompoc CA
Subscribed and sworn to before me this 29 day of March, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-29-96 *, authorizing the marriage of* Ryan Keith Dusek *and* Karen B. Middleton *. I further certify that the following marriage certificate was filed in my office: I,* Larry L. Bellville *(name), certify that on* 4-27-96 *(date), at* Brownsburg *in* Hendricks *County, Indiana,* Ryan Keith Dusek *of* Fayette *County* Kentucky *(state), and* Karen Beth Middleton *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* 3-29-96 *. Signed by:* /s/ Larry L. Bellville *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-1-96 *(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. 30
File 58
2-2-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Overman

MALE APPLICANT

Name: First Mark Middle Edward Last Schell
Date of Birth: Month 5 Day 9 Year 74
Place of Birth (State or foreign country): Anderson Indiana
Residence Address: 6303 Street or R.R. Hanks Drive City Apt. B County Speedway State Marion 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) 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 Max Eugene Schell
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Barbara Lynne Stephen
   (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 ✗ Mak Schell 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 ✗ Mak Schell
New Address ✗ 6303 Hanks Dr Apt B Speedway
Subscribed and sworn to before me this ✗ 2 day of Feb, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of 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 Yvonne Last Crooks
Date of Birth: Month 3 Day 30 Year 73
Place of Birth (State or foreign country): Indianapolis, Indiana
Residence Address: 9366 Street or R.R. Shoal Creek Lane City Brownsburg County Hendricks 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) 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 Lynn Leo Crooks
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Brenda Darlene Lanham
   (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 ✗ Michelle Y. Crooks 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 ✗ Michelle Y. Crooks
New Address ✗ 6303 Hanks Dr. Apt. B Speedway 46224
Subscribed and sworn to before me this ✗ 2 day of Feb, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-2-96 *, authorizing the marriage of* Mark Edward Schell *and* Michelle Yvonne Crooks *. I further certify that the following marriage certificate was filed in my office: I,* John Caldwell *(name), certify that on* 2-24-96 *(date), at* Avon *in* Hendricks *County, Indiana,* Mark Edward Schell *of* Marion *County* Indiana *(state), and* Michelle Yvonne Crooks *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* 2-2-96 *. Signed by:* John Caldwell *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-29-96 *(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. 31

File

2-2-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician DUFFY MURPHY

MALE APPLICANT

Name: First THOMAS Middle MATTHEW Last FARRELL JR.

Date of Birth: Month 4 Day 1 Year 67

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. INDIANA YOUTH CENTER City PLFD County PLFD State IN

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Marie Sewell

6. (a) Full name of applicant's father THOMAS MATTHEW FARRELL
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Westville Ind
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother CHRISTINE LYVONNE McINTYRE
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Cloverdale 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 Thomas M. Sewell Date 2/2/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Thomas M. Sewell
New Address 727 Moon Road Plainfield Ind

Subscribed and sworn to before me this 2nd day of February, 19 96

Connie Lawson Clerk of the HENDRICKS Circuit Court
Jessica L. Nelson Sandra L. Neisen Hendricks County Comm. Expires 12-3-99

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First JOANNE Middle ELAINE Last RHEA HUGHES

Date of Birth: Month 6 Day 21 Year 58

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 3750-10 McCARTY LN City LAFAYETTE County LAFAYETTE State IN

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 9-85

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. TRAVIS A. HUGHES

6. (a) Full name of applicant's father JOHN KENNETH RHEA
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) ANDERSON IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother MARJORIE A. GALLOWAY
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) LOGANSPORT 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 Joanne Hughes Date 2-2-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Joanne Hughes
New Address 3750-10 McCarty Ln. Lafayette, In.

Subscribed and sworn to before me this 2 day of February, 19 96

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-2-96 *, authorizing the marriage of* Thomas M. Farrell Jr. *and* Joanne E. Rhea Hughes *. I further certify that the following marriage certificate was filed in my office: I,* Kenneth Smith *(name), certify that on* 2-14-96 *(date), at* Plainfield *in* Hendricks *County, Indiana,* _____ Thomas M. Farrell Jr. *of* Hendricks *County* Indiana *(state), and* _____ Joanne Elaine Rhea Hughes *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* 2-2-96 *. Signed by:* /s/ Kenneth Smith, Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-20-96 *(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. 32
File 58
2-5-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under 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 Gregory Middle Keith Last Danner
Date of Birth: Month 1-24-61 Day Year
Place of Birth (State or foreign country): Ohio
Residence Address: Street or R.R. 503 N. Odell St. City Brownsburg, County Hendricks 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) 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 Bruce Ronald Danner
   (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 Lois Ann Cashin
   (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 ☒ Gregory K Danner Date 2-5-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed ☒ Gregory K Danner
New Address ☒ 503 N. Odell St
Subscribed and sworn to before me this ☒ 5 day of February, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of 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 Paulette Last Lynch
Date of Birth: Month 3-1-68 Day Year
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 3936 W. 200 S. City Danville County Hendricks 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) 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 John Thomas Lynch
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Judith Carol Alexander
   (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 P. Lynch Date 2-5-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 P. Lynch
New Address ☒ 503 N. O'DELL Brownsburg, IN 46112
Subscribed and sworn to before me this ☒ 5 day of FEB., 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-5-96 *, authorizing the marriage of* Gregory Keith Danner *and* Angela Paulette Lynch *. I further certify that the following marriage certificate was filed in my office: I,* Stephen L. Rasmussen *(name), certify that on* 2-17-96 *(date), at* Belleville *in* Hendricks *County, Indiana,* Gregory Keith Danner *of* Hendricks *County* Indiana *(state), and* Angela Paulette Lynch *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* 2-5-96 *. Signed by:* Stephen R. Rasmussen *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-21-96 *(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. 33

File 58

Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician JUDY KLEIN

MALE APPLICANT

Name: First SIMON Middle PETER Last FETTA

Date of Birth: Month MAY Day 4 Year 71

Place of Birth (State or foreign country) INDIANA

Residence Address: Street or R.R. 809 BROADWAY, 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) 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 WILLIAM EDWARD FETTA
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) MONTANA
   Birthplace of father (State or foreign country) INDIANA
   (b) Full maiden name of applicant's mother ALMA MARIE HALEY
   (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 Simon Peter Fetta Date 2-5-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Simon Peter Fetta
New Address 809 Broadway Indpls, IN 46202

Subscribed and sworn to before me this _____ day of _____, 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 MARIE Last STAHL

Date of Birth: Month MAY Day 20 Year 64

Place of Birth (State or foreign country) INDIANA

Residence Address: Street or R.R. 1406 EDGAR COURT, City PLAINFIELD, County, State IN

Previous Marital Status: Never Married ☑ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☑ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. CHLOE ELIZA STAHL

6. (a) Full name of applicant's father JOHN ROBERT STAHL
   (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 ELIZABETH MAE LATENDRESSE
   (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 Marie Stahl Date 2-5-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ 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 Marie Stahl
New Address 809 N. Broadway Indpls, IN 46202

Subscribed and sworn to before me this _____ day of _____, 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* 2-5-96 *, authorizing the marriage of* Simon Peter Fetta *and* Theresa Stahl *. I further certify that the following marriage certificate was filed in my office: I,* Warren W. Burns *(name), certify that on* 2-16-96 *(date), at* Avon *in* Hendricks *County, Indiana,* Simon Peter Fetta *of* Marion *County* Indiana *(state), and* Theresa Stahl *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* 2-5-96 *. Signed by:* /s/ Warren W. Burns *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-20-96 *(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. 34

File 58

Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under 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 Dale Middle Richard Last Weitzel

Date of Birth: Month 7-14-63 Day Year

Place of Birth (State or foreign country): Ohio

Residence Address: Street or R.R. 135 William Dr. 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 95

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. Brittany Ann Weitzel
6. (a) Full name of applicant's father Richard Allen Weitzel
   (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 Judith Anne Zebley
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Ohio
   Birthplace of mother (State or foreign country) New York

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant [signature] Date 2-5-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of 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 135 William DR Brownsburg 46112

Subscribed and sworn to before me this 5TH day of FEB, 19 96

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Jo Last Parkhurst

Date of Birth: Month 5-25-63 Day Year

Place of Birth (State or foreign country): Illinois

Residence Address: Street or R.R. 135 William Dr. City Brownsburg County Hendricks State IN 46112

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) 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. Amber Nicole Mendenhall Candice Marie Parkhurst Courtney Ann Parkhurst
6. (a) Full name of applicant's father Richard Ace Drollinger
   (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 E Whaley
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Illinois
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Mary Jo Parkhurst Date 2/5/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Mary Jo Parkhurst

New Address 135 William DR Brownsburg In 46112

Subscribed and sworn to before me this 5th day of Feb, 19 96

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-5-96 *, authorizing the marriage of* Dale Richard Weitzel *and* Mary Jo Parkhurst *. I further certify that the following marriage certificate was filed in my office: I,* Cindy Spence *(name), certify that on* 2-21-96 *(date), at* Danville *in* Hendricks *County, Indiana,* Dale Richard Weitzel *of* Hendricks *County* Indiana *(state), and* Mary Jo Parkhurst *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* 2-5-96 *. Signed by:* /s/ Cindy Spence *,* 1st Deputy Clerk *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-21-96 *(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. 35
File 58
2-5-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Linda Martin

MALE APPLICANT

Name: First Kurtis Middle Robert Last Hall
Date of Birth: Month Day Year 12-12-67
Place of Birth (State or foreign country) Illinois
Residence Address: Street or R.R. 187 1/2 N. State Rd. 267 City ~~Brownsburg~~ County ~~Hendricks~~ Aur State Hendricks IN 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) 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. Briana Hall
6. (a) Full name of applicant's father Robert Blazer Hall
   (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 Constance Lee Britton
   (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 Kurtis Hall Date 2-5-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Kurtis Hall
New Address X 187 1/2 N St. Rd 267
Subscribed and sworn to before me this 5 day of Feb, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Jane Last Gillam
Date of Birth: Month Day Year 11-1-65
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 187 1/2 N. State Rd. 267 City ~~Brownsburg~~ County ~~Hendricks~~ Aur State Hendricks IN 46168
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) 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. Amanda Schmitt, Patrick Gillam, Jessica Gillam, Briana Hall
6. (a) Full name of applicant's father Walter Patrick Risley
   (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 Rosie Jane Conner
   (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 Tina J. Gillam Date 2/5/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 J. Gillam
New Address X 187 1/2 N St. Rd 267
Subscribed and sworn to before me this 5 day of Feb, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-5-96 *, authorizing the marriage of* Kurtis Robert Hall *and* Tina Jane Gillam *. I further certify that the following marriage certificate was filed in my office: I,* Myron Barnard *(name), certify that on* 2-10-96 *(date), at* Greenfield *in* Hancock *County, Indiana,* Kurtis Robert Hall *of* Hendricks *County* Indiana *(state), and* Tina Jane Gillam *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* 2-5-96 *. Signed by:* /s/ Myron Barnard *,* Judge *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-13-96 *(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. 36
File 58
2-7-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under 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 Michael Middle Keith Last Scott
Date of Birth: Month 2 Day 8 Year 46
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 121 S. Green St. A City Brownsburg County Hendricks State IN 46112
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 90
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 Keith Francis Scott
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Marie Laverne Mays
   (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 Michael K Scott Date 2-7-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 K Scott
New Address same
Subscribed and sworn to before me this 7 day of 2, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Warman
Date of Birth: Month 12 Day 26 Year 50
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 121 South Green St. A City Brownsburg County Henarices State IN 46112
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 83
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 James Robert Radford
   (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 Jean Huntsinger
   (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 K. Warman Date 2/7/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 K. Warman
New Address same
Subscribed and sworn to before me this _____ day of _____, 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* 2-7-96 *, authorizing the marriage of* Michael Keith Scott *and* Sharon Kay Warman *. I further certify that the following marriage certificate was filed in my office: I,* Raymond H. Duff *(name), certify that on* 2-23-96 *(date), at* Brownsburg *in* Hendricks *County, Indiana,* _____ Michael Keith Scott *of* Hendricks *County* Indiana *(state), and* _____ Sharon Kay Warman *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* 2-7-96 *. Signed by:* /s/ Raymond H. Duff *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-11-96 *(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. 37
File 5B
2-8-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under 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. Stegmoller

MALE APPLICANT

Name: First Eric Middle Joseph Last Klakamp
Date of Birth: Month 4-14-66 Day Year
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 825 Highlander City Plainfield County Hendricks State IN 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 6/91
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 Alexander Joseph Darbutt
   (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 Kay 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 Eric Klakamp Date 2-8-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court X _____ 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 Klakamp
New Address same
Subscribed and sworn to before me this 8th day of Febvary, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Johnna Middle Sue Last Caylor
Date of Birth: Month 10-28-60 Day Year
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 825 Highlander City Plainfield County Hendricks State IN ~~Ho168~~ 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 9/94
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. Corey Michael Caylor
   Cassandra Michelle Caylor

6. (a) Full name of applicant's father John David 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 Sandra Sue Moody
   (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 Johnna Sue Caylor Date 2-8-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Johnna Sue Caylor
New Address X same
Subscribed and sworn to before me this X 8th day of February 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-8-96 *, authorizing the marriage of* Eric Joseph Klakamp *and* Johnna Sue Caylor *. I further certify that the following marriage certificate was filed in my office: I,* Linda A. Parr *(name), certify that on* 3-1-96 *(date), at* Danville *in* Hendricks *County, Indiana,* Eric Joseph Klakamp *of* Hendricks *County* Indiana *(state), and* Johnna Sue Caylor *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* 2-8-96 *. Signed by:* /s/ Linda A. Parr, Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-4-96 *(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. 38
File 58
2-8-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under 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 Samuel Middle Lee Last Blubaugh
Date of Birth: Month Day Year 4-15-63
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 3455 E. main City 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 6/95
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. Ryan, Zackary, Timothy, Matthew
6. (a) Full name of applicant's father Thomas Edward Blubaugh
   (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 Kathleen Jane Wilkinson
   (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 ☒ Samuel Blubaugh Date 2-8-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed ☒ Samuel Blubaugh
New Address 3455 E MAIN DANVILLE IN 46122
Subscribed and sworn to before me this 8 day of Feb, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Kae Last Nick
Date of Birth: Month Day Year 11-15-68
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 3735 E. main City Danville, County Hendricks State IN 46122
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2/96
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. Zackary, Timothy Matthew
6. (a) Full name of applicant's father John Thomas Boice
   (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 Donna Kae Nicley
   (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 K. Nick Date 2/8/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed ☒ Angela K. Nick
New Address 3455 E MAIN DANVILLE IN 46122
Subscribed and sworn to before me this 8 day of 2, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-12-96 *, authorizing the marriage of* Samuel Lee Blubaugh *and* Angela Kae Nick *. I further certify that the following marriage certificate was filed in my office: I,* Deborah S. Ottinger *(name), certify that on* 2-14-96 *(date), at* Lebanon *in* Boone *County, Indiana,* _____ Samuel Lee Blubaugh *of* Hendricks *County* Indiana *(state), and* _____ Angela Kae Nick *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* 2-12-96 *. Signed by:* /s/ Deborah S. Ottinger *,* Clerk *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-14-96 *(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. 39
File 58
2-9-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under 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. Bilby

MALE APPLICANT

Name: First Chadd Middle Evan Last Ridenour
Date of Birth: Month 7-10-73 Day Year
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 10556 Linda Ct. 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) 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 James William Ridenour
   (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 Iris Jean Riddle
   (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 Chadd Ridenour Date 2-9-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Chadd Ridenour
New Address 7870 E. County Rd. 700 N Brownsburg, IN 46112
Subscribed and sworn to before me this 9th day of February, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Lisa Middle Kay Last Burns
Date of Birth: Month 5-7-75 Day Year
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 10314 Stormhaven Way City Indianapolis County Marion State IN 46256
Previous Marital Status: 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 Bruce K. Burns
   (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 Ann McGinley
   (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 Lisa K. Burns Date 2-9-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 K. Burns
New Address 7870 E. County Rd 700 N Brownsburg, IN 46112
Subscribed and sworn to before me this 9th day of February, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-9-96 *, authorizing the marriage of* Chadd Evan Ridenour *and* Lisa Kay Burns *. I further certify that the following marriage certificate was filed in my office: I,* Bruce K. Burns *(name), certify that on* 3-9-96 *(date), at* Indianapolis *in* Marion *County, Indiana,* Chadd Evan Ridenour *of* Hendricks *County* Indiana *(state), and* Lisa Kay Burns *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* 2-9-96 *. Signed by:* /s/ Bruce K. Burns *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-19-96 *(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. 40

File 58

2-9-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Health Tracks

MALE APPLICANT

Name First Justin Middle William Last Harris

Date of Birth Month 7-5-73 Day Year

Place of Birth (State or foreign country) Indiana

Residence Address 296 N. Mill St. Apt 3 Street or R.R. 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) 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 Terrence Allen Harris
   (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 Jessica Ann Knight
   (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 2/9/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X [signature]

New Address X 296 N. Mill ST. Apt. 3 Plainfield 46168

Subscribed and sworn to before me this 9 day of Feb, 19 96

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name First Erika Middle Joan Last Penhollow

Date of Birth Month 8-8-75 Day Year

Place of Birth (State or foreign country) Missouri

Residence Address 296 N. Mill St. Apt. 3 Street or R.R. 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) 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 Charles Watkins
   (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 Virginia Watkins
   (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 Erika J Penhollow Date 2-9-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Erika J Penhollow

New Address X 296 N Mill St Apt 3 Plfld, IN 46168

Subscribed and sworn to before me this 9th day of February, 19 96

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-9-96 *, authorizing the marriage of* Justin William Harris *and* Erika Joan Penhollow *. I further certify that the following marriage certificate was filed in my office: I,* Steven Montgomery *(name), certify that on* 2-14-96 *(date), at* Indianapolis *in* Marion *County, Indiana,* Justin William Harris *of* Hendricks *County* Indiana *(state), and* Erika Joan Penhollow *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* 2-9-96 *. Signed by:* /s/ Steven Montgomery *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-19-96 *(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. 41
File 58
2-9-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under 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. Koburansky

MALE APPLICANT

Name: First Andrew Middle William Last Kinsler
Date of Birth: Month 2 Day 10 Year 72
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 6424 S. C.R. 200 E. City Frankfort County Clinton State IN 46041
Previous Marital Status: 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 Harold Dean Kinsler
   (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 Jean Ross
   (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 ✗ Andrew W Kinsler Date 2-9-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed ✗ Andrew W Kinsler
New Address ✗ 1350 West 32nd Holland, MI 49423
Subscribed and sworn to before me this ✗ 9th day of February, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Becky Middle Marie Last Swallow
Date of Birth: Month 12 Day 1 Year 71
Place of Birth (State or foreign country): Colorado
Residence Address: Street or R.R. 1344 Oliver Ave. 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) 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 Wayne Thomas Swallow
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Michigan
   (b) Full maiden name of applicant's mother Patricia Marie Patriarche
   (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 ✗ Becky M Swallow Date 2-9-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed ✗ Becky M Swallow
New Address ✗ 1350 W. 32nd St. Holland, MI 49423
Subscribed and sworn to before me this ✗ 9th day of February, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-9-96 *, authorizing the marriage of* Andrew William Kinsler *and* Becky Marie Swallow *. I further certify that the following marriage certificate was filed in my office: I,* William R. Clayton *(name), certify that on* 3-9-96 *(date), at* Plainfield *in* Hendricks *County, Indiana,* Andrew William Kinsler *of* Clinton *County* Indiana *(state), and* Becky Marie Swallow *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* 2-9-96 *. Signed by:* William R. Clayton *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-14-96 *(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. 42
File 58
2-12-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Gregory Sutton

MALE APPLICANT

Name: First Chris Middle Warren Last Hutcheson
Date of Birth: Month Day Year 8-29-56
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1061 S. C.R. 525. E. City Plainfield County Hendricks State IN 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 6/90
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 Jack Warren Hutcheson
   (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 Ann Esther Syrus Edmondson
   (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 [signature] Date 2-12-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 _____ day of _____, 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 Janet Middle Helen Last Patterson
Date of Birth: Month Day Year 5-4-47
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1061 S. C.R. 525 E. City Plainfield County Hendricks State IN 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2/91
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. Megan Nicole Patterson
6. (a) Full name of applicant's father Lewis Elwood Taylor
   (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 J. Hayes
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [signature] Date 2/12/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 _____ day of _____, 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* 2-12-96 *, authorizing the marriage of* Chris Warren Hutcheson *and* Janet Helen Patterson *. I further certify that the following marriage certificate was filed in my office: I,* David Cook *(name), certify that on* 3-23-96 *(date), at* McCormicks Creek *in* Owen *County, Indiana,* Chris W. Hutcheson *of* Hendricks *County* Indiana *(state), and* Janet H. Patterson *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* 2-12-96 *. Signed by:* /s/ David Cook *,* Judge Pro-Tem *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-9-96 *(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. 43
File 58
2-12-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under 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. Kelley

MALE APPLICANT

Name: First Kenneth Middle Eric Last Grant
Date of Birth: Month 10 Day 26 Year 71
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 342 1/2 N. Center St. City Plainfield County Hendricks State IN 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) 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. Brandon Eric Grant
6. (a) Full name of applicant's father Gary Kenneth Grant
   (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 Gene Deitz
   (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 Kenneth E Grant Date Feb 12, 1996

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Kenneth E Grant
New Address same
Subscribed and sworn to before me this 12 day of February, 1996
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19____
_____ Clerk

FEMALE APPLICANT

Name: First Felicia Middle Machelle Last Gibson
Date of Birth: Month 11 Day 30 Year 70
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 342 1/2 N. Center St. City Plainfield County Hendricks State IN 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) 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. Brandon Eric Grant
6. (a) Full name of applicant's father Charles William Gibson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Mississippi
   (b) Full maiden name of applicant's mother Mary Ann McCorkle
   (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 Felicia Gibson Date 2-12-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Felicia Gibson
New Address same as above
Subscribed and sworn to before me this 12th day of February 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-12-96 *, authorizing the marriage of* Kenneth Eric Grant *and* Felicia Machelle Gibson *. I further certify that the following marriage certificate was filed in my office: I,* John Hesseldenz *(name), certify that on* 2-14-96 *(date), at* Indianapolis *in* Marion *County, Indiana,* Kenneth Eric Grant *of* Hendricks *County* Indiana *(state), and* Felicia Machelle Gibson *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* 2-12-96 *. Signed by:* /s/ John Hesseldenz *,* Judge *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-15-96 *(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. 44
File 58
2-12-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Meyers

MALE APPLICANT

Name: First Timothy Middle Scot Last Davis
Date of Birth: Month 2 Day 14 Year 70
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 1715 Black Rock Rd. 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) 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. Brittany Nicole Davis
6. (a) Full name of applicant's father Michael Gene Davis
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Louisiana
   (b) Full maiden name of applicant's mother Linda Marie Whiteside
   (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 Timothy Scot Davis Date 2/12/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 Scot Davis
New Address 50 same
Subscribed and sworn to before me this 12 day of FEB. , 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Jody Middle Kay Last Belcher
Date of Birth: Month 10 Day 12 Year 72
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 6905 S. St. Rd. 267 City Lebanon County Boone State IN 46052
Previous Marital Status: 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. Brittany Nicole Davis
6. (a) Full name of applicant's father Neddy Joe Belcher
   (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 Jane Fuller
   (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 Jody K. Belcher Date 2/12/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Jody K. Belcher
New Address 1716 Black Rock Road Plainfield, IN 46168
Subscribed and sworn to before me this Feb day of 12 , 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-12-96 *, authorizing the marriage of* Timothy Scot Davis *and* Jody Kay Belcher *. I further certify that the following marriage certificate was filed in my office: I,* John G. Dunaway *(name), certify that on* 2-24-96 *(date), at* Lebanon *in* Boone *County, Indiana,* Timothy Scot Davis *of* Hendricks *County* Indiana *(state), and* Jody Kay Belcher *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* 2-12-96 *. Signed by:* John G. Dunaway *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-29-96 *(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. 45
File 58
2-12-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Ronald Gemma

MALE APPLICANT

Name: First Michael Middle Gary Last Gregory
Date of Birth: Month Day Year 9-9-62
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1596 N. C.R. 800 E. City Plainfield County Hendricks State IN 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 10/92
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 Gary Robert Gregory
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Oregon
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Jayne Marie Wildman
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) New Mexico
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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/ Michael G. Gregory Date 12 FEB 96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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/ Michael G. Gregory
New Address R.R.1 Box 169 BISHOP, TX 78343
Subscribed and sworn to before me this 12th day of FEBRUARY, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Susan Middle marie Last Warren
Date of Birth: Month Day Year 5-22-63
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1596 N. C.R. 800 E. 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) 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 Daniel Charles Warren
   (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 Rosemarie Agnes Gehrich
   (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 /s/ Susan M. Warren Date 2-12-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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/ Susan M. Warren
New Address R.R.1 Box 169 Bishop, TX 78343
Subscribed and sworn to before me this 12th day of Feb., 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-12-96 *, authorizing the marriage of* Michael Gary Gregory *and* Susan Marie Warren *. I further certify that the following marriage certificate was filed in my office: I,* Vincent P. Lampert *(name), certify that on* 2-17-96 *(date), at* Danville *in* Hendricks *County, Indiana,* Michael Gary Gregory *of* Hendricks *County* Indiana *(state), and* Susan Marie Warren *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* 2-12-96 *. Signed by:* /s/ Vincent P. Lampert *,* Priest *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-21-96 *(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

HENDRICKS County

No. 46
File 58
2-12-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Haegar

MALE APPLICANT

Name: First Carl Middle Eugene Last Gibson
Date of Birth: Month Day Year 11-14-76
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 620 Lakeside Dr. apt. D 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) 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 Chalmer Jr. Gibson
   (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 Glenda K. Davidson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Virginia

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Carl E. Gibson Date 2-12-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Carl E. Gibson
New Address Same
Subscribed and sworn to before me this 12th day of Feb., 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Leigh Middle Ann Last Steele
Date of Birth: Month 7 Day 2 Year 74
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 620 Lakeside Dr. Apt. D. 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) 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 Orville J. Steele
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Joyce Ann Van Osdole
   (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 Leigh Ann Steele Date 2-12-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Leigh Ann Steele
New Address Same As above
Subscribed and sworn to before me this 12th day of Feb., 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-12-96 *, authorizing the marriage of* Carl Eugene Gibson *and* Leigh Ann Steele *. I further certify that the following marriage certificate was filed in my office: I,* C.J. Gibson *(name), certify that on* 2-14-96 *(date), at* Plainfield *in* Hendricks *County, Indiana,* Carl Eugene Gibson *of* Hendricks *County* Indiana *(state), and* Leigh Ann Steele *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* 2-12-96 *. Signed by:* /s/ C.J. Gibson *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-20-96 *(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. 47
File 58
2-13-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Kenneth Gray

MALE APPLICANT

Name: First David Middle Joseph Last Perry
Date of Birth: Month 8-11-72 Day Year
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 811 Maxine Dr. City Brownsburg County Hendricks 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) 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 David Floyd Perry
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Judith Ann 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 [signature] Date 2-13-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 [signature] 811 Maxine Dr. Brownsburg, IN 46112
Subscribed and sworn to before me this 13th day of February, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Kimberly Middle Jo Last Thompson
Date of Birth: Month 12-2-76 Day Year
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 811 Maxine Dr. City Brownsburg County Hendricks 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) 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 Marky Ray Thompson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Karen Marie Hasselburg
   (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 [signature] Date 2-13-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 [signature] 811 Maxine Dr. Brownsburg, IN 46122
Subscribed and sworn to before me this 13th day of Feb., 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-13-96 *, authorizing the marriage of* David Joseph Perry *and* Kimberly Jo Thompson *. I further certify that the following marriage certificate was filed in my office: I,* Leonard Maynard *(name), certify that on* 2-17-96 *(date), at* Brownsburg *in* Hendricks *County, Indiana,* David Joseph Perry *of* Hendricks *County* Indiana *(state), and* Kimberly Jo 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* 2-13-96 *. Signed by:* /s/ Leonard Maynard *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-21-96 *(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. 48

File 58

2-14-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under 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. Protokoff

MALE APPLICANT

Name First Steven Middle Leroy Last Wilson Jr.

Date of Birth Month 12-11-75 Day Year

Place of Birth (State or foreign country) ~~10370 3rd~~ Indiana

Residence Address 10370 3rd St. Street or R.R. 20-83 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) 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. Zachary Robert Wilson
6. (a) Full name of applicant's father Steven Leroy Wilson Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Germany
   (b) Full maiden name of applicant's mother Patricia Ann 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 ☒ S. Wilson Date 2-14-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of 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. Wilson

New Address ☒ same

Subscribed and sworn to before me this ☒ 14 day of February, 19 96

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 Samantha Middle Jean Last Carter

Date of Birth Month 11-22-75 Day Year

Place of Birth (State or foreign country) Indiana

Residence Address 10370 3rd St. Lot 20-83 Street or R.R. 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) 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. Zachary Robert Wilson
6. (a) Full name of applicant's father William B. Carter
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Kansas
   Birthplace of father (State or foreign country) Germany
   (b) Full maiden name of applicant's mother Jacqueline Jean Morton
   (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 ☒ Samantha J Carter Date 2-14-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed ☒ Samantha J Carter

New Address ☒ same

Subscribed and sworn to before me this ☒ 14 day of February, 19 96

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* 2-14-96 *, authorizing the marriage of* Steven Leroy Wilson Jr. *and* Samantha Jean Carter *. I further certify that the following marriage certificate was filed in my office: I,* C. Marie Exline *(name), certify that on* 2-22-96 *(date), at* Indianapolis *in* Hendricks *County, Indiana,* _____ Steven Leroy Wilson Jr. *of* Hendricks *County* Indiana *(state), and* _____ Samantha Jean Carter *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* 2-14-96 *. Signed by:* C. Marie Exline *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-29-96 *(date).*

Signed Connie Rawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-362-8702 1477

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 49

HENDRICKS County

File

2-14-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 2-9-96
Name of Physician Jana Edwards

MALE APPLICANT

Name: First ZHANG Middle FENG Last CHEN

Date of Birth: Month NOVEMBER Day 19 Year 1962

Place of Birth (State or foreign country) CHINA

Residence Address: Street or R.R. 237 AUSTIN DRIVE City INDIANAPOLIS County State IN

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 8-6-93

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. CHEN YU
6. (a) Full name of applicant's father WEN GAN CHEN
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) CHINA
   Birthplace of father (State or foreign country) CHINA
   (b) Full maiden name of applicant's mother LI QIN ZHENG
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) CHINA
   Birthplace of mother (State or foreign country) CHINA

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Zhang Feng Chen Date 2/14/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Zhang Feng Chen

New Address SAME AS ABOVE

Subscribed and sworn to before me this 14 day of 2/14, 19 96

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First JENNY Middle JIAN Last CHEN

Date of Birth: Month SEPTEMBER Day 28 Year 1975

Place of Birth (State or foreign country) CHINA

Residence Address: Street or R.R. 237 AUSTIN DRIVE City INDIANAPOLIS County State

Previous Marital Status: Never Married ☑ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) 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 LU GHAN CHEN
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) DECEASED
   Birthplace of father (State or foreign country) CHINA
   (b) Full maiden name of applicant's mother YAN ZHENG
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) NEW YORK CITY
   Birthplace of mother (State or foreign country) CHINA

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Jenny Chen Date 2/14/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Jenny Chen

New Address SAME AS ABOVE

Subscribed and sworn to before me this _____ day of 2/14, 19 96

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-14-96 *, authorizing the marriage of* Zhang Feng Chen *and* Jenny Jian Chen *. I further certify that the following marriage certificate was filed in my office: I,* Cindy Spence *(name), certify that on* 2-15-96 *(date), at* Danville *in* Hendricks *County, Indiana,* _____
Zhang Feng Chen *of* Hendricks *County* Indiana *(state), and* _____
Jenny Jian Chen *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* 2-14-96 .
Signed by: /s/ Cindy Spence , 1st Deputy Clerk *(official designation)*
Filed and recorded in accordance with the laws of the State of Indiana on 2-16-96 *(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. 50
File 58
2-16-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☐ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician John Steenbergen

MALE APPLICANT

Name: First Robert Middle Edward Last Lee miller

Date of Birth: Month 12-17-74 Day Year

Place of Birth (State or foreign country): Indiana

Residence Address: 2325 E. Main Street or R.R. Plainfield City Hendricks County IN State 46168

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☒ Other (Specify) Military I.D.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Freddie Lee Miller Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Arkansas
   (b) Full maiden name of applicant's mother Irene ~~Smith~~ Mounce
   (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 ✓ Robt Miller Date 2-16-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed ✓ Robt Miller
New Address ✓ Same
Subscribed and sworn to before me this ✓ 16th day of FeB, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Dawn Last Alte

Date of Birth: Month 12-20-72 Day Year

Place of Birth (State or foreign country): Indiana

Residence Address: 2325 E. Main Street or R.R. Plainfield City Hendricks County IN State 46168

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) 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 Samuel Howard Alte
   (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 Caretta Joy Peters
   (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 ✓ Heather Alte Date 2-16-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of 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 Alte
New Address ✓ Same
Subscribed and sworn to before me this ✓ 16th day of Feb, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-16-96 *, authorizing the marriage of* Robert Edward Lee Miller *and* Heather Dawn Alte *. I further certify that the following marriage certificate was filed in my office: I,* Cynthia Dell Alte *(name), certify that on* 2-17-96 *(date), at* Indianapolis *in* Marion *County, Indiana,* Robert Edward Lee Miller *of* Hendricks *County* Indiana *(state), and* Heather Dawn Alte *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* 2-16-96 *. Signed by:* /s/ Cynthia Dell Alte *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-20-96 *(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. 51
File 58
2-20-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under 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. Jordan

MALE APPLICANT

Name: First Nathan Middle Lee Last Wilkey
Date of Birth: Month 12 Day 20 Year 71
Place of Birth (State or foreign country): Indiana
Residence Address: 7846 Continental Dr. Street or R.R. City Mooresville County Hendricks State IN 46158
Previous Marital Status: 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 Donald Lee Wilkey
   (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 Eva Kathleen Atkinson
   (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 Nathan L. Wilkey Date 2/20/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 L. Wilkey
New Address X 5338 W. 32nd St
Subscribed and sworn to before me this X 20th day of February, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Colleen Last Beattey
Date of Birth: Month 4 Day 3 Year 76
Place of Birth (State or foreign country): Indiana
Residence Address: 5338 W. 32nd St. Street or R.R. City Indianapolis County Marion State IN 46224
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) 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 Jay Randall Beattey
   (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 Kay Bowles
   (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 Shannon C. Beattey Date 2/20/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 C. Beattey
New Address X 5338 W. 32nd St
Subscribed and sworn to before me this X 20 day of February, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-20-96 *, authorizing the marriage of* Nathan Lee Wilkey *and* Shannon coleen Beattey *. I further certify that the following marriage certificate was filed in my office: I,* Brent Meyer *(name), certify that on* 3-9-96 *(date), at* Plainfield *in* Hendricks *County, Indiana,* Nathan Lee Wilkey *of* Hendricks *County* Indiana *(state), and* Shannon Coleen Beattey *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* 2-20-96 *. Signed by:* /s/ Brent Meyer *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-13-96 *(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. 52

HENDRICKS County

File 58

2-21-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Dietek

MALE APPLICANT

Name First: Ronald Middle: Noble Last: Sturgeon Jr.

Date of Birth Month Day Year: 11-24-61

Place of Birth (State or foreign country): Indiana

Residence Address Street or R.R. City County State: 7389 S. C.R. 650 E. Plainfield Hendricks IN 46168

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 6/6/95

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. Ryan Noble Sturgeon, Brett Michael Sturgeon
6. (a) Full name of applicant's father Ronald Noble Sturgeon
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Brenda Leigh Gallagher
   (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 ✕ Ronald N. Sturgeon Jr. Date 2/21/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of 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 N. Sturgeon Jr.
New Address ✕ same

Subscribed and sworn to before me this 21st day of Feb, 19 96

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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: Bartick

Date of Birth Month Day Year: 2-4-62

Place of Birth (State or foreign country): Texas

Residence Address Street or R.R. City County State: 7389 S. C.R. 650 E. Plainfield Hendricks IN 46168

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) 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 Richard Joseph Bartick
   (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 Cecelia Rachael Smith
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Maine

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant ✕ Lisa A. Bartick Date 2/21/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of 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. Bartick
New Address ✕ same

Subscribed and sworn to before me this ✕ 21st day of Feb, 19 96

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-21-96 *, authorizing the marriage of* Ronald Noble Sturgeon Jr. *and* Lisa Ann Bartick *. I further certify that the following marriage certificate was filed in my office: I,* Brian Paul Barrett *(name), certify that on* 3-23-96 *(date), at* Indianapolis *in* Marion *County, Indiana,* _____ Ronald Noble Sturgeon Jr *of* Hendricks *County* Indiana *(state), and* _____ Lisa Ann Bartick *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* 2-21-96 *. Signed by:* Brian P. Barrett *,* Judge Pro-Tem *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-2-96 *(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. 53
File 58
2-22-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under 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. Rebecca Haak

MALE APPLICANT

Name First Kenneth Middle Douglas Last Wright
Date of Birth Month 3 Day 20 Year 66
Place of Birth (State or foreign country) Indiana
Residence Address 447 Ladoga Ave. Street or R.R. City North Salem County Hendricks State IN 46165
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) 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 Kenneth Dale Wright
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Janice Arlene Bryant
   (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 ☒ Kenneth D. Wright Date 2/22/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 D. Wright
New Address ☒ 447 LADOGA AV
Subscribed and sworn to before me this ☒ 22 day of FEB., 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name First Shawn Middle Renee Last Hodges
Date of Birth Month 12 Day 21 Year 70
Place of Birth (State or foreign country) Indiana
Residence Address 447 Ladoga Rd. Street or R.R. City North Salem County Hendricks State IN 46165
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1/3/95
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. Joshua Lee Hodges
6. (a) Full name of applicant's father Jerry Lee Howard
   (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 Judy May 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 ☒ Shawn R. Hodges Date 2-22-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed ☒ Shawn R. Hodges
New Address ☒ Same as above.
Subscribed and sworn to before me this ☒ 22 day of Feb., 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-22-96 *, authorizing the marriage of* Kenneth Douglas Wright *and* Shawn Renee Hodges *. I further certify that the following marriage certificate was filed in my office: I,* David L. Garshaw *(name), certify that on* 2-24-96 *(date), at* North Salem *in* Hendricks *County, Indiana,* Kenneth Douglas Wright *of* Hendricks *County* Indiana *(state), and* Shawn Renee Hodges *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* 2-22-96 *. Signed by:* /s/ David L. Garshaw *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-4-96 *(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. 54
File 58
2-23-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under 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. Torella

MALE APPLICANT

Name: First Jeffery Middle Allen Last Trees
Date of Birth: Month 7 Day 31 Year 49
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 765 Lockefield St. Apt. A. City Indpls. County Marion State IN 46202
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 4/28/95
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. Sarah Beth Trees
6. (a) Full name of applicant's father Robert Neil Trees
   (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 Alma Margaret ~~Enderson~~ Shumaker
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant ✗ Jeffrey A. Trees Date 2-23-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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. Trees
New Address ✗ 371 Vinewood Dr. N. Brownsburg IN. 46112
Subscribed and sworn to before me this ✗ 23 day of Feb., 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Diana Middle Lynn Last Hopper
Date of Birth: Month 12 Day 15 Year 50
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 371 Vinewood Dr. N. City Brownsburg County Hendricks State IN 46112
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date ~~1995~~ 1987
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. Tiffanee Michelle Hopper
6. (a) Full name of applicant's father Elijah Eugene Cook
   (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 Phyllis Audrey Ellenwood
   (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 ✗ Diana L. Hopper Date 2-23-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed ✗ Diana L. Hopper
New Address ✗ as above
Subscribed and sworn to before me this ✗ 23 day of Feb., 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-23-96 *, authorizing the marriage of* Jeffrey Allen Trees *and* Diana Lynn Hopper *. I further certify that the following marriage certificate was filed in my office: I,* Harlan Hinkle *(name), certify that on* 3-1-96 *(date), at* Danville *in* Hendricks *County, Indiana,* Jeffrey Allen Trees *of* Marion *County* Indiana *(state), and* Diana Lynn Hopper *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* 2-23-96 *. Signed by:* /s/ Harlan Hinkle *,* Judge Pro-Tempore *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-1-96 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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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. 55
File 58
2-26-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under 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. Hemelstein

MALE APPLICANT

Name: First Jarl Middle Keith Last Smith

Date of Birth: Month 8-16-70 Day Year

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R.R. 3241 Tansel Rd. City Clermont County Marion 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) 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 Emmett Ora Smith
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) West Virginia
   (b) Full maiden name of applicant's mother Rosa Marie Kimbley
   (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 Jarl K. 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 Jarl K. Smith
New Address Same as above

Subscribed and sworn to before me this 26 day of FEB, 19 96

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of 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 Egen Last Francis

Date of Birth: Month 4-16-71 Day Year

Place of Birth (State or foreign country): Kentucky

Residence Address: Street or R.R. 5530 E. U.S. Hwy 136 City Brownsburg County Hendricks 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) 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 John Virgil Francis
   (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 Wilma Lou Murley
   (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 Jennifer E. Francis Date 2-26-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court 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 E. Francis
New Address X 3241 Tansel Rd. Clermont

Subscribed and sworn to before me this 26 day of Feb, 19 96

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #
Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-26-96 *, authorizing the marriage of* Jarl Keith Smith *and* Jennifer Egen Francis *. I further certify that the following marriage certificate was filed in my office: I,* Steven T. Reeves *(name), certify that on* 3-16-96 *(date), at* Brownsburg *in* Hendricks *County, Indiana,* Jarl Keith Smith *of* Marion *County* Indiana *(state), and* Jennifer Egen Francis *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* 2-26-96 *. Signed by:* /s/ Steven T. Reeves *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-19-96 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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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. 56
File 58
2-26-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Timothy Feeney

MALE APPLICANT

Name: First Jason Middle Tipton Last Cochran
Date of Birth: Month 12 Day 26 Year 70
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1145 Pinewood Dr. Apt. C 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) 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 Jesse Edward Cochran
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother Susan Sue Hedrick
   (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 Jason T. Cochran Date 2-26-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 T. Cochran
New Address SAME
Subscribed and sworn to before me this 26 day of 26, 19 96
Connie Rawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

FEMALE APPLICANT

Name: First Denise Middle Renee Last Clark
Date of Birth: Month 4 Day 30 Year 68
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1145 Pinewood Dr. Apt. C City Plainfield County Hendricks State IN 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 4/94
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. Danielle Clark
6. (a) Full name of applicant's father Thomas Larry Nichols I
   (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 Diane 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 Denise Clark Date 2/26/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 Clark
New Address SAME
Subscribed and sworn to before me this 26 day of 26, 19 96
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* 2-26-96 *, authorizing the marriage of* Jason Tipton Cochran *and* Denise Renee Clark *. I further certify that the following marriage certificate was filed in my office: I,* Carl Akard Riley *(name), certify that on* 3-16-96 *(date), at* Plainfield *in* Hendricks *County, Indiana,* Jason Tipton Cochran *of* Hendricks *County* Indiana *(state), and* Denise Renee 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* 2-26-96 *. Signed by:* /s/ Carl Akard Riley *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-19-96 *(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. 57
File 58
2-27-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under 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. Deeger

MALE APPLICANT

Name: First Parry Middle S. Last Starkey
Date of Birth: Month 4 Day 24 Year 67
Place of Birth (State or foreign country) OH
Residence Address: Street or R.R. 7257 Sundance Dr. Apt 302 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. Lie.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 G. Starkey
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Napoleon, OH
   Birthplace of father (State or foreign country) OH
   (b) Full maiden name of applicant's mother Phyllis M. Tracy
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) same
   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 Parry S Starkey Date 2/27/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Parry S Starkey
New Address _____
Subscribed and sworn to before me this 27 day of Feb. , 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Rose Marie Middle _____ Last Lee
Date of Birth: Month 4 Day 14 Year 62
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 7588 Continental Dr. City Mooresville County Hendricks State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 7-12-93
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr Lie.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Diana Lee
6. (a) Full name of applicant's father Jack Owen DeRoss
   (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 Lois Nell Bogeman
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Shelbyville 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 Rose Marie Lee Date 2/27/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Rose Marie Lee
New Address same
Subscribed and sworn to before me this 27 day of Feb. , 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-27-96 *, authorizing the marriage of* Parry S. Starkey *and* Rose Marie Lee *. I further certify that the following marriage certificate was filed in my office: I,* William R. Clayton *(name), certify that on* 4-13-96 *(date), at* Plainfield *in* Hendricks *County, Indiana,* _____ Parry S. Starkey *of* Marion *County* Indiana *(state), and* _____ Rose Marie Lee *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* 2-27-96 *. Signed by:* /s/ William R. Clayton *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-16-96 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

436

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 58
File 58
2-28-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under 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 Wilmott

MALE APPLICANT

Name: First Steven Middle Michael Last Western
Date of Birth: Month 10 Day 28 Year 52
Place of Birth (State or foreign country): Michigan
Residence Address: Street or R.R. 13 Nash Court City Brownsburg County Hendricks State IN 46112
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) 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. Megan marie Western
6. (a) Full name of applicant's father Steve Western
   (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 Shirley Jane Dinan
   (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 Steven M. Western Date 2-28-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 M. Western
New Address X 13 NASH COURT
Subscribed and sworn to before me this X 28 day of FEB., 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Julie Middle Marie Last Louk
Date of Birth: Month 12 Day 9 Year 62
Place of Birth (State or foreign country): Michigan
Residence Address: Street or R.R. 13 Nash Court 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 1992
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. Bobbi Marie Louk
6. (a) Full name of applicant's father Norman ~~S~~ Gerald Rademacher
   (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 Eunice Marie Rice
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Michigan

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Julie M. Louk Date 2-28-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Julie M. Louk
New Address X Same
Subscribed and sworn to before me this 28 day of Feb, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-28-96 *, authorizing the marriage of* Steven Michael Western *and* Julie Marie Louk *. I further certify that the following marriage certificate was filed in my office: I,* Cindy Spence *(name), certify that on* 2-28-96 *(date), at* Danville *in* Hendrickss *County, Indiana,* _____ Steven Michael Western *of* Hendricks *County* Indiana *(state), and* _____ Julie Marie Louk *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* 2-28-96 *. Signed by:* /s/ Cindy Spence *,* 1st Deputy Clerk *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-29-96 *(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. 59
File 58
2-29-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician John Lawbs

MALE APPLICANT

Name: First Steven Middle Michael Last Decker
Date of Birth: Month 8-29-71 Day Year
Place of Birth (State or foreign country) New Jersey
Residence Address: Street or R.R. 1012 Longfellow 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) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Richard James Decker
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) New Jersey
   Birthplace of father (State or foreign country) New Jersey
   (b) Full maiden name of applicant's mother Agnes Catherine Simone
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) North Carolina
   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 [signature] Date 2/29/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 29 day of Feb, 19 96
Connie Lawson
Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Angi Middle Renee Last Smith
Date of Birth: Month 11-24-72 Day Year
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1012 Longfellow Dr. City Plainfield County Hendricks State IN 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 11/93
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. Zachary Kyle Smith
6. (a) Full name of applicant's father Carlos Eugene Chamberlain
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) California
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Pamela Sue Downing
   (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 [signature] Date 2/29/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 29 day of February, 19 96
Connie Lawson
Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-29-96 *, authorizing the marriage of* Steven Michael Decker *and* Angi Renee Smith *. I further certify that the following marriage certificate was filed in my office: I,* J. Franklin Dennis *(name), certify that on* 3-16-96 *(date), at* New Albany *in* Floyd *County, Indiana,* _____ Steven Michael Decker *of* Hendricks *County* Indiana *(state), and* _____ Angi Renee 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* 2-29-96 *. Signed by:* /s/ J. Franklin Dennis *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-21-96 *(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. 60
File 58
2-29-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician PAUL SCHODEN

MALE APPLICANT

Name: First SCOTT Middle EUGENE Last HARNEY
Date of Birth: Month 5 Day 17 Year 60
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 4230 E. HENDRICKS CO. RD. City MOORESVILLE County Hendricks State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 89'
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) DR. LIC.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. MANDY & SHELLIE HARNEY
6. (a) Full name of applicant's father BOBBY GLEN HARNEY
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) GROVELAND IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother SOUNDRA CUMMINGS
   (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 Scott E Harney Date 2-29-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Scott E Harney
New Address _____
Subscribed and sworn to before me this 29 day of Feb, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First KAY Middle LYNNE Last JONES
Date of Birth: Month 10 Day 3 Year 60
Place of Birth (State or foreign country) MINNESOTA
Residence Address: Street or R.R. 4230 E HENDRICKS CO. RD. City MOORESVILLE County Hendricks State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2-95'
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) DR. LIC.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. JONATHAN, CHRIS ~~JO~~ NELLINGER
6. (a) Full name of applicant's father MERLYN L. JONES
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) MOORESVILLE IN
   Birthplace of father (State or foreign country) WI.
   (b) Full maiden name of applicant's mother SHIRLEY A EKSTROM
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) MOORESVILLE IN
   Birthplace of mother (State or foreign country) S.D.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant x Kay L Jones Date 2-29-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed x Kay L Jones
New Address 4230 E Hendricks Co Rd. Mooresville
Subscribed and sworn to before me this 29 day of Feb, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-29-96 *, authorizing the marriage of* Scott E. Harney *and* Kay L. Jones *. I further certify that the following marriage certificate was filed in my office: I,* Karen M. Love *(name), certify that on* 2-29-96 *(date), at* Danville *in* Hendricks *County, Indiana,* _____ Scott E. Harney *of* Hendricks *County* Indiana *(state), and* _____ Kay L. 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* 2-29-96 *. Signed by:* /s/ Karen M. Love *,* Judge *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-29-96 *(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. 61
File 58
2 3-1-96
Date of Application

Needs ~~Blood~~ Birth Certificate

information upon applying for license.
nishes false information to a clerk of the
on applies for a marriage license under
felony.

Female Applicant 50 No ☐ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician

MALE APPLICANT

Name First Jason Middle T. Brown Last Shaffer

Date of Birth Month 10-5-76 Day Year

Place of Birth (State or foreign country)

Residence Address 422 Old Farm Rd. Street or R.R. Danville City Hendricks County IN State 46122

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) 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 James Edward Brown
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Florida
   Birthplace of father (State or foreign country) Pennsylvania
   (b) Full maiden name of applicant's mother Deborah Lynn Bogard
   (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 Jason T. Brown Shaffer Date 3/1/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of 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 T. Brown Shaffer
New Address 422 Old Farm Road Danville, In.

Subscribed and sworn to before me this 1 day of March, 19 96

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of 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

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 _____

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated _____, authorizing the marriage of _____ and _____. I further certify that the following marriage certificate was filed in my office: I, _____ (name), certify that on _____ (date), at _____ in _____ County, Indiana, _____ of _____ County _____ (state), and _____ of _____ County _____ (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated _____. Signed by: _____, _____ (official designation) Filed and recorded in accordance with the laws of the State of Indiana on _____ (date).*

Signed _____ *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 62
File 58
3-1-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Paul Garratt

MALE APPLICANT

Name: First Daniel Middle Joseph Last Burkert
Date of Birth: Month 7-28-50 Day Year
Place of Birth (State or foreign country): Indiana
Residence Address: Lot 57 Street or R.R. Echo Lake City Mooresville County Morgan State IN 46158
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1/92
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 Gerald F. Burkert
   (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 Jeanne M. Cook.
   (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 Daniel J Burkert Date 3-1-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Daniel J Burkert
New Address 9783 N. C.R. 550 E. Pittsboro
Subscribed and sworn to before me this 1st day of March, 19 96 FMO
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Ellena Middle Lucille Last Walter
Date of Birth: Month 4-22-52 Day Year
Place of Birth (State or foreign country): Indiana
Residence Address: 9783 N. C.R. 550 E. Street or R.R. City Pittsboro County Hendricks State IN 46167
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 8/87
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 Ira Newton Swisher
   (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 Lucille Mary Shoppe
   (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 Ellena L Walter Date 3-1-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Ellena L Walter
New Address Same
Subscribed and sworn to before me this 1st day of March, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-1-96 *, authorizing the marriage of* Daniel Joseph Burkert *and* Ellena Lucille Walter *. I further certify that the following marriage certificate was filed in my office: I,* Hubert Green *(name), certify that on* 3-1-96 *(date), at* Plainfield *in* Hendricks *County, Indiana,* Daniel Joseph Burkert *of* Morgan *County* Indiana *(state), and* Ellena Lucille Walter *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* 3-1-96 *. Signed by:* /s/ Hubert Green *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-4-96 *(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

HENDRICKS County

No. 63
File 58
3-1-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under 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. Judith Robinson

MALE APPLICANT

Name: First Douglas Middle Mayo Last
Date of Birth: Month 9-25-68 Day Year
Place of Birth (State or foreign country): Indiana.
Residence Address: P.O. Box 107 Street or R.R. Clayton City Hendricks County IN State 46118
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2/96
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. April Michelle Mayo
   Ashley Nichole Mayo
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 Sherry Lynn Mayo
   (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 Douglas Mayo Date 3-1-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 Mayo
New Address SAME
Subscribed and sworn to before me this 1 day of 3-1, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Susie Middle Denise Last Howlett
Date of Birth: Month 8-12-73 Day Year
Place of Birth (State or foreign country): Indiana
Residence Address: P.O. Box 107 Street or R.R. Clayton City Hendricks County IN State 46118
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) 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. Ashley Nichole Mayo
6. (a) Full name of applicant's father David Alan Howlett
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Alaska
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Carol Ann Clark
   (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 Susie D. Howlett Date 3-1-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Susie D. Howlett
New Address SAME
Subscribed and sworn to before me this 1st day of March, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-1-96 *, authorizing the marriage of* Douglas Mayo *and* Susan Denise Howlett *. I further certify that the following marriage certificate was filed in my office: I,* Robert L. Epps *(name), certify that on* 3-2-96 *(date), at* Pittsboro *in* Hendricks *County, Indiana,* Douglas Mayo *of* Hendricks *County* Indiana *(state), and* Susie Denise Howlett *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* 3-1-96 *. Signed by:* /s/ Robert L. Epps *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-11-96 *(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. 64
File 58
3-1-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under 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. MACY

MALE APPLICANT

Name: First WILLIS Middle RICHARD Last COLLIER
Date of Birth: Month 3 Day 18 Year 75
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. PO Box 342 City COATESVILLE County State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father JOHN DEE COLLIER
   (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 MARY LINDA BREESON
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) COATESVILLE IN
   Birthplace of mother (State or foreign country) FL

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Willis R. Collier Date 3/1/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Willis R. Collier
New Address _____
Subscribed and sworn to before me this 1 day of MARCH, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 DAWN Last HATFIELD
Date of Birth: Month 11 Day 5 Year 77
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 8418 W CO. RD 175 S City GREENCASTLE County State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 HATFIELD
   (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 PHYLLIS JOAN STOUT
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) GREENCASTLE IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Melissa D. Hatfield Date 3/1/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 D. Hatfield
New Address P.O. Box 342 Coatsville, IN. 46121
Subscribed and sworn to before me this 1 day of MARCH, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-1-96 *, authorizing the marriage of* Willis Richard Collier *and* Melissa Dawn Hatfield *. I further certify that the following marriage certificate was filed in my office: I,* Don Purdy *(name), certify that on* 3-2-96 *(date), at* Stilesville *in* Hendricks *County, Indiana,* Willis Richard Collier *of* Hendricks *County* Indiana *(state), and* Melissa Dawn Hatfield *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* 3-1-96 *. Signed by:* /s/ Don Purdy *,* Preacher *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-5-96 *(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. 65

File 58

3-4-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under 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 Roley

MALE APPLICANT

Name: First Michael Middle Jay Last Amiss

Date of Birth: Month 5 Day 7 Year 57

Place of Birth (State or foreign country): Washington

Residence Address: 309 Duffey St. Street or R.R. Plainfield City Hendricks County IN State 46168

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 3/93

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 female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Adrienne Kathleen Michelle Renee, Aman Amanda Jane
6. (a) Full name of applicant's father Mack Eugene Amiss
   (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 Sue Wise
   (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 ✗ Michael Amiss Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Michael Amiss
New Address 309 Duffey St, Plainfield, IN 46168

Subscribed and sworn to before me this 4 day of March, 19 96

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Leah Last Landis

Date of Birth: Month 1 Day 10 Year 63

Place of Birth (State or foreign country): Indiana

Residence Address: 401 E. 5th Street Street or R.R. Sheridan City Hamilton County IN State 46069

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 11/89

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.
6. (a) Full name of applicant's father William Lee Kight
   (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 Sondra Sue VonWiller
   (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 ✗ Suzanne Landis Date 3/4/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Suzanne Landis
New Address 309 Duffey St., Plainfield, IN 46168

Subscribed and sworn to before me this 4th day of March, 19 96

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of *HENDRICKS* *County, Indiana, dated* 3-4-96 *, authorizing the marriage of* Michael Jay Amiss *and* Suzanne Leah Landis *. I further certify that the following marriage certificate was filed in my office: I,* Stephen White *(name), certify that on* 3-29-96 *(date), at* Plainfield *in* Hendricks *County, Indiana,* Michael Jay Amiss *of* Hendricks *County* Indiana *(state), and* Suzanne Leah Landis *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* 3-4-96 *. Signed by:* /s/ Stephen White, Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-18-96 *(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. 66

File

3-4-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under 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 Yeager

MALE APPLICANT

Name: First JAMES Middle EVERETT Last EDING,
Date of Birth: Month FEBRUARY Day 25, Year 1954
Place of Birth (State or foreign country): MOUNTAIN VIEW, MO. HOWELL COUNTY
Residence Address: Street or R.R. 5982 EMIL COURT 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 4-90
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. None
6. (a) Full name of applicant's father Raymond Albert Peter Eding
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) NC
   Birthplace of father (State or foreign country) IL.
   (b) Full maiden name of applicant's mother Marjorie Lucille Mickey
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) MO
   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 James Eding 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 James Eding
New Address SAME
Subscribed and sworn to before me this 4th day of Mar, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana) ss:
County of HENDRICKS)
Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

FEMALE APPLICANT

Name: First JOY Middle LYNN Last COLE
Date of Birth: Month FEBRUARY Day 24 Year 1959
Place of Birth (State or foreign country): MACON, MO. MACON COUNTY
Residence Address: Street or R.R. 5982 EMIL COURT City PLAINFIELD County State IN 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 4-95 9-82
Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Brittany Lynn Cole, Melissa Ann Cole
6. (a) Full name of applicant's father Jimmie McClelland Gibson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Mo
   Birthplace of father (State or foreign country) Mo
   (b) Full maiden name of applicant's mother Valeria Ann Goans
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Mo
   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 X Joy L. Cole 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 Joy L. Cole
New Address SAME
Subscribed and sworn to before me this 4th day of Mar, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana) ss:
County of HENDRICKS)
Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-4-96 *, authorizing the marriage of* James E. Eding *and* Joy L. Cole *. I further certify that the following marriage certificate was filed in my office: I,* John Hesseldenz *(name), certify that on* 3-9-96 *(date), at* Indianapolis *in* Marion *County, Indiana,* James E. Eding *of* Hendricks *County* Indiana *(state), and* Joy L. Cole *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* 3-4-96 *. Signed by:* John Hesseldenz *,* Judge *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-13-96 *(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. 67
File 58
3-5-96
Date of Application

HENDRICKS County

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☐ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician

MALE APPLICANT

Name: First Ernest Middle Lee Last Beel
Date of Birth: Month 10-11-19 Day Year
Place of Birth (State or foreign country): Missouri
Residence Address: 292 Bubble Loo Rd. Street or R.R. Cloverdale City Putnam County State Ind. 46120
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 9/95
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 Charles William Beel
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Ruth Graham
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Missouri

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Ernest L. Bell Date 3-5-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Ernest L. Bell
New Address 5941 N. Stilesville Ind.
Subscribed and sworn to before me this 5 day of Mar., 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 E. Last Thorpe
Date of Birth: Month 3-11-13 Day Year
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. North St. City Stilesville County Hendricks State IN 46180
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 1972
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 Richard Pridemore
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Virginia
   (b) Full maiden name of applicant's mother Dona Bartley
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Virginia

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Mary Thorpe Date 3-5-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 Thorpe
New Address X Same
Subscribed and sworn to before me this 5 day of Mar., 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-5-96 *, authorizing the marriage of* Ernest Lee Bell *and* Mary E. Thorpe *. I further certify that the following marriage certificate was filed in my office: I,* Danny L. Caulkins *(name), certify that on* 3-23-96 *(date), at* Stilesville *in* Hendricks *County, Indiana,* Ernest Lee Bell *of* Putnam *County* Indiana *(state), and* Mary E. Thorpe *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* 3-5-96 *. Signed by:* /s/ Danny L. Caulkins *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-27-96 *(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. 68
File 58
3-5-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 1-12-96
Name of Physician Judy Klein

MALE APPLICANT

Name: First STEVEN Middle A Last FUGATE
Date of Birth: Month MAY Day 11 Year 1968
Place of Birth (State or foreign country) INDIANA
Residence Address: Street or R.R. 6992 WEST COUNTY ROAD 200 NORTH City DANVILLE County State IN 46122
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 7/91 10/94
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.
   KAYLA NICOLE FUGATE
   COURTNEY MARIE FUGATE
6. (a) Full name of applicant's father HARVEY FUGATE
   (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 PATTY ANN SETTY
   (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 Cynthia Moffitt Date 3/5/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Cynthia Moffitt
New Address SAME AS ABOVE
Subscribed and sworn to before me this 5th day of March, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 S Last MOFFITT
Date of Birth: Month MARCH Day 13 Year 1963
Place of Birth (State or foreign country) INDIANA
Residence Address: Street or R.R. 6992 WEST COUNTY ROAD 200 NORTH City DANVILLE County State INDIANA
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 3/5/96
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.
   ERIKA LEIGH MOFFITT
   RICHARD JAMES MOFFITT
6. (a) Full name of applicant's father DAVID ALBERT JENSEN
   (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 CAROLYN SUE DOUTHITT
   (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 Cynthia Moffitt Date 3/5/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Cynthia Moffitt
New Address SAME AS ABOVE
Subscribed and sworn to before me this 5 day of March, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-5-96 *, authorizing the marriage of* Steven A. Fugate *and* Cynthia S. Moffitt *. I further certify that the following marriage certificate was filed in my office: I,* Myron Barnard *(name), certify that on* 3-5-96 *(date), at* Indianapolis *in* Marion *County, Indiana,* Steven A. Fugate *of* Hendricks *County* Indiana *(state), and* Cynthia S. Moffitt *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* 3-5-96 *. Signed by:* /s/ Myron Barnard *,* Judge *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-7-96 *(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. 69
File 58
3-6-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under 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 Richard Middle Bradley Last Vanness
Date of Birth: Month 5 Day 29 Year 69
Place of Birth (State or foreign country): Indiana
Residence Address: 315 Mulberry St. City Danville County Hendricks 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) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Richard Howard Robert Vanness
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) England
   (b) Full maiden name of applicant's mother Sandra Kay Swinney
   (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 Richard B. VanNess Date 3-6-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 B. VanNess
New Address X 315 Mulberry ST Danville IN 46122
Subscribed and sworn to before me this 6 day of March, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Celeste Last Switzer
Date of Birth: Month 9 Day 24 Year 73
Place of Birth (State or foreign country): Indiana
Residence Address: 311 N. Washington St. City Danville County Hendricks 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) 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 Richard Allen Switzer
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Colorado
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Mary Celeste Leondis
   (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 Mary C. Switzer Date 3-6-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 C. Switzer
New Address X 315 Mulberry St. Danville IN 46122
Subscribed and sworn to before me this 6 day of March, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-6-96, *authorizing the marriage of* Richard Bradley VanNess *and* Mary Celeste Switzer. *I further certify that the following marriage certificate was filed in my office:*
I, Vincent . Lampert *(name), certify that on* 3-16-96 *(date), at* Danville *in* Hendricks *County, Indiana,* Richard Bradley VanNess *of* Hendricks *County* Indiana *(state), and* Mary Celeste Switzer *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* 3-6-96.
Signed by: /s/ Vincent P. Lampert, Priest *(official designation)*
Filed and recorded in accordance with the laws of the State of Indiana on 3-21-96 *(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. 70
File 58
3-6-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Dr. Johnson

MALE APPLICANT

Name First Anthony Middle Troy Last Wilson
Date of Birth Month 7-11-71 Day Year
Place of Birth (State or foreign country) Indiana
Residence Address 1152 Pinewood Dr. Apt. D Street or R.R. 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) 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 Larry David 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 Anita June Mason
   (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 3/6/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 6TH day of MARCH, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name First Valerie Middle Ann Last Moore
Date of Birth Month 5-16-76 Day Year
Place of Birth (State or foreign country) Indiana
Residence Address 1152 Pinewood Dr. apt. D. Street or R.R. 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 Merle James Moore Jr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Virginia
   Birthplace of father (State or foreign country) California
   (b) Full maiden name of applicant's mother ~~E~~ Bonnie Joan Schober
   (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 A. Moore Date 03-06-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 A. Moore
New Address X Same
Subscribed and sworn to before me this Sixth day of March 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-6-96 *, authorizing the marriage of* Anthony Troy Wilson *and* Valerie Ann Moore *. I further certify that the following marriage certificate was filed in my office: I,* Merle J. Moore Jr. *(name), certify that on* 4-6-96 *(date), at* Plainfield *in* Hendricks *County, Indiana,* Anthony Troy Wilson *of* Hendricks *County* Indiana *(state), and* Valerie Ann Moore *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* 3-6-96 *. Signed by:* /s/ Merle J. Moore Jr. *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-15-96 *(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. 71
File 58
3-6-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under 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. Steinkellor

MALE APPLICANT

Name: First Stephen Middle William Last Lawrenz
Date of Birth: Month 5-12-69 Day Year
Place of Birth (State or foreign country) Oklahoma
Residence Address: Street or R.R. 7822 Hoop Dr. City Indpls. County Marion State IN 46217
Previous Marital Status: 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 Fred Steve Lawrenz
   (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 Faye Throckmorton
   (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 ✓ Stephen W. Lawrenz Date 3/6/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 W. Lawrenz
New Address ✓ Same
Subscribed and sworn to before me this 6th day of March, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Kimberlee Middle Suzanne Last Adams
Date of Birth: Month 10 - 22 - Day 64 Year
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 760 N. C.R. 1050 E. City Indpls County Hendricks State IN 46234
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
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 Harry Emmet Adams
   (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 Pollard
   (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 ✓ Kimberlee S. Adams Date 3/6/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 S. Adams
New Address ✓ 8023 W. U.S. 36 Greencastle 46135
Subscribed and sworn to before me this 6th day of March, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-6-96 *, authorizing the marriage of* Stephen William Lawrenz *and* Kimberlee Suzanne Adams *. I further certify that the following marriage certificate was filed in my office: I,* N. Jack Wolfe *(name), certify that on* 3-16-96 *(date), at* Indianapolis *in* Marion *County, Indiana,* Stephen William Lawrenz *of* Marion *County* Indiana *(state), and* Kimberlee Suzanne 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* 3-6-96 *. Signed by:* /s/ N. Jack Wolfe *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-19-96 *(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. 72
File 58
3-7-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 3-7-96
Name of Physician JUDY KLEIN

MALE APPLICANT

Name: First JOHN Middle SCOTT Last DININGER
Date of Birth: Month APRIL Day 4 Year 1975
Place of Birth (State or foreign country) INDIANA
Residence Address: Street or R.R. 6398 AMBER PASS City PLAINFIELD County HEND 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) BIRTH CERTIFICATE

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father JAMES STEPHEN DININGER
   (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 ANN POWELL
   (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 SHELLEY Middle M. Last MELTON
Date of Birth: Month JANUARY Day 23 Year 1971
Place of Birth (State or foreign country) INDIANA
Residence Address: Street or R.R. 307 AVON AVE City PLAINFIELD County HEND 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) 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 HENRY RICHARD MELTON
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) INDIANA
   Birthplace of father (State or foreign country) INDIANA
   (b) Full maiden name of applicant's mother ANITA KAY HOLSTON
   (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 [signature] Date 3/7/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 307 Avon Ave Plainfield, IN 46168
Subscribed and sworn to before me this 7th day of March, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other 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 Shelley M Melton Date 3/7/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Shelley M Melton
New Address SAME AS ABOVE
Subscribed and sworn to before me this 7th day of March, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated _____, authorizing the marriage of _____ and _____. I further certify that the following marriage certificate was filed in my office: I, _____ (name), certify that on _____ (date), at _____ in _____ County, Indiana, _____ of _____ County _____ (state), and _____ of _____ County _____ (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated _____. Signed by: _____, _____ (official designation) Filed and recorded in accordance with the laws of the State of Indiana on _____ (date).*

Signed _____ Clerk
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 73
File 58
3-7-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 3-4-96
Name of Physician Dr. Zare

MALE APPLICANT

Name: First David Middle Brian Last Gerber
Date of Birth: Month 3 Day 4 Year 67
Place of Birth (State or foreign country): New York
Residence Address: Street or R.R. 301 S. Center St. City Plainfield County Hendricks State IN 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) 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 Gerber
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Florida
   Birthplace of father (State or foreign country) New York
   (b) Full maiden name of applicant's mother Marcia Rosensweig
   (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 David Gerber Date 3/7/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 Gerber
New Address 301 South Center st
Subscribed and sworn to before me this 7th day of March, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Carr
Date of Birth: Month 1 Day 13 Year 47
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 301 S. Center St. 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 90
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 Sylvester Smith
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Mary Gertrude Hayden
   (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 Patricia Ann Carr 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 Patricia Ann Carr
New Address 301 S Center St
Subscribed and sworn to before me this 7th day of March, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-7-96 *, authorizing the marriage of* David Brian Gerber *and* Patricia Ann Carr *. I further certify that the following marriage certificate was filed in my office: I,* Jacqueline A. Means *(name), certify that on* 3-7-96 *(date), at* Plainfield *in* Hendricks *County, Indiana,* David Brian Gerber *of* Hendricks *County* Indiana *(state), and* Patricia Ann Carr *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* 3-7-96 *. Signed by:* /s/ Jacqueline A. Means *,* Rector *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-15-96. *(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. 74
File 58
3-1-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 3-4-96
Name of Physician Dr. Benson

MALE APPLICANT

Name First Ronald Middle Patrick Last Vernick
Date of Birth Month 3 Day 17 Year 76
Place of Birth (State or foreign country) Indiana
Residence Address P.O. Box 515 Street or R.R. Pittsboro City Hendricks County IN State 46167
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☒ Birth Certificate ☒ Other (Specify) 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 Ronald Eugene Vernick
   (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 Christine Carrico
   (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 Ronnie P. Vernick Date 3/7/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Ronnie P. Vernick
New Address V same as above
Subscribed and sworn to before me this 7th day of March, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Nicole Last Gossett
Date of Birth Month 4 Day 30 Year 77
Place of Birth (State or foreign country) Indiana
Residence Address 216 Lincoln ave. Street or R.R. Brownsburg City Hendricks 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) 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 John David Gossett
   (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 Jean Gerth
   (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 Natalie N Gossett Date 03/07/1996

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 N Gossett
New Address P.O. Box 515 Pittsboro, IN 46167
Subscribed and sworn to before me this 7th day of March, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-7-96 *, authorizing the marriage of* Ronald Patrick Vernick *and* Natalie Nicole Gossett *. I further certify that the following marriage certificate was filed in my office: I,* Dennis L. Dodson *(name), certify that on* 4-6-96 *(date), at* Brownsburg *in* Hendricks *County, Indiana,* Ronald Patrick Vernick *of* Hendricks *County* Indiana *(state), and* Natalie Nicole Gossett *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* 3-7-96 *. Signed by:* /s/ Dennis L. Dodson *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-9-96 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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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. 75
File 58
3-8-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 2-15-96
Name of Physician Dr. Kies

MALE APPLICANT

Name: First John Middle Edward Last Green
Date of Birth: Month Day Year 10-21-66
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 627 Roosevelt St. City Plainfield County Hendricks State IN 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 5/95
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. Dillion Michael Green
6. (a) Full name of applicant's father James Leroy Green
   (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 Madden
   (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 E Green Date 3-8-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X John E Green
New Address X 627 ROOSEVELT ST

Subscribed and sworn to before me this X 8 day of March, 19 96
Clerk of the HENDRICKS Circuit Court
Connie Lawson

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Beth Middle Anne Last Manion
Date of Birth: Month Day Year 9-30-71
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 627 Roosevelt St. City Plainfield County Hendricks State Ind 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 7/95
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. William Cody Allen
   Jacob Thomas Manion
6. (a) Full name of applicant's father Garry Evans Manion
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Vickie Lynn 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 Beth Anne Manion Date 3/8/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ 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 Anne Manion
New Address X 627 Roosevelt ST

Subscribed and sworn to before me this X 8 day of March, 19 96
Clerk of the HENDRICKS Circuit Court
Connie Lawson

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-8-96 *, authorizing the marriage of* John Edward Green *and* Beth Anne Manion *. I further certify that the following marriage certificate was filed in my office: I,* James D. Spencer *(name), certify that on* 3-22-96 *(date), at* Plainfield *in* Hendricks *County, Indiana,* John Edward Green *of* Hendricks *County* Indiana *(state), and* Beth Anne Manion *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* 3-8-96 *. Signed by:* /s/ James D. Spencer *,* Town Court Judge *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-2-96 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 76
File 58
3-11-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 10-14-93
Name of Physician Judith Robinson

MALE APPLICANT

Name: First Stephen Middle Wayne Last Looper
Date of Birth: Month 12 Day 20 Year 52
Place of Birth (State or foreign country): Kentucky
Residence Address: Street or R.R. 6 James Court City Brownsburg County Hendricks State IN 46112
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 4
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1986
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. Jason Royce Looper
6. (a) Full name of applicant's father Jay Joel Looper
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Oregon
   (b) Full maiden name of applicant's mother Maude Francis Ping
   (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 Stephen W Looper Date 3-11-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 Looper
New Address X SAME
Subscribed and sworn to before me this 11 day of March, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Suzi Middle _____ Last Wilkerson
Date of Birth: Month 1 Day 18 Year 51
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 6 James Court 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 1976
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 B. John Galovic
   (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 Louise Carlisle
   (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 Suzi Wilkerson Date 3-11-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Suzi Wilkerson
New Address X Same
Subscribed and sworn to before me this 11 day of March, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-11-96 *, authorizing the marriage of* Stephen Wayne Looper *and* Suzi Wilkerson *. I further certify that the following marriage certificate was filed in my office: I,* Richard A. Haney *(name), certify that on* 3-23-96 *(date), at* Brownsburg *in* Hendricks *County, Indiana,* Stephen Wayne Looper *of* Hendricks *County* Indiana *(state), and* Suzi Wilkerson *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* 3-11-96 *. Signed by:* /s/ Richard A. Haney *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-27-96 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 77
File 58
3-11-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 3-9-96
Name of Physician Stephen C. Hadley

MALE APPLICANT

Name: First Ken Middle Edward Last Bathauer
Date of Birth: Month 2 Day 9 Year 64
Place of Birth (State or foreign country): Indiana
Residence Address: 1645 E. Main St. Lot 4 Street or R.R. Plainfield City Hendricks County IN State 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1991
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) State 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. Jade Donovan Bathauer

6. (a) Full name of applicant's father Ken Dale Bathauer
   (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 Jean Lucas
   (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 Ken E. Bathauer Date 3/11/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Ken E. Bathauer
New Address X SAME
Subscribed and sworn to before me this X 11 day of MARCH, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Tracey Middle Lynn Last Hood
Date of Birth: Month 2 Day 13 Year 62
Place of Birth (State or foreign country): Indiana
Residence Address: 1645 E. Main St. Lot 4 Street or R.R. Plainfield City Hendricks County IN State 46168
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) State I.D.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Angel Nicole Hood, Amy Danielle Hood, Kyle Seth Hood

6. (a) Full name of applicant's father Walter Stewart Lawson
   (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 Janet Caroline 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 Tracey Hood Date 3-11-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Tracey Hood
New Address X same
Subscribed and sworn to before me this X 11 day of March, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-11-96 *, authorizing the marriage of* Ken Edward Bathauer *and* Tracey Lynn Hood *. I further certify that the following marriage certificate was filed in my office: I,* Pauletta Frye *(name), certify that on* 3-11-96 *(date), at* Danville *in* Hendricks *County, Indiana,* Ken Edward Bathauer *of* Hendricks *County* Indiana *(state), and* Tracey Lynn Hood *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* 3-11-96 *. Signed by:* /s/ Pauletta Frye, Clerk-Treasurer *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-13-96 *(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. 78
File 58
3-12-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 10-20-88
Name of Physician Dr. Larry Lovell

MALE APPLICANT

Name First: James Middle: Michael Last: Walker
Date of Birth Month: ~~10~~ 9 Day: 2 Year: 53
Place of Birth (State or foreign country): Indiana
Residence Address: 10293 6th St. Lot 6-35 Street or R.R.: Indpls City: Hendricks County: IN State: 46234
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages: 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date: 8/95
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. Todd Michael Walker
   Amy Marie Walker
6. (a) Full name of applicant's father: James Arnold Walker
   (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: Dorotha Marie Savage
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state): Deceased
   Birthplace of mother (State or foreign country): Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: James Michael Walker Date: 03-12-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed: James Michael Walker
New Address: 10293 6TH St. #6-35 Indpls IN 46234
Subscribed and sworn to before me this 12th day of March, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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: Jean Last: Walker
Date of Birth Month: 7 Day: 12 Year: 52
Place of Birth (State or foreign country): Indiana
Residence Address: 10293 6th St. Lot 6-35 Street or R.R.: Indpls City: Hendricks County: IN State: 46234
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) 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. Same
6. (a) Full name of applicant's father: Richard Clayton Gossett
   (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: Alice Marie Meyers
   (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: Rena Walker Date: 3-12-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 Walker
New Address: Same
Subscribed and sworn to before me this 12 day of 3, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-12-96 *, authorizing the marriage of* James Michael Walker *and* Rena Jean Walker *. I further certify that the following marriage certificate was filed in my office: I,* Wade S. Compton *(name), certify that on* 3-30-96 *(date), at* Indianapolis *in* Marion *County, Indiana,* James Michael Walker *of* Hendricks *County* Indiana *(state), and* Rena Jean Walker *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* 3-12-96 *. Signed by:* /s/ Wade S. Compton *,* Reverend *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-2-96 *(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. 79

HENDRICKS County

File 58

3-13-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician P.S.? 2202 W. Morris St Indpls

MALE APPLICANT

Name: First Richard Middle Douglas Last Bates

Date of Birth: Month 4-16-59 Day Year

Place of Birth (State or foreign country) Tennessee

Residence Address: Street or R.R. P.O. Box 150 N. Pennsylvania City 85 Clayton County Hendricks State IN 46168

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) 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. Douglas Ewell Bates
6. (a) Full name of applicant's father James Ewell Bates
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Tennessee
   Birthplace of father (State or foreign country) Tennessee
   (b) Full maiden name of applicant's mother Mary Ellis King
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Tennessee
   Birthplace of mother (State or foreign country) Tennessee

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Richard D. Bates 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 Richard D Bates
New Address Same

Subscribed and sworn to before me this 13th day of March, 19 96

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Virginia Middle Lynn Last Cole

Date of Birth: Month 5-14-68 Day Year

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 1528 S. Kappes City Indianapolis County Marion State IN 46221

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) 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. Barry Melvin Cole II
6. (a) Full name of applicant's father Barry Melvin Cole
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Pennsylvania
   (b) Full maiden name of applicant's mother Edwana Lee Bowan
   (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 Virginia L. Cole 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 Virginia L. Cole
New Address 1509 N. Pennsylvania Clayton IN.

Subscribed and sworn to before me this 13th day of March, 19 96

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-19-96 *, authorizing the marriage of* Richard Douglas Bates *and* Virginia Lynn Cole *. I further certify that the following marriage certificate was filed in my office: I,* Linder Snider *(name), certify that on* 3-24-96 *(date), at* Indianapolis *in* Marion *County, Indiana,* _____ Richard Douglas Bates *of* Hendricks *County* Indiana *(state), and* _____ Virginia Lynn Cole *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* 3-19-96 *. Signed by:* /s/ Lindel Snider *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-27-96 *(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. 80
File 58
3-14-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 3-4-96
Name of Physician Robert Kirtley

MALE APPLICANT

Name: First Alvin Middle William Last McDermed
Date of Birth: Month 12 Day 23 Year 58
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 3603 Clarks Creek Rd. Lot 21 City Plainfield County Hendricks State IN 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 12/95
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. Jonathan Donald McDermed, Elizabeth Ann McDermed, Michael Allen McDermed
6. (a) Full name of applicant's father Donald William McDermed
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Charlene Irma 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 Alvin W McDermed Date 3-14-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Alvin W McDermed
New Address X SAME
Subscribed and sworn to before me this X day of March 14, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Bodonna Middle Jean Last Ritchie
Date of Birth: Month 9 Day 21 Year 53
Place of Birth (State or foreign country): New York
Residence Address: Street or R.R. Lot 21 City Plainfield County Hendricks State IN 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2/96
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. Shannon Lynn Leclercq, Raymond Leroy Leclercq III
6. (a) Full name of applicant's father Peter Lafko
   (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 Willett Bodonna Larsen
   (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 Bodonna J. Ritchie Date 3-14-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Bodonna J. Ritchie
New Address X Same
Subscribed and sworn to before me this 14th day of March, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-14-96 *, authorizing the marriage of* Alvin William McDermed *and* Bodonna Jean Ritchie *. I further certify that the following marriage certificate was filed in my office: I,* Peter Lafko *(name), certify that on* 3-16-96 *(date), at* Terre Haute *in* Vigo *County, Indiana,* _____ *Alvin William McDermed of* Hendricks *County* Indiana *(state), and* _____ *Bodonna Jean Ritchie 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* 3-14-96 *. Signed by:* /s/ Peter Lafko *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-19-96 *(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. 81
File 58
3-14-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 3-25-96
Name of Physician Jeffrey R. Wilson

MALE APPLICANT

Name: First Gary Middle Michael Last Lutz
Date of Birth: Month 3 Day 30 Year 71
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 226 Krewsom Street. # 1 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) 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 Edward Lutz
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Unknow
   (b) Full maiden name of applicant's mother Linda Lou Hupkins
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Unknown

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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) ss:
County of HENDRICKS)
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 14 day of 3, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana) ss:
County of HENDRICKS)
Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

FEMALE APPLICANT

Name: First Estelle Middle Denise Last McClish
Date of Birth: Month 11 Day 24 Year 65
Place of Birth (State or foreign country): South Carolina
Residence Address: Street or R.R. 226 Krewsom St. # 1 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 11/94
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 Banks Olive
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) West Virginia
   Birthplace of father (State or foreign country) Alabama
   (b) Full maiden name of applicant's mother JoAnne Michael
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Arizona
   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 [signature] Date 3-14-96

The above applicant has 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 [signature]
New Address Same
Subscribed and sworn to before me this 14 day of 3, 19 94
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana) ss:
County of HENDRICKS)
Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-14-96 *, authorizing the marriage of* Gary Michael Lutz *and* Estelle Denise McClish *. I further certify that the following marriage certificate was filed in my office: I,* Michael D. Keele *(name), certify that on* 3-29-96 *(date), at* Indianapolis *in* Marion *County, Indiana,* Gary Michael Lutz *of* Hendricks *County* Indiana *(state), and* Estelle Denise McClish *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* 3-14-96 *. Signed by:* /s/ Michael D. Keele *,* Judge *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-2-96 *(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. 82
File 58
3-14-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 3-5-96
Name of Physician Judy Klein

MALE APPLICANT

Name: First Michael Middle Andrew Last Henry
Date of Birth: Month 2 Day 3 Year 56
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 400 S. Illinois St. Apt. 9 City Greencastle County Putnam State IN 46135
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) 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 Eugene Henry
   (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 Ramona J. Butler
   (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 _____ Date _____

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Michael Andrew Henry
New Address X 400 S. Illinois St Apt#9

Subscribed and sworn to before me this X 14th day of March, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Jeane Last Johnson
Date of Birth: Month 6 Day 3 Year 68
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 82 Avon Parkway City Danville County Hendricks 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) 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 Carl G. 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 Doris Jean Lane
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Wisconsin

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Carla J. Johnson Date 3/14/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Carla J. Johnson
New Address X [illegible] 400 S. ILLINOIS St Apt#9

Subscribed and sworn to before me this X 14th day of March, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-14-96 *, authorizing the marriage of* Michael Andrew Henry *and* Carla Jeane Johnson *. I further certify that the following marriage certificate was filed in my office: I,* David Jefferson *(name), certify that on* 4-27-96 *(date), at* Plainfield *in* Hendricks *County, Indiana,* _____ *(state), and* _____ *Michael Andrew Henry of* Putnam *County* Indiana *(state) were married by me as authorized Carla Jeane Johnson of* Hendricks *County* Indiana *under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-14-96 *. Signed by:* /s/ David Jefferson *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-30-96 *(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. 83
File 58
3-15-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 3-6-96
Name of Physician Kathleen Brough

MALE APPLICANT

Name: First Aaron Middle Michael Last Ashby
Date of Birth: Month 11-24-69 Day Year
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1875 E. C.R. 400S. City Clayton County Hendricks State Ind 46118
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 8/94
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 Steven Don Ashby
   (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 Victoria Sue Lutton
   (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 Aaron Ashby 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 Aaron Ashby
New Address SAME

Subscribed and sworn to before me this 15 day of March, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

FEMALE APPLICANT

Name: First Jennifer Middle Lea Last Cukrowicz
Date of Birth: Month 11-8-71 Day Year
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1875 E. C.R. 400S. City Clayton County Hendricks State Ind 46118
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) 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 Thomas Noel Cukrowicz
   (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 Bottorff
   (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 Jennifer Cukrowicz Date 3/15/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of 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 Cukrowicz
New Address SAME

Subscribed and sworn to before me this 15 day of March, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-15-96 *, authorizing the marriage of* Aaron Michael Ashby *and* Jennifer Lea Cukrowicz *. I further certify that the following marriage certificate was filed in my office: I,* M.A. Mc Clure *(name), certify that on* 4-13-96 *(date), at* Anderson *in* Madison *County, Indiana,* Aaron Michael Ashby *of* Hendricks *County* Indiana *(state), and* Jennifer Lea Cukrowicz *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* 3-15-96 *.*
Signed by: /s/ M.A. McClure *,* Rector *(official designation)*
Filed and recorded in accordance with the laws of the State of Indiana on 4-16-96 *(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. 84
File 58
3-15-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 3-11-96
Name of Physician Dr. Mike Gentry

MALE APPLICANT

Name: First John Middle Clyde Last Snapp
Date of Birth: Month 7-29-73 Day Year
Place of Birth (State or foreign country): Indiana
Residence Address: 57 Plainview Dr. Street or R.R. ~~Rte~~ City Danville County Hendricks State IN 46122
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 9/94
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. Jacob Tyler Snapp
6. (a) Full name of applicant's father John Cornell Snapp
   (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 Sara Ann McDonald
   (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 Snapp Date 3/15/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 Snapp
New Address X57 PLAINVIEW DR. DANVILLE, IN 46122
Subscribed and sworn to before me this 15 day of MARCH, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Michelle Last Snapp
Date of Birth: Month 8-3-74 Day Year
Place of Birth (State or foreign country): Indiana
Residence Address: 8807 W. Brunswick Dr. Street or R.R. City Indianapolis County Hendricks State IN 46231
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 9/94
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. Same
6. (a) Full name of applicant's father Tell Robsles Bunton
   (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 Melody Lee Allison
   (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 M. Snapp Date 3-15-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 M. Snapp
New Address X 57 Plainview Drive Danville, IN 46122
Subscribed and sworn to before me this 15 day of MARCH, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-15-96 *, authorizing the marriage of* John Clyde Snapp *and* Amy Michelle Snapp *. I further certify that the following marriage certificate was filed in my office: I,* Pauletta Frye *(name), certify that on* 3-15-96 *(date), at* Danville *in* Hendricks *County, Indiana,* John Clyde Snapp *of* Hendricks *County* Indiana *(state), and* Amy Michelle Snapp *of* Hendricks *County* Indiana *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-15-96 *. Signed by:* Pauletta Frye *,* Clerk-Treasurer *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-18-96 *(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. 85
File 58
3-15-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician

MALE APPLICANT

Name: First JAMES Middle M. Last ANDERSON
Date of Birth: Month MARCH Day 21 Year 1955
Place of Birth (State or foreign country) INDIANA
Residence Address: Street or R.R. 5311 HOLLYSPRINGS DR W 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 4-14-90
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. RENEE CHRISTINE ANDERSON, CARLY MARIE ANDERSON, AUSTIN JAMES ANDERSON
6. (a) Full name of applicant's father WALTER W. 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 MARY JO MURPHY
   (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 ☒ James M Anderson Date 3-15-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed ☒ James M Anderson
New Address 614 MACBETH PLAINFIELD, IN 46168
Subscribed and sworn to before me this _____ day of _____, 19 3-15-96
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 DEBORA Middle S Last MEAD
Date of Birth: Month AUGUST Day 8 Year 1964
Place of Birth (State or foreign country) INDIANA
Residence Address: Street or R.R. 614 MACBETH City PLAINFIELD County HEND State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) DRIVERS LICENSE

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. N/A
6. (a) Full name of applicant's father WILLIAM R. MEAD III
   (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 LAVONNA M. YAGER
   (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 ☒ Debora S. Mead Date 3/15/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed ☒ Debora S. Mead
New Address SAME AS ABOVE
Subscribed and sworn to before me this _____ day of _____, 19 3/15/96
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* 3-15-96 *, authorizing the marriage of* James M. Anderson *and* Debora S. Mead *. I further certify that the following marriage certificate was filed in my office: I,* A. W. Farnsworth *(name), certify that on* 3-30-96 *(date), at* Danville *in* Hendricks *County, Indiana,* James M. Anderson *of* Marion *County* Indiana *(state), and* Debora S. Mead *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* 3-15-96 *. Signed by:* /s/ A.W. Farnsworth *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-3-96 *(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. 86

HENDRICKS County

File 58

3-15-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 1-25-96
Name of Physician Maria Fletcher

MALE APPLICANT

Name: First Thomas Middle Vincent Last Portish

Date of Birth: Month 4 Day 13 Year 61

Place of Birth (State or foreign country): Indiana

Residence Address: 514 E. Trevor St. Street or R.R. Brownsburg City Hendricks County IN State 46112-1140

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 6/92

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) 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. Logan Vincent Portish
6. (a) Full name of applicant's father Charles Junior Portish
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Rita Mae Wagner
   (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 V. Portish Date 3-15-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ 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 V. Portish

New Address X SAME

Subscribed and sworn to before me this X 15 day of MARCH, 19 96

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Laura Middle Ann Last Holt

Date of Birth: Month 12 Day 15 Year 61

Place of Birth (State or foreign country): Indiana

Residence Address: 514 E. Trevor St. Street or R.R. Brownsburg City Hendricks County IN State 46112-1140

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 7/93

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. Charles Edward Holt
   Corey Elliot Holt
6. (a) Full name of applicant's father Lloyd Lester Oliver
   (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 Ann Buchanan
   (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 Laura A. Holt Date 3-15-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed X Laura A. Holt

New Address X Same

Subscribed and sworn to before me this X 15 day of March, 19 96

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-15-96 *, authorizing the marriage of* Thomas Vincent Portish *and* Laura Ann Holt *. I further certify that the following marriage certificate was filed in my office: I,* Robert A. McMillen *(name), certify that on* 4-13-96 *(date), at* Indianapolis *in* Marion *County, Indiana,* Thomas Vincent Portish *of* Hendricks *County* Indiana *(state), and* Laura Ann Holt *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* 3-15-96 *. Signed by:* /s/ Robert A. McMillen *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-17-96 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-362-6702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 87
File 58
3-18-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 1-25-96
Name of Physician Dr. Stegmoller

MALE APPLICANT

Name: First John Middle Phillips Last Roof Jr.
Date of Birth: Month 4-15-70 Day Year
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 1868 N.C.R. 600 E. City Danville County Hendricks 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) 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 Phillips Roof
   (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 Margaret Gard
   (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 P. Roof Jr. Date 3-18-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 P. Roof Jr.
New Address X Same
Subscribed and sworn to before me this 18 day of March, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Stacie Middle Lee Last Hathaway
Date of Birth: Month 3-20-71 Day Year
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 1868 N.C.R. 600 E. City Danville County Hendricks 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) 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 David Paul Hathaway
   (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 Ruth Loraine Hunter
   (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 Stacie Hathaway Date 3-18-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Stacie Hathaway
New Address X same
Subscribed and sworn to before me this 18 day of March, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-18-96 *, authorizing the marriage of* John Phillips Roof Jr. *and* Stacie Lee Hathaway *. I further certify that the following marriage certificate was filed in my office: I,* John P. Roof *(name), certify that on* 4-20-96 *(date), at* Danville *in* Hendricks *County, Indiana,* John Phillips Roof Jr. *of* Hendricks *County* Indiana *(state), and* Stacie Lee Hathaway *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* 3-18-96 *. Signed by:* /s/ John P. Roof, Priest *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-23-96 *(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. 88

HENDRICKS County

File 58

3-18-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 3-4-96
Name of Physician DR. SMITH

MALE APPLICANT

Name: First JAMES Middle A. Last STEVENS

Date of Birth: Month SEPTEMBER Day 27 Year 1949

Place of Birth (State or foreign country) INDIANA

Residence Address: Street or R.R. 310 WABASH 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 4.82

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 female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 DONALD ALLEN STEVENS
   (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 GUEPFRICH
   (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 A Stevens Date 18 MAR 96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ 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 A Stevens
New Address SAME AS ABOVE
Subscribed and sworn to before me this 18 day of MARCH, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 K Last STRAUB (ISAACS)

Date of Birth: Month AUGUST Day 23 Year 1948

Place of Birth (State or foreign country) INDIANA

Residence Address: Street or R.R. 310 WABASH ST 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 8-87

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 male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 GERALD LEROY ISAACS
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) DECEASED
   Birthplace of father (State or foreign country) IL
   (b) Full maiden name of applicant's mother HOPE DEVERE RAEDER
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) DECEASED
   Birthplace of mother (State or foreign country) N. CAROLINA

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Sandra Kay Straub Date 3-18-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ 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 Kay Straub
New Address SAME AS ABOVE
Subscribed and sworn to before me this 18 day of MARCH, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-18-96 *, authorizing the marriage of* James Allen Stevens *and* Sandra Kay Isaacs *. I further certify that the following marriage certificate was filed in my office: I,* Warren W. Burns *(name), certify that on* 3-28-96 *(date), at* Indianapolis *in* Marion *County, Indiana,* James Allen Stevens *of* Hendricks *County* Indiana *(state), and* Sandra Kay Isaacs *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* 3-18-96 *. Signed by:* /s/ Warren W. Burns *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-2-96 *(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. 89

File

3-18-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician L. TRAMMELL

MALE APPLICANT

Name: First DANIEL Middle B. Last LINVILLE

Date of Birth: Month 1 Day 30 Year 60

Place of Birth (State or foreign country) IN

Residence Address: 9313 Street or R.R. N. CO. RD. 75 W City LIZTON County State IN

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 8-5-93

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 GERALD RAY LINVILLE
   (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 ANN HOUSEFIELD
   (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 [signature] Date 3-18-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of 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 9313 N COUNTY ROAD 75W LIZTON, IN 46149

Subscribed and sworn to before me this 18 day of MARCH, 19 96

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First LANA Middle M. Last GRANT

Date of Birth: Month 3 Day 10 Year 70

Place of Birth (State or foreign country) IN

Residence Address: 2891 Street or R.R. WOODSIDE DR. City PLFD County State IN

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) DR. LIC.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father GARY KENNETH GRANT
   (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 SANDRA GENE DEITZ
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) PLFD 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 Lana M Grant Date 3-18-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Lana M Grant

New Address _____

Subscribed and sworn to before me this 18 day of MARCH, 19 96

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-18-96 *, authorizing the marriage of* Daniel B. Linville *and* Lana M. Grant *. I further certify that the following marriage certificate was filed in my office: I,* George W. Curry *(name), certify that on* 3-23-96 *(date), at* Brownsburg *in* Hendricks *County, Indiana,* Daniel B. Linville *of* Hendricks *County* Indiana *(state), and* Lana M. Grant *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* 3-18-96 *. Signed by:* /s/ George W. Curry, Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-27-96 *(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. 90
File 58
3-19-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under 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 C JARRETT

MALE APPLICANT

Name: First DAVID Middle M. Last DAVIS II

Date of Birth: Month DECEMBER Day 5 Year 1968

Place of Birth (State or foreign country) TEXAS

Residence Address: Street or R.R. 2021 JOPPA ROAD City MOORESVILLE County INDIANA 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) 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. N/A
6. (a) Full name of applicant's father DAVID M. DAVIS
   (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 MARY A. MATTINGLEY
   (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 David M. Davis II Date 3/19/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 M. Davis II
New Address SAME AS ABOVE
Subscribed and sworn to before me this _____ day of _____, 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 LINDA Middle L. Last PAYNE

Date of Birth: Month DECEMBER Day 24 Year 1962

Place of Birth (State or foreign country) INDIANA

Residence Address: Street or R.R. 7911 S COUNTY ROAD 525 E City MOORESVILLE 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) 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.
   LINDSAY R PAYNE
   COURTNEY P PAYNE
6. (a) Full name of applicant's father ROSCOE C CLESTER
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) INDIANA
   Birthplace of father (State or foreign country) MICHIGAN
   (b) Full maiden name of applicant's mother CARMELITA P VILLANSENIOR
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) DECEASED
   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 Linda Payne Date 3-19-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 Payne
New Address SAME AS ABOVE
Subscribed and sworn to before me this 19th day of March, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-19-96 *, authorizing the marriage of* David M. Davis II *and* Linda L. Payne *. I further certify that the following marriage certificate was filed in my office: I,* Jennifer Deno *(name), certify that on* 3-19-96 *(date), at* Danville *in* Hendricks *County, Indiana,* David M. Davis II *of* Hendricks *County* Indiana *(state), and* Linda L. Payne *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* 3-19-96 *. Signed by:* /s/ Jennifer Deno *,* Deputy Clerk *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-19-96 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 91
File 58
3-19-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 3-6-96
Name of Physician Dr. Robert Kirtley

MALE APPLICANT

Name: First Harry Middle Michael Last Snyder
Date of Birth: Month 9-28-71 Day Year
Place of Birth (State or foreign country): Indiana
Residence Address: 6020 Hunters Ridge Street or R.R. Plainfield City Hendricks County IN State 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) 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 Harry M. Snyder
   (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 Leah Christina Mayo
   (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 Harry M Snyder Date 3-19-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Harry M Snyder
New Address X Same
Subscribed and sworn to before me this X day of 19, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Gayle Last Isom
Date of Birth: Month 12-22-68 Day Year
Place of Birth (State or foreign country): Ohio
Residence Address: 6020 Hunters Ridge Street or R.R. Plainfield City Hendricks County IN State 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) 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 James Homer Sams
   (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 Lana Ruth Duncan
   (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 G. Isom Date 3/19/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 G. Isom
New Address X same
Subscribed and sworn to before me this X day of _____, 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* 3-19-96 *, authorizing the marriage of* Harry Michael Snyder *and* Christina Gayle Isom *. I further certify that the following marriage certificate was filed in my office: I,* Ronald Wayne Hunley *(name), certify that on* 3-30-96 *(date), at* Indianapolis *in* Marion *County, Indiana,* Harry Michael Snyder *of* Hendricks *County* Indiana *(state), and* Christina Gayle Isom *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* 3-19-96 *. Signed by:* /s/ Ronald Wayne Hunley, Preacher *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-8-96 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 92

HENDRICKS County

File 58

3-22-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 3-15-96
Name of Physician Gary Creed

MALE APPLICANT

Name: First Arnold Middle Lee Last Dorsett

Date of Birth: Month 12-13-64 Day Year

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 909 Fairmead Rd. Apt. B. 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) 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 Ray Arnold Dorsett 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 Joan Evelyn Cook
   (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 Arnold L. Dorsett Date 3/22/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Arnold L. Dorsett
New Address X Same

Subscribed and sworn to before me this 22 day of March, 19 96

Connie Lawson
Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 LeeAnne Last Adams II

Date of Birth: Month 2-28-73 Day Year

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 909 Fairmead Rd. Apt. B 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) 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 David Forest Adams
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of applicant's mother Sharon LeeAnne Christian
   (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 Sharon Adams Date 3/22/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ 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 Adams
New Address X Same

Subscribed and sworn to before me this 22 day of March, 19 96

Connie Lawson
Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-22-96 *, authorizing the marriage of* Arnold Lee Dorsett *and* Sharon Lee Anne Adams *. I further certify that the following marriage certificate was filed in my office: I,* Lyman Taylor *(name), certify that on* 4-13-96 *(date), at* Camby *in* Morgan *County, Indiana,* _____ Arnold Lee Dorsett *of* Hendricks *County* Indiana *(state), and* _____ Sharon LeeAnne 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* 3-22-96 *. Signed by:* /s/ lyman Taylor *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-1-96 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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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 58
3-25-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 3-25-96
Name of Physician Dr Rosa

MALE APPLICANT

Name: First Terry Middle Alan Last Groce
Date of Birth: Month Day Year 8-2-74
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 501 W. Avon Ave. 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) 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 James Travis Groce
   (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 Janice Louise Potts
   (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 ✗ Terry Alan Groce Date 3/25/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed ✗ Terry Alan Groce
New Address ✗ Same
Subscribed and sworn to before me this 25 day of March, 19 96
Connie Lawson
Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Ericka Last Bruettig
Date of Birth: Month Day Year 9-27-76
Place of Birth (State or foreign country) California
Residence Address: Street or R.R. 5937 Westbury N. Apt. C City Indianapolis County Marion State IN 46224
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) D.L.
State of California 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 Richard Bruettig
   (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 Barbara Jean Clayton
   (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 ✗ Kristina Bruettig Date 3/25/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed ✗ Kristina Bruettig
New Address ✗ 501 West Avon Ave. Plainfield, IN 46168
Subscribed and sworn to before me this 25 day of March, 19 96
Connie Lawson
Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-25-96, *authorizing the marriage of* Terry Alan Groce *and* Kristina Ericka Bruettig. *I further certify that the following marriage certificate was filed in my office: I,* Edwin J. Phillips *(name), certify that on* 4-6-96 *(date), at* Mooresville *in* Morgan *County, Indiana,* Terry Alan Groce *of* Hendricks *County* Indiana *(state), and* Kristina Ericka Bruettig *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* 3-25-96. *Signed by:* /s/ Edwin J. Phillips, Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-8-96 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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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 58
3-25-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 3-21-96
Name of Physician Roger Collicott

MALE APPLICANT

Name: First David Middle Michael Last Elkins
Date of Birth: Month 11 Day 20 Year 63
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 1113 Truman St. City Hammond County Lake State Ind 46320
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 4/94
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. Sylvia Irene Elkins
   Dominick David Elkins Christopher
   Cameron Elkins
6. (a) Full name of applicant's father Cecil Theodore Elkins
   (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 Ruth Carol Hamson
   (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 ✗ David M Elkins Date 3-25-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed ✗ David M Elkins
New Address ✗ 1113 Truman St
Subscribed and sworn to before me this 25 day of March, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Angela Middle Kay Last Honey
Date of Birth: Month 9 Day 2 Year 75
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 405 N. Vine Apt. A 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) State I.D.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Emily Kayleen Honey
   Michael Scott Honey
6. (a) Full name of applicant's father Danny Ray Honey
   (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 Lavera Bean
   (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 ✗ Angela K. Honey Date 3/25/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed ✗ Angela K. Honey
New Address ✗ 1113 Truman St.
Subscribed and sworn to before me this 25 day of March, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-26-96 *, authorizing the marriage of* David Michael Elkins *and* Angela Kay Honey *. I further certify that the following marriage certificate was filed in my office: I,* Hubert Greer *(name), certify that on* 3-30-96 *(date), at* Plainfield *in* Hendricks *County, Indiana,* David Michael Elkins *of* Lake *County* Indiana *(state), and* Angela Kay Honey *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* 3-26-96 *. Signed by:* /s/ Hubert Greer *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-2-96 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 95
File 58
3-26-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a 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~~-96
Name of Physician Dr. Minor

MALE APPLICANT

Name: First Michael Middle Edward Last Lamb
Date of Birth: Month 7 Day 27 Year 69
Place of Birth (State or foreign country): Indiana
Residence Address: 70 W. C.R. 500 S. Street or R.R. City Clayton County Hendricks State IN 46118
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 11/93
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 female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Edward Lamb
   (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 Lou Clevenger
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Virginia

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant ~~X~~ Michael E. Lamb Date 3-26-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 E. Lamb
New Address ~~X~~ SAME
Subscribed and sworn to before me this ~~X~~ 26th day of March, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Annette Last Tooley
Date of Birth: Month 6 Day 7 Year 63
Place of Birth (State or foreign country): Indiana
Residence Address: 70 W. C.R. 500 S. Street or R.R. City Clayton County Hendricks State IN 46118
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2/96
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. Angelique Rachelle Tooley Cory Wayland Tooley Anastasia Cherise Tooley
6. (a) Full name of applicant's father Ronald Herman Branson
   (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 Joslin
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant ~~X~~ Cheryl A. Tooley Date 3-26-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed ~~X~~ Cheryl A. Tooley
New Address ~~X~~ SAME
Subscribed and sworn to before me this ~~X~~ 26th day of March, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-26-96 *, authorizing the marriage of* Michael Edward Lamb *and* Cheryl Annette Tooley *. I further certify that the following marriage certificate was filed in my office: I,* Ronald L. Branson *(name), certify that on* 3-26-96 *(date), at* Graysville *in* Sullivan *County, Indiana,* _____ Michael Edward Lamb *of* Hendricks *County* Indiana *(state), and* _____ Cheryl Annette Tooley *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* 3-26-96 *. Signed by:* /s/ Ronald H. Branson, Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-16-96 *(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. 96
File 58
3-26-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 1-16-96
Name of Physician Dr. David Hadley

MALE APPLICANT

Name: First Stacey Middle Lee Last Henderson
Date of Birth: Month 11 Day 7 Year 62
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 145 N. Mill St. Apt. B 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) 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. Chad Eli Henderson
   Kyle Jack Henderson
6. (a) Full name of applicant's father Ronald Allen Henderson
   (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 Treva Charlene Schrediff
   (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 Stacey Henderson Date 3/26/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Stacey Henderson
New Address 3603 S. Clarks Creek Rd Plainfield, Ind
Subscribed and sworn to before me this 26th day of March, 19 96
Connie Reason Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Gay Last Hostetler
Date of Birth: Month 5 Day 18 Year 66
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 3603 S. Clarks Cr. Rd. City Plainfield County Hendricks State IN 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1991
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) 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. Leah Marie Brown
   Steven Craig Brown, Brittany Ann Hostetler
6. (a) Full name of applicant's father Fred Mack Brown
   (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 Shirley Ann Bugni
   (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 Melissa Hostetler Date 3-26-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ 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 Hostetler
New Address X3603 S. Clarks Creek Rd, PLFD, Ind
Subscribed and sworn to before me this 26th day of March, 19 96
Connie Reason Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated _____, authorizing the marriage of _____ and _____. I further certify that the following marriage certificate was filed in my office: I, _____ (name), certify that on _____ (date), at _____ in _____ County, Indiana, _____ of _____ County _____ (state), and _____ of _____ County _____ (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated _____. Signed by: _____, _____ (official designation) Filed and recorded in accordance with the laws of the State of Indiana on _____ (date).*

Signed _____ Clerk
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 97
File 58
3-26-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 3-25-96
Name of Physician Dr. Robert Howell

MALE APPLICANT

Name: First Scott Middle Lee Last Burns
Date of Birth: Month 1-25-55 Day Year
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 5178 Hill Valley City Pittsboro County Hendricks State IN ~~46165~~ 46167
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 8/94
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Logan Scott Burns, Lindsey Elizabeth Burns
6. (a) Full name of applicant's father Robert Lee Burns
   (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 Anita Kehl
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   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 Scott L Burns 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 Scott L Burns
New Address X 8158 Shorewalk dr, Indpls, IN 46236
Subscribed and sworn to before me this _____ day of _____, 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 Colleen Middle Marie Last Cunningham
Date of Birth: Month 2-5-62 Day Year
Place of Birth (State or foreign country): New York
Residence Address: Street or R.R. 8158 E. Shorewalk Dr. City Indpls. County Marion State IN 46236
Previous Marital Status: 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. Scout Lee Burns
6. (a) Full name of applicant's father Patrick John Cunningham
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) New York
   Birthplace of father (State or foreign country) New York
   (b) Full maiden name of applicant's mother Sheila Katherine Shivens
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) New York
   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 Colleen M Cunningham Date March 26, 1996

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Colleen M Cunningham
New Address X Same
Subscribed and sworn to before me this _____ day of _____, 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* 3-26-96 *, authorizing the marriage of* Scott Lee Burns *and* Colleen Marie Cunningham *. I further certify that the following marriage certificate was filed in my office: I,* Penny Vaughn *(name), certify that on* 4-22-96 *(date), at* Indianapolis *in* Marion *County, Indiana,* Scott Lee Burns *of* Hendricks *County* Indiana *(state), and* Colleen Marie Cunningham *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* 3-26-96 *. Signed by:* /s/ Penny Vaughn *,* Judge *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-1-96 *(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. 98
File 58
3-26-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 4-3-96
Name of Physician Dr. C.H. Tripple M.D.

MALE APPLICANT

Name: First Todd Middle Matthew Last Fox
Date of Birth: Month 5 Day 12 Year 75
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 37 1/2 E. Kentucky St. City Clayton County Hendricks State IN 46118
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☒ Birth Certificate ☒ Other (Specify) D.L.
Hend. Co. Health 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 female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father unknown
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state)
   Birthplace of father (State or foreign country)
   (b) Full maiden name of applicant's mother Caroline Jo Fox
   (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 Todd M. Fox Date 3-26-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Todd M. Fox
New Address X PO Box 364 Clayton, IN 46118
Subscribed and sworn to before me this 26 day of March, 19 96
Connie Lawson
Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Hughes
Date of Birth: Month 7-10-77 Day Year
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 37 1/2 E. Kentucky St. City Clayton County Hendricks State IN 46118
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☒ Birth Certificate ☒ Other (Specify) D.L.
Ind. St. Board of Health

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Lou Hughes
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Sharon Luella Millard
   (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 Ann Hughes Date 3-26-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Ann M. Hughes
New Address X P.O. Box 3164 Clayton IN 46118
Subscribed and sworn to before me this 26 day of March, 19 96
Connie Lawson
Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-9-96 *, authorizing the marriage of* Todd Matthew Fox *and* Ann Marie Hughes *. I further certify that the following marriage certificate was filed in my office: I,* Danny Vaughn *(name), certify that on* 4-27-96 *(date), at* Danville *in* Hendricks *County, Indiana,* _____ Todd Matthew Fox *of* Hendricks *County* Indiana *(state), and* _____ Ann Marie Hughes *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* 4-9-96 *. Signed by:* /s/ Danny Vaughn *,* Judge *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-8-96 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 99
File 58
3-27-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 3-15-96
Name of Physician Dr. Ernest Rolfes

MALE APPLICANT

Name First Gregory Middle Dee Last Strine
Date of Birth Month 2-8-71 Day Year
Place of Birth (State or foreign country) Indiana
Residence Address 8090 E. ~~75~~ 725 N. Street or R.R. Brownsburg City Hendricks 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) 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 Roger Dee Strine
   (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 Kay Coffield
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Gregory D. Strine Date 3/27/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 D. Strine
New Address X Same
Subscribed and sworn to before me this 27 day of March, 19 96
Clerk of the HENDRICKS Circuit Court
Connie Lawson

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name First Lisa Middle Kay Last Deutsch
Date of Birth Month 2-14-69 Day Year
Place of Birth (State or foreign country) Ohio
Residence Address 8090 E. 725 N. Street or R.R. Brownsburg City Hendricks 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) 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 David Deutsch
   (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 ~~Mc~~ Janet Marie Konecht
   (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 Lisa K Deutsch Date 3/27/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 K Deutsch
New Address X SAME
Subscribed and sworn to before me this 27 day of MARCH, 19 96
Clerk of the HENDRICKS Circuit Court
Connie Lawson

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-27-96 *, authorizing the marriage of* Gregory Dee Strine *and* Lisa Kay Deutsch *. I further certify that the following marriage certificate was filed in my office: I,* James R. Wilmoth *(name), certify that on* 4-27-96 *(date), at* Indianapolis *in* Marion *County, Indiana,* Gregory Dee Strine *of* Hendricks *County* Indiana *(state), and* Lisa Kay Deutsch *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* 3-27-96 *. Signed by:* /s/ James R. Wilmoth *,* Priest *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-30-96 *(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. 100

HENDRICKS County

File 58

3-27-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 2-7-96
Name of Physician Michelle Dawson

MALE APPLICANT

Name: First Jason Middle Alan Last Hankins

Date of Birth: Month Day Year 7-31-74

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 10977 W. 400 S. City Jamestown County Boone State IN 46147

Previous Marital Status: 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 Alan Joe Hankins
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Sharon Ellen Bond
   (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 ☒ Jason Hankins Date 3/27/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of 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 Hankins
New Address ☒ 421 E Fordice Apt A Lebanon 46052

Subscribed and sworn to before me this ☒ 27th day of March, 19 96

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Jennifer Middle Jo Last Williams

Date of Birth: Month Day Year 9-20-73

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 5655 N. St. Rd. 75 City North Salem County Hendricks State IN 46165

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) 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 Robert Louis Williams Sr.
   (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 Karen Kay Shoptaw
   (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 ☒ Jennifer Williams Date 3/27/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed ☒ Jennifer J. Williams
New Address ☒ 421 E. Fordice Apt. A

Subscribed and sworn to before me this ☒ 27th day of March 19 96

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-27-96 *, authorizing the marriage of* Jason Alan Hankins *and* Jennifer Jo Williams *. I further certify that the following marriage certificate was filed in my office: I,* Russell Allanson *(name), certify that on* 3-30-96 *(date), at* North Salem *in* Hendricks *County, Indiana,* _____ Jason Alan Hankins *of* Boone *County* Indiana *(state), and* _____ Jennifer Jo 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* 3-27-96 *. Signed by:* /s/ Russell Allanson *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-3-96 *(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. 101
File 58
4-26-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 4.22.96
Name of Physician Bertram Roth MD.

MALE APPLICANT

Name: First John Middle Daniel Last Bizeau
Date of Birth: Month 7 Day 13 Year 66
Place of Birth (State or foreign country): Michigan
Residence Address: Street or R.R. 1738 Rachel Drive 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) 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 L. Bizeau
   (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 Marcia E. Miller
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) New Mexico
   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 Bizeau Date 3/28/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 Bizeau
New Address X 1738 Rachel Dr. PIFD 46168
Subscribed and sworn to before me this X 28 day of March, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Shawnna Middle Kathleen Last Edwards
Date of Birth: Month 9 Day 9 Year 70
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 1738 Rachel 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) 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 Floyd William Edwards
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Janice Elaine Lease
   (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 Shawnna Edwards Date 4-26-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Shawnna Edwards
New Address X 3315 Sherborne Dr. Bethell SC
Subscribed and sworn to before me this 26 day of April, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-26-96 *, authorizing the marriage of* John Daniel Bizeau *and* ~~Shawnna Kathleen Edwards~~ *. I further certify that the following marriage certificate was filed in my office: I,* William R. Clayton *(name), certify that on* 6-1-96 *(date), at* Plainfield *in* Hendricks *County, Indiana,* John Daniel Bizeau *of* Hendricks *County* Indiana *(state), and* Shawnna Kathleen 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* 4-26-96 *. Signed by:* /s/ William R. Clayton *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-6-96 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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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. 102
File 58
3-29-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Pfld. Medical Clinic

MALE APPLICANT

Name: First David Middle Allen Last Hurt
Date of Birth: Month 11 Day 13 Year 61
Place of Birth (State or foreign country): Indiana
Residence Address: 3904 Street or R.R. E. U.S. 40 City Clayton 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) 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 Thomas Hurt Jr.
   (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 Barbra Sophia Bishop
   (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 ____ 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 David A Hurt
New Address X 108 E. Buchana St Plainfield
Subscribed and sworn to before me this X March day of 29, 19 96
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 Treva Middle Sue Last Skinner
Date of Birth: Month 5 Day 28 Year 61
Place of Birth (State or foreign country): Indiana
Residence Address: 108 E. Buchanan St. 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 6/93
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. Crystal Nicole Skinner
   Shonda Kay Skinner,
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 Garldine Sue Jenkins
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Kentucky
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Treva Skinner Date 3-29-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court ____ Date ____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Treva Skinner
New Address X same
Subscribed and sworn to before me this X March day of 29, 19 96
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* 3-29-96 *, authorizing the marriage of* David Allen Hurt *and* Treva Sue Skinner *. I further certify that the following marriage certificate was filed in my office: I,* John C. Parsley *(name), certify that on* 4-27-96 *(date), at* Plainfield *in* Hendricks *County, Indiana,* David Allen Hurt *of* Hendricks *County* Indiana *(state), and* Treva Sue Skinner *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* 3-29-96 *. Signed by:* /s/ John C. Parsley *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-30-96 *(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. 103
File 58
4-1-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under 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 D. Last MYERS
Date of Birth: Month 4 Day 2 Year 30
Place of Birth (State or foreign country) IN
Residence Address: 8625 N. 650 E. City BROWNSBURG County State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 8-7-95
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) 65 DR. LIC.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 OLLIE MYERS
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) DECEASED
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother JESSIE L. BRAG
   (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 Kenneth O Myers Date April 1, 96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 O Myers
New Address 8625 N 650 E Brownsburg Ind
Subscribed and sworn to before me this 1st day of April, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First UMA Middle M Last WILBUR
Date of Birth: Month 1 Day 23 Year 35
Place of Birth (State or foreign country) IN
Residence Address: 4121 S. KINGMAN RD City KINGMAN County State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 90'
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) 61 DR. LIC.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 MARTIN WILBUR
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) DECEASED
   Birthplace of father (State or foreign country) IL
   (b) Full maiden name of applicant's mother ARMILDA C. BOWMAN
   (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 Uma M. Wilbur Date 4/1/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Uma M. Wilbur
New Address 8625 N. 650 E. Brownsburg, In. 46112
Subscribed and sworn to before me this 1st day of April, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-1-96 *, authorizing the marriage of* Kenneth O. Myers *and* Uma M. Wilbur *. I further certify that the following marriage certificate was filed in my office: I,* Phil Huey *(name), certify that on* 4-27-96 *(date), at* Wallace *in* Fountain *County, Indiana,* Kenneth O. Myers *of* Hendricks *County* Indiana *(state), and* Uma M. Wilbur *of* Fountain *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* 4-1-96 *. Signed by:* /s/ Phil Huey *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-2-96 *(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. 104
File 58
4-2-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 3-13-96
Name of Physician Anne Bueter

MALE APPLICANT

Name: First Garry Middle Thomas Last Fuller
Date of Birth: Month Day Year 12-4-63
Place of Birth (State or foreign country) Ohio
Residence Address: Street or R.R. 5383 Royal Troon Way 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) 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 Thomas Louis Fuller
   (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 Erma Jean Veldhaus
   (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 Garry T Fuller DC Date 4-2-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Garry T Fuller
New Address X same
Subscribed and sworn to before me this X 02 April day of _____, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Lee Last White
Date of Birth: Month Day Year 5-14-65
Place of Birth (State or foreign country) California
Residence Address: Street or R.R. 5383 Royal Troon Way City Plainfield County Hendricks State IN 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 5/94
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. Douglas Wayne Revell II, Jordan Michael Revell
6. (a) Full name of applicant's father Jack Lee White
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Irene Sitsue Chiner
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Florida
   Birthplace of mother (State or foreign country) Hawaii

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that 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 Lee White Date 4/2/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 Lee White
New Address X SAME
Subscribed and sworn to before me this X 2ND day of April, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-2-96 *, authorizing the marriage of* Garry Thomas Fuller *and* Dawn Lee White *. I further certify that the following marriage certificate was filed in my office: I,* Harold L. Leininger II *(name), certify that on* 4-13-96 *(date), at* Brownsburg *in* Hendricks *County, Indiana,* Garry Thomas Fuller *of* Hendricks *County* Indiana *(state), and* Dawn Lee White *of* Hendricks *County* Indiana *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-2-96 *. Signed by:* /s/ Harold L. Leininger II *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-22-96 *(date).*

Connie Lawson
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

HENDRICKS County

No. 105
File 58
4-2-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 3-25-96
Name of Physician Robert Kirtley

MALE APPLICANT

Name: First Bryan Middle Edward Last Ruppel
Date of Birth: Month Day Year 4-19-69
Place of Birth (State or foreign country) Illinois
Residence Address: Street or R.R. 218 Raines St. City Plainfield County Hendricks State IN 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 9/90
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 John Edward Ruppel Jr.
   (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 Vickie Ann Cable
   (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 Bryan E. Ruppel Date 4-2-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Bryan E. Ruppel
New Address Same
Subscribed and sworn to before me this 2 day of April, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Joan Last Gutreuter
Date of Birth: Month Day Year 11-5-68
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 218 Raines St. City Plainfield County Hendricks State IN 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1/95
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 Wayne Robbins 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 Joan Darlene Lucas
   (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 [signature] Date 4-2-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 2 day of APRIL, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-2-96, *authorizing the marriage of* Bryan Edward Ruppel *and* Deanna Joan Gutreuter. *I further certify that the following marriage certificate was filed in my office: I,* Michael D. Keele *(name), certify that on* 4-19-96 *(date), at* Plainfield *in* Hendricks *County, Indiana,* Bryan Edward Ruppel *of* Hendricks *County* Indiana *(state), and* Deanna Joan Gutreuter *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* 4-2-96. *Signed by:* /s/ Michael D. Keele, Judge *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-23-96 *(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

HENDRICKS County

No. 106
File 58
4-2-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician DR. BENSON FAMILY MED CTR

MALE APPLICANT

Name: First RAYMOND Middle DOUGLAS Last RUSSELL
Date of Birth: Month 7 Day 31 Year 74
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 337 Country LN APT A City PLFD. County State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. TANNER JACOB RUSSELL
6. (a) Full name of applicant's father RAYMOND E. RUSSELL
   (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 S. LARKIN
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) INDPLS IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant x Raymond Russell Date 4/2/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed x Raymond Russell
New Address _____
Subscribed and sworn to before me this 2 day of APRIL, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First CARRIE Middle ANNE Last FOSTER
Date of Birth: Month 7 Day 5 Year 77
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 337 COUNTRY LANE APT A 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. TANNER JACOB RUSSELL
6. (a) Full name of applicant's father WALTER L. FOSTER
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) NORTH SALEM IN
   Birthplace of father (State or foreign country) FLORIDA
   (b) Full maiden name of applicant's mother JANE A. WOODROW
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) NORTH SALEM IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant x Carrie Anne Foster Date 4/2/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed x Carrie Anne Foster
New Address 337 COUNTRY LN APT A PLFD IN
Subscribed and sworn to before me this 2 day of APRIL, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-2-96 *, authorizing the marriage of* Raymond Douglas Russell *and* Carrie Anne Foster *. I further certify that the following marriage certificate was filed in my office: I,* Andrea Hughes Leininger *(name), certify that on* 4-20-96 *(date), at* Brownsburg *in* Hendricks *County, Indiana,* Raymond Douglas Russell *of* Hendricks *County* Indiana *(state), and* Carrie Anne Foster *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* 4-2-96 *. Signed by:* /s/ Andrea Hughes Leininger *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-17-96 *(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. 107
File 58
4-3-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 4-3-96
Name of Physician Dr. David Bayne

MALE APPLICANT

Name: First Michael Middle Ronald Last Bain
Date of Birth: Month 10 Day 24 Year 68
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 3566 Romar Dr. City Brownsburg County Hendricks 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) 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 Jackie Eugene Bain
   (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 Madonna Porter
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Illinois

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Michael Ronald Bain Date 4-3-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 Ronald Bain
New Address X 10838 N. College Ave. Indpls. IN 46280
Subscribed and sworn to before me this 3 day of April, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Briaget Middle Elaine Last Hynds
Date of Birth: Month 11 Day 12 Year 67
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 10838 N. College Ave. City Indpls County Hamilton State ~~IN~~ 46280
Previous Marital Status: 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 Carl Alvin Hynds
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Elaine Yvonne Granson
   (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 Bridget E Hynds Date 4-3-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Bridget E Hynds
New Address X same
Subscribed and sworn to before me this X 3 day of April, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-3-96 *, authorizing the marriage of* Michael Ronald Bain *and* Bridget Elaine Hynds *. I further certify that the following marriage certificate was filed in my office: I,* Robert L. Williams *(name), certify that on* 4-13-96 *(date), at* Kokomo *in* Howard *County, Indiana,* Michael Ronald Bain *of* Hendricks *County* Indiana *(state), and* Bridget Elaine Hynds *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* 4-3-96 *. Signed by:* /s/ Robert L. Williams Priest *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-16-96 *(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. 108

HENDRICKS County

File 58

4-3-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Rebecca Hank

MALE APPLICANT

Name: First Adam Middle Daniel Last Strain

Date of Birth: Month 12 Day 29 Year 72

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 1245 S. Brandt Dr. City Indianapolis County Marion State IN 46241

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) 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 David Milton Strain
   (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 Brown
   (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 Adam Strain Date 4-3-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Adam Strain
New Address X [illegible]

Subscribed and sworn to before me this 3 day of April, 19 96

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Lynn Last Wilson

Date of Birth: Month 10 Day 11 Year 72

Place of Birth (State or foreign country) Germany

Residence Address: Street or R.R. 4407 Windsor Rd. City Brownsburg County Hendricks 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) 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 Steven John Wayne Wilson
   (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 Jeanete Ann Potter
   (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 Heather L. Wilson Date 4-3-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Heather L. Wilson
New Address X 1245 S. Brandt St.

Subscribed and sworn to before me this 3 day of April, 19 96

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-8-96 *, authorizing the marriage of* Adam Daniel Strain *and* Heather Lynn Wilson *. I further certify that the following marriage certificate was filed in my office: I,* Keith E. Grove *(name), certify that on* 4-27-96 *(date), at* Indianapolis *in* Marion *County, Indiana,* Adam Daniel Strain *of* Marion *County* Hendricks *(state), and* Heather Lynn 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* 4-8-96 *. Signed by:* /s/ Keith E. Grove, Ordained Elder *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-9-96 *(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. 109
File 58
4-4-96 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 9-8-95
Name of Physician Michael Summer

MALE APPLICANT

Name: First Stephen Middle Edward Last Tutterow
Date of Birth: Month 9-26 Day -57 Year
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 3619 W. C.R. 900 S. City Stilesville County Hendricks State IN 46180
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3
Last Marriage Ended By: Death ☒ Divorce ☒ Annulment ☐ Date 11/93
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 female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Joann Tutterow, Tyler Jacob Tutterow
6. (a) Full name of applicant's father Donald Lloyd Tutterow 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 Marjorie Jean Harris Dickerson
   (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 Stephen Edward Tutterow Date 4-4-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 Edward Tutterow
New Address [illegible]
Subscribed and sworn to before me this 4th day of April, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Cathy Middle Lynn Last Parson
Date of Birth: Month 7-4-58 Day Year
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 3619 W. C.R. 900 S. City Stilesville County Hendricks State IN 46180
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) 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. Jessica Lee Parson
6. (a) Full name of applicant's father Junior Clay Bowling
   (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 Dixie Lee Warren
   (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 Cathy Lynn Parson Date 4-4-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Cathy Lynn Parson
New Address [illegible]
Subscribed and sworn to before me this 4th day of April, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-4-96 *, authorizing the marriage of* Stephen Edward Tutterow *and* Cathy Lynn Parson *. I further certify that the following marriage certificate was filed in my office: I,* Andy Arnett Sr. *(name), certify that on* 4-5-96 *(date), at* Stilesville *in* Hendricks *County, Indiana,* Stephen Edward Tutterow *of* Hendricks *County* Indiana *(state), and* Cathy Lynn Parson *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* 4-4-96 *. Signed by:* /s/ Andy Arnett Sr. *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-8-96 *(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. 110

File 58

4-8-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 3-26-96
Name of Physician C. Elaine Lane

MALE APPLICANT

Name: First Nicholas Middle Xinopoulos Last

Date of Birth: Month 4 Day 21 Year 44

Place of Birth (State or foreign country): Greece

Residence Address: 6785 E. US 136 Street or R.R. Brownsburg City Hendricks County IN State 46112

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 1/1991

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. George Joseph Xinopoulos, Nicholas Ryan Xinopoulos
6. (a) Full name of applicant's father George Xinopoulos
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Greece
   Birthplace of father (State or foreign country) Greece
   (b) Full maiden name of applicant's mother Katina Roudsiklly
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Greece
   Birthplace of mother (State or foreign country) Greece

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Nicholas Xinopoulos Date 4/8/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Nicholas Xinopoulos
New Address X Same

Subscribed and sworn to before me this _____ day of _____, 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 Gretchen Middle Lynne Last Waldbieser

Date of Birth: Month 10 Day 12 Year 57

Place of Birth (State or foreign country): Indiana

Residence Address: 6205 E. C.R. 250 N. Street or R.R. Brownsburg City Hendricks 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) 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 Carl Waldbieser
   (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 Edwina Jo Snyder
   (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 Gretchen L Waldbieser Date 4/8/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Gretchen L Waldbieser
New Address 6785 E. US 136 Brownsburg, In. 46112

Subscribed and sworn to before me this _____ day of _____, 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* 4-8-96 *, authorizing the marriage of* Nicholas Xinopoulos *and* Gretchen Lynne Waldbieser *. I further certify that the following marriage certificate was filed in my office: I,* Steven T. Reeves *(name), certify that on* 4-20-96 *(date), at* Brownsburg *in* Hendricks *County, Indiana,* _____ Nicholas Xinopoulos *of* Hendricks *County* Indiana *(state), and* _____ Gretchen Lynne Waldbieser *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* 4-8-96 *. Signed by:* /s/ Steven T. Reeves *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-23-96 *(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. 111
File 58
4-8-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 4-8-96
Name of Physician Dr. Black

MALE APPLICANT

Name: First Norman Middle Jefferson Last Shields
Date of Birth: Month 7 Day 4 Year 64
Place of Birth (State or foreign country): Virginia
Residence Address: 52 N Tennessee Street or R.R. Danville City Hendricks County IN State 46122
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) 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 Norman Jefferson Shields 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 JoAnne Snead King
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Mississippi
   Birthplace of mother (State or foreign country) North Carolina

FEMALE APPLICANT

Name: First Krista Middle Harriett Last Mullins
Date of Birth: Month 8 Day 8 Year 69
Place of Birth (State or foreign country): Kentucky
Residence Address: 215 Indiana St. Apt. 3. Street or R.R. Plainfield City Hendricks County IN State 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) 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 Elmer Haskel Mullins Jr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Kentucky
   Birthplace of father (State or foreign country) Virginia
   (b) Full maiden name of applicant's mother Margaret Miller Mullins
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Kentucky
   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 Norman Jefferson Shields Date 4-8-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 Jefferson Shields
New Address SAME
Subscribed and sworn to before me this 8th day of APRIL, 19 96
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 Krista H Mullins Date 4-8-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Krista H Mullins
New Address 52 N. Tennessee St. Danville IN 46122
Subscribed and sworn to before me this 8th day of April, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other 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* 4-8-96 *, authorizing the marriage of* Norman Jefferson Sheilds *and* Krista Harriett Mullins *. I further certify that the following marriage certificate was filed in my office: I,* R. Fred Rodkey *(name), certify that on* 4-13-96 *(date), at* Avon *in* Hendricks *County, Indiana,* Norman Jefferson Shields *of* Hendricks *County* Indiana *(state), and* Krista Harriett Mullins *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* 4-8-96 *. Signed by:* /s/ R. Fred Rodkey *,* Associate Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-17-96 *(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. 112
File 58
4-8-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 2-26-96
Name of Physician Peggy Kovac

MALE APPLICANT

Name: First Phillip Middle David Last Spurlock
Date of Birth: Month Day Year 5-5-65
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 6483 W. C.R. 350S. City Coatesville County Hendricks 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) 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 Jesse David Spurlock
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Janet Rose 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 Phillip David Spurlock Date 4-8-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Phillip D Spurlock
New Address X 4852 N. PEARL St AMO IN 46103
Subscribed and sworn to before me this _____ day of _____, 19 _____
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 Ronda Middle Linn Last Baker
Date of Birth: Month Day Year 6-24-66
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 6451 W. C.R. 200 N. City Bargersville County Johnson State IN 46106
Previous Marital Status: 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 Howard Eugene Baker
   (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 Carrie Sue Cale Baker
   (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 Ronda Baker Date 4-8-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Ronda S. Baker
New Address X 4852 N. Pearl St. Amo IN 46103
Subscribed and sworn to before me this _____ day of _____, 19 _____
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* 4-8-96 *, authorizing the marriage of* Phillip David Spurlock *and* Ronda Linn Baker *. I further certify that the following marriage certificate was filed in my office: I,* Stan White *(name), certify that on* 4-13-96 *(date), at* Martinsville *in* Morgan *County, Indiana,* _____ Phillip David Spurlock *of* Hendricks *County* Indiana *(state), and* _____ Ronda Linn Baker *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* 4-8-96 *. Signed by:* /s/ Stan White *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-16-96 *(date).*

Signed Connie Rawson *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. 113
File 58
4-8-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 4-4-96
Name of Physician Dr. Edwards

MALE APPLICANT

Name: First Kevin Middle Ray Last Koontz
Date of Birth: Month Day Year 10-7-68
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 11200 W. River Valley Rd. City Yorktown County Delaware State IN 47396
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 5/95
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. Kole Jacob Koontz
6. (a) Full name of applicant's father Melvin Leray Koontz
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Delores Pauline Mills
   (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 Ray Koontz Date 4/8/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 Ray Koontz
New Address X 266 AVON AVE PLAINFIELD, IN 46168
Subscribed and sworn to before me this X 8 day of April, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Erin Middle Leigh Last Scott
Date of Birth: Month Day Year 8-13-74
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 266 Avon Avenue 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) 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. Tyler Ryan Scott
6. (a) Full name of applicant's father Douglas Melvin Scott
   (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 Diana Fay Melow
   (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 Erin L. Scott Date 4-8-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Erin L. Scott
New Address X SAME
Subscribed and sworn to before me this X 8 day of April, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-8-96 *, authorizing the marriage of* Kevin Ray Koontz *and* Erin Leigh Scott *. I further certify that the following marriage certificate was filed in my office: I,* Jennifer Deno *(name), certify that on* 4-26-96 *(date), at* Danville *in* Hendricks *County, Indiana,* Kevin Ray Koontz *of* Delaware *County* Indiana *(state), and* Erin Leigh 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* 4-8-96 *. Signed by:* /s/ Jennifer Deno *,* Deputy Clerk *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-10-96 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

492

Form 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 58
4-8-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 4-2-96
Name of Physician Charles French

MALE APPLICANT

Name: First James Middle Howard Last Weirich
Date of Birth: Month 5-30-76 Day Year
Place of Birth (State or foreign country): Virginia
Residence Address: 12882 Kain Road Street or R.R. Glen Allen City Henrico County Va State 23060
Previous Marital Status: 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.
Virginia B.C. Virginia 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 Wayne Ernest Weirich
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Virginia
   Birthplace of father (State or foreign country) Maryland
   (b) Full maiden name of applicant's mother Linda Susan Fraes
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) ~~Penn~~ Virgina
   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 James Weirich Date Apr. 18, 96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 Weirich
New Address X 1555 Deerfield Dr. Plainfield, IN 46168
Subscribed and sworn to before me this X 8th day of April, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Keri Middle Rebecca Last Summers
Date of Birth: Month 7-9-76 Day Year
Place of Birth (State or foreign country): Indiana
Residence Address: 1555 Deerfield Dr. Street or R.R. Plainfield City Hendricks County IN State 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☒ Birth Certificate ☒ Other (Specify) Indiana D.L.
Indiana B.C.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father John David Summers
   (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 Lou Dawson
   (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 Keri R. Summers Date 4-8-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Keri R. Summers
New Address X 1555 Deerfield Dr. Plainfield IN 46168
Subscribed and sworn to before me this X 8th day of April, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-8-96 *, authorizing the marriage of* James Howard Weirich *and* Keri Rebecca Summers *. I further certify that the following marriage certificate was filed in my office: I,* William R. Clayton *(name), certify that on* 5-18-96 *(date), at* Plainfield *in* Hendricks *County, Indiana,* _____ James Howard Weirich *of* Hendricks *County* Indiana *(state), and* _____ Keri Rebecca Summers *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* 4-8-96 *. Signed by:* /s/ William R. Clayton *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-30-96 *(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. 115
File 58
4-8-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-5-95
Name of Physician Patsy Webber Hunt

MALE APPLICANT

Name: First Jamus Middle Scott Last Haggard
Date of Birth: Month Day Year 3-11-75
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 194 Applecross City Brownsburg County Hendricks 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) 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. Lance Scott Haggard
6. (a) Full name of applicant's father David Wesley Haggard
   (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 Ann Schooley
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Michigan
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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. Hagg Date 4-8-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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. Hagg
New Address ☒ 5636 E. U.S. 136 Brownsburg, In 46112
Subscribed and sworn to before me this ☒ 8 day of APRIL, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Megan Middle ann Last Armstrong
Date of Birth: Month Day Year 11-14-75
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 5636 E. US 136 City Brownsburg County Hendricks 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) D.L. Indiana
Indiana

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Lance Scott Haggard
6. (a) Full name of applicant's father Bruce Edward Armstrong
   (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 Carole Ann Cleary
   (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 ☒ Megan Armstrong Date 4-8-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed ☒ Megan Armstrong
New Address ☒ 5636 E. U.S. 136 Brownsburg IN 46112
Subscribed and sworn to before me this ☒ 8 day of April, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-8-96 *, authorizing the marriage of* Jamus Scott Haggard *and* Megan Ann Armstrong *. I further certify that the following marriage certificate was filed in my office: I,* Wilfred E. Day *(name), certify that on* 4-27-96 *(date), at* Brownsburg *in* Hendricks *County, Indiana,* Jamus Scott Haggard *of* Hendricks *County* Indiana *(state), and* Megan Ann Armstrong *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* 4-8-96 *. Signed by:* /s/ Wilfred E. Day *,* Priest *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-30-96 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 116
File 58
4-8-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 4-5-96
Name of Physician K. E. Bobb

MALE APPLICANT

Name: First Richard Middle Daryl Last Decker
Date of Birth: Month 9 Day 7 Year 69
Place of Birth (State or foreign country): Indiana
Residence Address: 903 Austrian Way Street or R.R. Avon City Hendricks County IN State 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) 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 Franklin Decker
   (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 Lee Lough
   (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 Richard D Decker Date 4/9/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 D Decker
New Address X 5506 Ashview Dr Indpls Indiana
Subscribed and sworn to before me this X 9 day of April, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Renee Middle Christine Last Farace
Date of Birth: Month 2 Day 23 Year 72
Place of Birth (State or foreign country): Missouri
Residence Address: 5506 Ashview Dr. Apt. H. Street or R.R. Indianapolis City Marion County IN State 46237
Previous Marital Status: 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 Thomas Joseph Farace
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Missouri
   Birthplace of father (State or foreign country) Missouri
   (b) Full maiden name of applicant's mother Sandra Lee Shepard
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Missouri

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Renee Christine Farace Date 4/8/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Renee Christine Farace
New Address X 5506 Ashview Dr Apt H, Indpls, IN 46237
Subscribed and sworn to before me this eighth day of April, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-9-96 *, authorizing the marriage of* Richard Daryl Decker *and* Renee Christine Farace *. I further certify that the following marriage certificate was filed in my office: I,* Clayton H. Boyer Jr. *(name), certify that on* 4-20-96 *(date), at* Seymour *in* Jackson *County, Indiana,* Richard Daryl Decker *of* Hendricks *County* Indiana *(state), and* Renee Christine Farace *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* 4-9-96 *. Signed by:* /s/ Clayton H. Boyer Jr. *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-23-96 *(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. 117
File 58
4-9-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 4-4-96
Name of Physician Dr. Kirkwood

MALE APPLICANT

Name: First Bennie Middle Lee Last Lynch
Date of Birth: Month 5 Day 7 Year 44
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 6644 Woodridge Dr. City Plainfield County Hendricks State IN 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 6/93
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 female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 B. Lynch
   (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 Edith Louise Bicknell
   (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 X Bennie L Lynch 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 Bennie L Lynch
New Address 4 Same
Subscribed and sworn to before me this 09 day of , 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of 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 Lou Last Begeman
Date of Birth: Month 3 Day 2 Year 53
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 6644 Woodridge Dr. City Plainfield County Hendricks State IN 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1990
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) 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. Katrina Marie Begeman

6. (a) Full name of applicant's father Glenmore David Clifford
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Martha Ilene Newcomer
   (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 Nancy L Begeman 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 Nancy L Begeman
New Address 4 Same
Subscribed and sworn to before me this April day of 9 , 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-9-96 *, authorizing the marriage of* Bennie Lee Lynch *and* Nancy Lou Begeman *. I further certify that the following marriage certificate was filed in my office: I,* Danny Vaughn *(name), certify that on* 4-27-96 *(date), at* Plainfield *in* Hendricks *County, Indiana,* Bennie Lee Lynch *of* Hendricks *County* Indiana *(state), and* Nancy Lou Begeman *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* 4-9-96 *. Signed by:* /s/ Danny Vaughn *,* Judge *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-8-96 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

496

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 119
File 50
4-9-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 4-9-96
Name of Physician Dr. Harris

MALE APPLICANT

Name: First Patrick Middle Francis Last Breslin
Date of Birth: Month Day Year 1-19-67
Place of Birth (State or foreign country) Pennsylvania
Residence Address: Street or R.R. 1160 Pinewood Dr. City Plainfield County Hendricks State IN 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 5/12/95
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 James Jay Breslin
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Pennsylvania
   Birthplace of father (State or foreign country) Pennsylvania
   (b) Full maiden name of applicant's mother Mary Ann Baumgarten
   (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 Patrick F. Breslin 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 Patrick F. Breslin
New Address X SAME
Subscribed and sworn to before me this X 9 day of April, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of 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 Dahlke
Date of Birth: Month Day Year 4-26-68
Place of Birth (State or foreign country) California
Residence Address: Street or R.R. 1160 Pinewood Drive City Plainfield County Hendricks State IN 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2/13/96
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. Triston Kalen Dahlke, Trevor Allen Dahlke
6. (a) Full name of applicant's father James Edward DeWall
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) California
   Birthplace of father (State or foreign country) South Dakota
   (b) Full maiden name of applicant's mother Roberta Lynn Bewley
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   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 Tammy LaDahlke Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Tammy LaDahlke
New Address X Same
Subscribed and sworn to before me this X 9 day of April, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-9-96 *, authorizing the marriage of* Patrick Francis Breslin *and* Tammy Lynn Dahlke *. I further certify that the following marriage certificate was filed in my office: I,* Jennifer Deno *(name), certify that on* 4-9-96 *(date), at* Danville *in* Hendricks *County, Indiana,* Patrick Francis Breslin *of* Hendricks *County* Indiana *(state), and* Tammy Lynn Dahlke *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* 4-9-96 *. Signed by:* /s/ Jennifer Deno, Deputy Clerk *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-9-96 *(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. ~~B~~ 118

File 58

4-9-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 3-21-96
Name of Physician Military Doctor

MALE APPLICANT

Name: First Timothy Middle John Last Kolb

Date of Birth: Month 6-23-52 Day Year

Place of Birth (State or foreign country) Washington D.C.

Residence Address: Street or R.R. 99-474 Fernridge Place Aiea City Honolulu County State HI 96701

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 7/88

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 James Grant Kolb
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Maryland
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of applicant's mother Elizabeth Zink
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Maryland
   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~~ Timothy J. Kolb Date April 9, 1996

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ 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 J. Kolb

New Address ~~X~~ 99-474 Fernridge Place Aiea HI 96701

Subscribed and sworn to before me this ~~2~~ 9th day of April, 19 96

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 JoAnn Last Seward

Date of Birth: Month 9-16-64 Day Year

Place of Birth (State or foreign country) California

Residence Address: Street or R.R. 1313 N. C.R. 300 E. City Danville County Hendricks 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) 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 Jack Ray Seward
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Nebraska
   (b) Full maiden name of applicant's mother Sheron Kathleen Livingston
   (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~~ Sandra J Seward Date April 9, 1996

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ 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 J Seward

New Address ~~X~~ 11 Stevens Rd Glen Burnie, MD 21060

Subscribed and sworn to before me this ~~2~~ 9th day of April, 19 96

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-9-96 *, authorizing the marriage of* Timothy John Kolb *and* Sandra JoAnn Seward *. I further certify that the following marriage certificate was filed in my office: I,* Vincent P. Lampert *(name), certify that on* 4-13-96 *(date), at* Danville *in* Hendricks *County, Indiana,* Timothy John Kolb *of* Honolulu *County* Hawaii *(state), and* Sandra JoAnn Seward *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* 4-9-96 *. Signed by:* /s/ Vincent P. Lampert *,* Preist *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-17-96 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

498

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 120

File 58

4-10-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 3-13-96
Name of Physician Dr. Johnston

MALE APPLICANT

Name: First Tony Middle Alan Last Echard

Date of Birth: Month 5-29-59 Day Year

Place of Birth (State or foreign country): Indiana

Residence Address: 8459 Skippers Court Street or R.R. Avon City Hendricks County IN State 46234

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2/14/96

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. Amy Elaine Echard
6. (a) Full name of applicant's father Simon Earl Horn
   (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 Sylvia Jean Tungate
   (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 W Echard Date 4-10-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ 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 W Echard

New Address X SAME.

Subscribed and sworn to before me this 14 day of 10, 19 96.

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Tresa Middle Fay Last O'Brien

Date of Birth: Month 12-11-63 Day Year

Place of Birth (State or foreign country): Indiana

Residence Address: 8459 Skippers Court Street or R.R. Avon City Hendricks County IN State 46234

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 8/95

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. Gregory Mark O'Brien
   Derek Todd O'Brien
6. (a) Full name of applicant's father James Curtis O'Bold
   (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 Adel Louise Haas
   (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 Tresa F. O'Brien Date 4-10-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Tresa F. O'Brien

New Address X Same

Subscribed and sworn to before me this 10 day of April, 19 96

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-10-96 *, authorizing the marriage of* Tony Alan Echard *and* Tresa Fay O'Brien *. I further certify that the following marriage certificate was filed in my office: I,* Jennifer Deno *(name), certify that on* 4-10-96 *(date), at* Danville *in* Hendricks *County, Indiana,* _____ Tony Alan Echard *of* Hendricks *County* Indiana *(state), and* _____ Tresa Fay O'Brien *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* 4-10-96 *. Signed by:* /s/ Jennifer Deno *,* Deputy Clerk *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-10-96 *(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. 126
File 58
4-10-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 4-3-96
Name of Physician Corning Clinical Lab

MALE APPLICANT

Name: First William Middle Lowell Last Bullock II
Date of Birth: Month 12 Day 22 Year 67
Place of Birth (State or foreign country): Indiana
Residence Address: 435 Wildrose Lane Street or R.R. Plainfield City Hendricks County IN State 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) 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 William Lowell Bullock
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) New York
   (b) Full maiden name of applicant's mother Mary Low Moneymaker
   (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 L. Bullock II Date 4/10/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 L Bullock II
New Address X SAME
Subscribed and sworn to before me this X 10 day of Apr. 1, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Kay Last Dressler
Date of Birth: Month 12 Day 27 Year 69
Place of Birth (State or foreign country): Illinois
Residence Address: 6734 Karyn Dr. Street or R.R. Plainfield City Hendricks County IN State 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) 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 David Stephen Dressler
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) California
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of applicant's mother Kathleen Sherrod
   (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 Dressler Date 4-10-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 Dressler
New Address X 435 Wildrose Ln Plainfield IN 46168
Subscribed and sworn to before me this X 10 day of April, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-10-96 *, authorizing the marriage of* William Lowell Bullock II *and* Natalie Kay Dressler *. I further certify that the following marriage certificate was filed in my office: I,* Richard W. Hunter Jr. *(name), certify that on* 4-27-96 *(date), at* Wayne *in* Marion *County, Indiana,* William Lowell Bullock II *of* Hendricks *County* Indiana *(state), and* Natalie Kay Dressler *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* 4-10-96 *. Signed by:* /s/ Richard W. Hunter Jr, Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-1-96 *(date).*

Signed Connie Lawson *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. 122

File 58

Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 4-8-96
Name of Physician Dr. Trammel

MALE APPLICANT

Name: First Robert Middle Eugene Last Greathouse

Date of Birth: Month 4 Day 27 Year 49

Place of Birth (State or foreign country): Indiana

Residence Address: 1003 Pierce Dr. Street or R.R. Plainfield City Hendricks County IN State 46168

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1991

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) 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 Great house
   (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 Jewell Dean Rush
   (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 Robert E Greathouse Date 4-11-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Robert E Greathouse
New Address Same

Subscribed and sworn to before me this 11 day of 4, 19 96

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Sue Last Deming

Date of Birth: Month 8 Day 28 Year 47

Place of Birth (State or foreign country): Michigan

Residence Address: 1003 Pierce Dr. Street or R.R. Plainfield City Hendricks County IN State 46168

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) 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 Herman Henry Meents
   (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 Dorothy Inez Duseabury
   (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 Marilyn Sue Deming Date 4-11-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of 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 Sue Deming
New Address Same

Subscribed and sworn to before me this 11 day of April, 19 96

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-11-96 *, authorizing the marriage of* Robert Eugene Greathouse *and* Marilyn Sue Deming *. I further certify that the following marriage certificate was filed in my office: I,* Bryant Livingston *(name), certify that on* 4-28-96 *(date), at* Plainfield *in* Hendricks *County, Indiana,* _____ Robert Eugene Greathouse *of* Hendricks *County* Indiana *(state), and* _____ Marilyn Sue Deming *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* 4-11-96 *. Signed by:* /s/ Bryant Livingston *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-30-96 *(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

HENDRICKS County

No. 123
File 58
4-11-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 4-9-96
Name of Physician Southwest Clinic

MALE APPLICANT

Name: First Kenneth Middle Edward Last Hall
Date of Birth: Month 9 Day 2 Year 40
Place of Birth (State or foreign country): Kentucky
Residence Address: 3069 E. Main St. Lot 37 Street or R.R. City Plainfield County Hendricks State IN 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 4
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 4/2/96
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 Marshan Edward Hall
   (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 Ella Bell Jaggers
   (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 X Kenneth E. Hall Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Kenneth E. Hall
New Address Same
Subscribed and sworn to before me this 4-11-96 day of , 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 Marsha Middle Lynn Last Hamer
Date of Birth: Month 8 Day 23 Year 60
Place of Birth (State or foreign country): Indiana
Residence Address: 3069 E. Main St. Lot 37 Street or R.R. 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 1989
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. Misty Lynn Henson, Timothy James Hamer, Tyniille Lunette Hamer
6. (a) Full name of applicant's father Clarence Mars Henson
   (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 Linda E. McGowan
   (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 Marsha L Hamer Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Marsha L Hamer
New Address X Same
Subscribed and sworn to before me this 4-11-9 day of 11 , 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-11-96 *, authorizing the marriage of* Kenneth Edward Hall *and* Marsha Lynn Hamer *. I further certify that the following marriage certificate was filed in my office: I,* Donald L. Winters *(name), certify that on* 4-13-96 *(date), at* Indianapolis *in* Marion *County, Indiana,* Kenneth Edward Hall *of* Hendricks *County* Indiana *(state), and* Marsha Lynn Hamer *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* 4-11-96 *. Signed by:* /s/ Donald L. Winters *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-19-96 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-362-8702 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. 124

File 58

4-11-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 4-3-96
Name of Physician Dr. Harris

MALE APPLICANT

Name: First Gary Middle Albert Last Walters
Date of Birth: Month 7 Day 27 Year 64
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 5770 W. C.R. 500 N. City North Salem County Hendricks State IN 46165
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 12/95
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. April Dawn Walters
   Gary Nathaniel Walters
6. (a) Full name of applicant's father Donald Milton 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 Jesse Irene Eichmiller
   (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 G. Albert Walters Date 4-11-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed G. Albert Walters
New Address SAME
Subscribed and sworn to before me this 11 day of April, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Joanne Last Simmons
Date of Birth: Month 7 Day 29 Year 63
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 5770 W. C.R. 500 N. City North Salem County Hendricks State IN 46165
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 6/95
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. Jason Wayne Simmons
6. (a) Full name of applicant's father John Wayne Clements
   (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 Patti Joanne Courtney
   (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 Stacy Simmons Date 4-11-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 Simmons
New Address SAME
Subscribed and sworn to before me this 11 day of April, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-11-96 *, authorizing the marriage of* Gary Albert Walters *and* Stacy Joanne Simmons *. I further certify that the following marriage certificate was filed in my office: I,* David L. Garshaw *(name), certify that on* 5-24-96 *(date), at* North Salem *in* Hendricks *County, Indiana,* Gary Albert Walters *of* Hendricks *County* Indiana *(state), and* Stacy Joanne 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* 4-11-96 *. Signed by:* /s/ David L. Garshaw *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-30-96 *(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. 125

HENDRICKS County

File 58

4-12-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Dr. Haggard

MALE APPLICANT

Name: First Douglas Middle Scott Last Berg
Date of Birth: Month 4-10-72 Day Year
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1819 W. C.R. 571 S. City Clayton County Hendricks State IN 46118
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Richard Lee Berg
   (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 Jean Straegel
   (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 Douglas S Berg Date 4/12/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Douglas S Berg
New Address X P.O. Box 72 AMO IN 46103
Subscribed and sworn to before me this 12 day of April, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Jo Last Potter
Date of Birth: Month 9-21-73 Day Year
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 48 Woodside Dr. City Mooresville County Morgan State IN 46158
Previous Marital Status: 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 Perry Willard Potter
   (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 Betty Jo Burton
   (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 Tammy Jo Potter Date 04-12-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 Jo Potter
New Address X P.O. Box 72, Amo, IN 46103
Subscribed and sworn to before me this 12 day of April, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-12-96 *, authorizing the marriage of* Douglas Scott Berg *and* Tammy Jo Potter *. I further certify that the following marriage certificate was filed in my office: I,* Ted A. Miller *(name), certify that on* 4-27-96 *(date), at* Amo *in* Hendricks *County, Indiana,* _____ Douglas Scott Berg *of* Hendricks *County* Indiana *(state), and* _____ Tammy Jo Potter *of* Morgan *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* 4-12-96 *. Signed by:* /s/ Ted A. Miller *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-1-96 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 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. 126
File 58
5-29-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under 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 Myron Middle Dale Last Maxwell
Date of Birth: Month 7-22-38 Day Year
Place of Birth (State or foreign country): Indiana
Residence Address: 6282 E. C.R. 750 S. Street or R.R. Mooresville City Hendricks County IN State 46158-7792
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 5/93
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 female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Julie Ann Maxwell
6. (a) Full name of applicant's father Wilbur E. Maxwell
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Mary Elizabeth Stipe
   (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 Myron Dale Maxwell Date 4-12-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Myron D. Maxwell
New Address X Same
Subscribed and sworn to before me this X 29 day of April May, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Kay Last Murphy
Date of Birth: Month 6-25-34 Day Year
Place of Birth (State or foreign country): Indiana
Residence Address: 1009 Raymond St. Street or R.R. Plainfield City Hendricks County IN State 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 6/85
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 Dennis Harold Murphy
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Massachusetts
   (b) Full maiden name of applicant's mother Kathryn Arnold Murphy
   (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 Janet Kay Murphy Date 4-12-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 K Murphy
New Address X 6282 E C.R. 750 S. MOORESVILLE
Subscribed and sworn to before me this X 29th day of April, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-29-96 *, authorizing the marriage of* Myron Dale Maxwell *and* Janet Kay Murphy *. I further certify that the following marriage certificate was filed in my office: I,* Ron Hallock *(name), certify that on* 6-15-96 *(date), at* Plainfield *in* Hendricks *County, Indiana,* Myron Dale Maxwell *of* Hendricks *County* Indiana *(state), and* Janet Kay Murphy *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* 5-29-96 *. Signed by:* /s/Ron Hallock *, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-17-96 *(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. 127
File 58
4-12-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 3-19-96
Name of Physician Dr. R. Conenour Md.

MALE APPLICANT

Name: First David Middle Scott Last Kinkel
Date of Birth: Month 6 Day 14 Year 59
Place of Birth (State or foreign country): Michigan
Residence Address: 1135 A Pinewood 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 11/92
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. David James Kinkel
6. (a) Full name of applicant's father James Arthur Kinkel
   (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 Sherri Ann Hendricks
   (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 David S. Kinkel Date 4/12/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 S. Kinkel
New Address X SAME
Subscribed and sworn to before me this 12TH day of APRIL, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Renea' Last Salgot
Date of Birth: Month 12 Day 26 Year 65
Place of Birth (State or foreign country): Indiana
Residence Address: 1135 A Pinewood 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 12/95
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. Amanda Ann Wilson Ashley Monique Wilson Jessica Michelle Salgot Justin Daniel Salgot
6. (a) Full name of applicant's father Paul Eugene Wilson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) New York
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Brenda Ann Ponder
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) New York
   Birthplace of mother (State or foreign country) ~~New York~~ Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Tonya R. Salgot Date 4-12-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Tonya R. Salgot
New Address X SAME
Subscribed and sworn to before me this 12TH day of APRIL, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-12-96 *, authorizing the marriage of* David Scott Kinkel *and* Tonya Renea' Salgot *. I further certify that the following marriage certificate was filed in my office: I,* Paul E. Sterrett *(name), certify that on* 4-27-96 *(date), at* Mooresville *in* Morgan *County, Indiana,* David Scott Kinkel *of* Hendricks *County* Indiana *(state), and* Tonya Renea' Salgot *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* 4-12-96 *. Signed by:* Paul E. Sterrett *,* Judge *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-1-96 *(date).*

Connie Lawson
Signed _____ *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 128
File 58
4-12-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 4-8-96
Name of Physician Dr. Paul Bronson

MALE APPLICANT

Name First Rodney Middle Reece Last Ashley
Date of Birth Month 6-4-72 Day Year
Place of Birth (State or foreign country) Indiana
Residence Address 1603 Winding Creek Trail Street or R.R. Brownsburg City Hendricks 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) 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 William Reece Ashley
   (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 Clara Ellen Odel
   (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 Rodney R. Ashley Date 4/12/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X SAME. Rodney R. Ashley
New Address X SAME
Subscribed and sworn to before me this 12 day of APRIL, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name First Amy Middle Jo Last Cook
Date of Birth Month 7-7-69 Day Year
Place of Birth (State or foreign country) Illinois
Residence Address 1603 Winding Creek Trail Street or R.R. Brownsburg City Hendricks 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) 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 Quadie Lewis Cook 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 Margery Lynn Buckner
   (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 Amy J Cook Date 4/12/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Amy J Cook
New Address X Same
Subscribed and sworn to before me this 12 day of April, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-12-96 *, authorizing the marriage of* Rodney Reece Ashley *and* Amy Jo Cook *. I further certify that the following marriage certificate was filed in my office: I,* Mark Wingler *(name), certify that on* 4-27-96 *(date), at* Brownsburg *in* Hendricks *County, Indiana,* Rodney Reece Ashley *of* Hendricks *County* Indiana *(state), and* Amy Jo Cook *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* 4-12-96 *. Signed by:* /s/ Mark Wingler *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-30-96 *(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. 129
File 58
4-12-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under 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 Clair Middle Eugene Last Meeks
Date of Birth: Month 9-21-33 Day Year
Place of Birth (State or foreign country): Ohio
Residence Address: 25 Mill St. Street or R.R. Albany City Athens County OH State 45710
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1979
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 Everett Meeks
   (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 Hazel Morris Meeks
   (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 Clair E. Meeks Date 4-12-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Clair E Meeks
New Address X 1125 Parkside Pl. Plainfield In
Subscribed and sworn to before me this 12 day of _____, 19 4-12-96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Wanda Middle Faye Last Meeks
Date of Birth: Month 10-31-35 Day Year
Place of Birth (State or foreign country): ~~IIIS~~ Ohio
Residence Address: 1125 Parkside Place Ct E. Street or R.R. Plainfield City Hendricks County IN State 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1973
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 ~~Earl~~ Clarence Earl Daniel
   (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 Emma Merle Davis
   (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 Wanda Meeks Date 4-12-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Wanda Meeks
New Address X 1125 Parkside Pl Plainfield In
Subscribed and sworn to before me this 12 day of April, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-12-96 *, authorizing the marriage of* Clair Eugene Meeks *and* Wanda Faye Meeks *. I further certify that the following marriage certificate was filed in my office: I,* Stephen White *(name), certify that on* 5-4-96 *(date), at* Plainfield *in* Hendricks *County, Indiana,* Clair Eugene Meeks *of* _____ *County* Ohio *(state), and* Wanda Faye Meeks *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* 4-12-96 *. Signed by:* /s/ Stephen White *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-30-96 *(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. 130
File 58
4-15-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 4-8-96
Name of Physician Dr. Karen Jones

MALE APPLICANT

Name: First Matthew Middle Benjamen Last Ferguson
Date of Birth: Month Day Year 8-1-76
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 40 Northgren City Brownsburg County Hendricks 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) Ind. 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. Daniel David Reid Ferguson
6. (a) Full name of applicant's father David Keith Ferguson
   (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 Marie Miller
   (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 Matthew B Ferguson Date 4-15-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 Ferguson
New Address 337 N. JEFFERSON, BRAUNSBURG, IN., 46112
Subscribed and sworn to before me this _____ day of _____, 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 Debra Middle Renee Last Lane
Date of Birth: Month Day Year 12-17-75
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. H432 Windsor Rd. City Brownsburg County Hendricks 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) Ind. 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. Daniel David Reid Ferguson
6. (a) Full name of applicant's father Darrell Roger Lane
   (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 Allyne Proctor
   (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 Debra R Lane Date April 15, 1996

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 R Lane
New Address X 337 N Jefferson Braunsburg IN 46112
Subscribed and sworn to before me this 15 day of April, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-15-96 *, authorizing the marriage of* Matthew Benjamen Ferguson *and* Debra Renee Lane *. I further certify that the following marriage certificate was filed in my office: I,* Tom Whitesel *(name), certify that on* 5-4-96 *(date), at* Indianapolis *in* Hendricks *County, Indiana,* _____ Matthew Benjamen Ferguson *of* Hendricks *County* Indiana *(state), and* _____ Debra Renee Lane *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* 4-15-96 *. Signed by:* /s/ Tom Whitesel *,* Senior Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-8-96 *(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

HENDRICKS County

No. 131
File 58
4-15-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 4-11-96
Name of Physician Norman H. Liebschutz

MALE APPLICANT

Name: First Adam Middle Christopher Last Gilbert
Date of Birth: Month 11-10-71 Day Year
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 7714 Andrew Turn 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) 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 Ronald Mark Gilbert
   (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 Angela 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 Adam C Gilbert Date 4-15-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Adam C Gilbert
New Address X 1814 Lambert St Indpls IN 46221
Subscribed and sworn to before me this 15th day of April, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Ava Last Nease
Date of Birth: Month 3-4-71 Day Year
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1814 Lambert St. City Indianapolis County Marion State IN 46221
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) 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 John Franklin Nease 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 Mary Ellen Brunson
   (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 Mary Ava Nease Date 4-15-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 Ava Nease
New Address X Same
Subscribed and sworn to before me this 15 day of April, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-15-96 *, authorizing the marriage of* Adam Christopher Gilbert *and* Mary Ava Nease *. I further certify that the following marriage certificate was filed in my office: I,* Esther L. Kershaw *(name), certify that on* 4-28-96 *(date), at* Plainfield *in* Hendricks *County, Indiana,* Adam Christopher Gilbert *of* Hendricks *County* Indiana *(state), and* Mary Ava Nease *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* 4-15-96 *.*
Signed by: /s/ Esther L. Kershaw *,* Pastor *(official designation)*
Filed and recorded in accordance with the laws of the State of Indiana on 5-10-96 *(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. 132
File 58
4-15-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician DR. DAVID BAIRD.

MALE APPLICANT

Name: First JOHN Middle WAYNE Last SPENCER JR.
Date of Birth: Month 2 Day 14 Year 73
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 10626 HARMONY DR. City INDPLS County State IN. 46231
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) DR. LIC.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father JOHN W. SPENCER
   (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 KAREN LYNN DUX
   (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 John Spencer Jr Date 4-15-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 Spencer Jr
New Address 10626 HARMONY DR INDPLS
Subscribed and sworn to before me this 15 day of APRIL, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First SHAWNNA Middle MALEE Last HUFF
Date of Birth: Month 7 Day 22 Year 76
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 1385 HOPE DR. City PLAINFIELD County State IN 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father CURT HUFF
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) PLFD IN
   Birthplace of father (State or foreign country) KY
   (b) Full maiden name of applicant's mother MARILYN DAWN HAIG
   (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 Shawnna M. Huff Date 4-15-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Shawnna M. Huff
New Address _____
Subscribed and sworn to before me this 15 day of APRIL, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-15-96 *, authorizing the marriage of* John W. Spencer Jr. *and* Shawnna M. Huff *. I further certify that the following marriage certificate was filed in my office: I,* Hubert Greer *(name), certify that on* 5-4-96 *(date), at* Plainfield *in* Hendricks *County, Indiana,* John W. Spencer Jr. *of* Hendricks *County* Indiana *(state), and* Shawnna M. Huff *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* 4-15-96 *. Signed by:* /s/ Hubert Greer *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-8-96 *(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. 133

File

4.16.96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under 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. C. TRIPPLE

MALE APPLICANT

Name: First JIMMIE Middle D Last CUMMINS
Date of Birth: Month 7 Day 16 Year 61
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 7 HILLCREST CT City DANVILLE County State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 4-96
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) DR. LIC.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 ; ERIKA
6. (a) Full name of applicant's father JAMES R. CUMMINS
   (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 JUDITH ANN PING
   (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 Jimmie D. Cummins Date 4-16-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Jimmie D. Cummins
New Address _____
Subscribed and sworn to before me this 16 day of April, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 M. Last OVERLY
Date of Birth: Month 12 Day 2 Year 56
Place of Birth (State or foreign country) FL
Residence Address: Street or R.R. 7 HILLCREST CT. City DANVILLE County State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 9[illegible]
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) DR. LIC.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father BOB D. MOFFITT
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) DECEASED
   Birthplace of father (State or foreign country) IOWA (?)
   (b) Full maiden name of applicant's mother GENEVA J. LAZENBY
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) SAN ANTONIO TX
   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 Linda M. Overly Date 4-16-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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. Overly
New Address _____
Subscribed and sworn to before me this 16 day of April, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-16-96 *, authorizing the marriage of* Jimmie D. Cummins *and* Linda M. Overly *. I further certify that the following marriage certificate was filed in my office: I,* Andy Arnett Sr. *(name), certify that on* 4-20-96 *(date), at* Indianapolis *in* Marion *County, Indiana,* Jimmie D. Cummins *of* Hendricks *County* Indiana *(state), and* Linda M. Overly *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* 4-16-96 *. Signed by:* /s/ Andy Arnett Sr. *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-23-96 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 134
File 58
4-18-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 3-13-96
Name of Physician Shirley Thomas

MALE APPLICANT

Name: First Jack Middle Floyd Last Parks
Date of Birth: Month Day Year 7-10-74
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 24 W. Main St. City Brownsburg County Hendricks 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) 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 Jack Bush Parks
   (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 Judy Fay Wilson
   (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 ✗ Jack F. Parks Date 4-18-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed ✗ Jack F. Parks
New Address ✗ Same
Subscribed and sworn to before me this ✗ 18 day of April, 19 96
Connie Lawson
Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Melissa Middle Ann Last Davis
Date of Birth: Month Day Year 9-9-73
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 24 W. Main St. City Brownsburg County Hendricks 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) 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. Tyler Joseph Davis
6. (a) Full name of applicant's father Frank Eugene Davis
   (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 Francis Kathleen 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 ✗ Melissa A. Davis Date 4-18-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed ✗ Melissa A. Davis
New Address ✗ Same
Subscribed and sworn to before me this ✗ 18 day of April, 19 96
Connie Lawson
Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-18-96 *, authorizing the marriage of* Jack Floyd Parks *and* Melissa Ann Davis *. I further certify that the following marriage certificate was filed in my office: I,* Jennifer Deno *(name), certify that on* 4-18-96 *(date), at* Danville *in* Hendricks *County, Indiana,* _____ *Jack Floyd Parks of* Hendricks *County* Indiana *(state), and* _____ *Melissa Ann Davis 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* 4-18-96 *. Signed by:* /s/ Jennifer Deno *,* Deputy Clerk *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-18-96 *(date).*

Connie Lawson
Signed _____ *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 135
File 58
4-19-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 4-8-96
Name of Physician Dr. Himelstein

MALE APPLICANT

Name: First George Middle Everard Last Glossop III
Date of Birth: Month 10 Day 8 Year 55
Place of Birth (State or foreign country): Indiana
Residence Address: 442 E Main St. Street or R.R. Brownsburg City Hendricks County IN State 46112
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 9/93
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) 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. George Everard Glossop IV
6. (a) Full name of applicant's father George Everard Glossop Jr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) ~~Deceased~~
   Birthplace of father (State or foreign country) Washington
   (b) Full maiden name of applicant's mother Doris Marie Bragg
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X George E. Glossop III Date 4-19-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X George E. Glossop III
New Address 442 E. Main Brownsburg In (Same)
Subscribed and sworn to before me this 19 day of April, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Dawn Middle Elizabeth Last Williams
Date of Birth: Month 7 Day 7 Year 63
Place of Birth (State or foreign country): Indiana
Residence Address: 442 E. main St. Street or R.R. Brownsburg City Hendricks County IN State 46112
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2/95
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. Andrea Dawn Williams
   Zackery Andrew Williams
6. (a) Full name of applicant's father Max Leroy Mills
   (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 Dee Anna Wagner
   (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 E. Williams Date 4/19/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Dawn E. Williams
New Address X Same
Subscribed and sworn to before me this 19 day of April, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-19-96 *, authorizing the marriage of* George Everard Glossop III *and* Dawn Elizabeth Williams *. I further certify that the following marriage certificate was filed in my office:*
I, Theresa M. Spurgeon *(name), certify that on* 4-19-96 *(date), at* Muncie *in* Delaware *County, Indiana,* George Everard Glossop III *of* Hendricks *County* Indiana *(state), and* Dawn Elizabeth 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* 4-19-96 *.*
Signed by: /s/ Theresa M. Spurgeon *,* Deputy Administrator *(official designation)*
Filed and recorded in accordance with the laws of the State of Indiana on 4-25-96 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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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. 136
File 58
4-19-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 4-2-96
Name of Physician Dr. Sara Murphy

MALE APPLICANT

Name: First Michael Middle Dennis Last Roseman
Date of Birth: Month 3 Day 12 Year 67
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 301 Maplebrook Dr. City Brownsburg County Hendricks 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) D. L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Richard Edward Roseman
   (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 Anne Mobley
   (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 Michael D Roseman Date 4-19-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Michael D Roseman
New Address same
Subscribed and sworn to before me this 19 day of April, 19 96
Connie Reeson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Leigh Middle Ann Last Gardner
Date of Birth: Month 5 Day 22 Year 68
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 301 Maplebrook Dr. 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 6/95
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. Ashleigh Lynn Gardner

6. (a) Full name of applicant's father James Lowell Paton
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Gail Ann Chambers
   (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 Leigh Ann Gardner Date 4-19-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Leigh Ann Gardner
New Address same
Subscribed and sworn to before me this 19 day of April, 19 96
Connie Reeson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-19-96 *, authorizing the marriage of* Michael Dennis Roseman *and* Leigh Ann Gardner *. I further certify that the following marriage certificate was filed in my office: I,* Harold L. Leininger *(name), certify that on* 4-27-96 *(date), at* Brownsburg *in* Hendricks *County, Indiana,* _____ Michael Dennis Roseman *of* Hendricks *County* Indiana *(state), and* _____ Leigh Ann Gardner *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* 4-19-96 *. Signed by:* /s/ Harold L. Leininger *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-3-96 *(date).*

Signed Connie Reeson *Clerk*
HENDRICKS *Circuit Court*

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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. 137
File 58
4-22-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 3-28-96
Name of Physician Robert Kirtley

MALE APPLICANT

Name: First Kevin Middle Patrick Last Oliver
Date of Birth: Month 12 Day 21 Year 72
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 6538 Walnut Way Court City Brownsburg County Hendricks 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) 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 George Edward Oliver
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) ~~Indy~~ Michigan
   (b) Full maiden name of applicant's mother Carol Jane Sullivan
   (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 Oliver Date 4/22/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 Oliver
New Address 1925 High Eagle Trail Apt 834 Speedway 46224
Subscribed and sworn to before me this 22 day of April, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Ramona Middle Rae Last Cathcart
Date of Birth: Month 6 Day 14 Year 70
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 1324 Rushmore Blvd W. City Indianapolis County Marion 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) 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 Thomas Edwin Cathcart
   (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 Shelby Jean Cummins
   (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 X Ramona Rae Cathcart Date 4/22/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Ramona Rae Cathcart
New Address 1925 High Eagle Trail Apt. 834, Speedway 46224
Subscribed and sworn to before me this 22nd day of April, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-22-96 *, authorizing the marriage of* Kevin Patrick Oliver *and* Ramona Rae Cathcart *. I further certify that the following marriage certificate was filed in my office:*
I, David J. Bethel *(name), certify that on* 5-11-96 *(date), at* Indianapolis *in* Marion *County, Indiana,* Kevin Patrick Oliver *of* Hendricks *County* Indiana *(state), and* Ramona Rae Cathcart *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* 4-22-96 *.*
Signed by: /s/ David J. Bethel *,* Pastor *(official designation)*
Filed and recorded in accordance with the laws of the State of Indiana on 5-15-96 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 138

File 58

4-22-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 2-15-96
Name of Physician Dr. Rebecca Haak

MALE APPLICANT

Name: First Robert Middle Michael Last Meagher

Date of Birth: Month Day Year 11-3-62

Place of Birth (State or foreign country) Florida

Residence Address: Street or R.R. 213 S. Vine St. City Plainfield County Hendricks State IN 46168

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) 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 Edward Meagher
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Massachusetts
   (b) Full maiden name of applicant's mother Rosie Meagher
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Virginia
   Birthplace of mother (State or foreign country) France

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant ℒ Robert Meagher Date 4-22-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed ℒ Robert Meagher
New Address ℒ 4384 N. 500E DANVILLE IN 46122

Subscribed and sworn to before me this 22 day of APRIL, 19 96

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Cynthia Middle Kay Last Pinkerton

Date of Birth: Month 4-3-74 Day Year

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 4384 N. 500 E. City Danville County Hendricks 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) S.D. I.D. State

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Charles Edward Pinkerton
   (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 Kelsey Jane Pinkerton
   (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 ℒ Cynthia K Pinkerton Date 4-22-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed ℒ Cynthia K Pinkerton
New Address ℒ same

Subscribed and sworn to before me this April 22 day of 22, 19 96

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-22-96 *, authorizing the marriage of* Robert Michael Meagher *and* Cynthia Kay Pinkerton *. I further certify that the following marriage certificate was filed in my office: I,* Robert L. Epps *(name), certify that on* 4-27-96 *(date), at* Pittsboro *in* Hendricks *County, Indiana,* _____ Robert Michael Meagher *of* Hendricks *County* Indiana *(state), and* _____ Cynthia Kay Pinkerton *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* 4-22-96 *. Signed by:* /s/ Robert L. Epps *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-30-96 *(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 58
4-22-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 4-5-96
Name of Physician Mark A. Wyant M.D.

MALE APPLICANT

Name: First Brian Middle McVaughn Last Clark
Date of Birth: Month 8 Day 28 Year 64
Place of Birth (State or foreign country): Indiana
Residence Address: 983 W. Mill St. Street or R.R. Danville City Hendricks County IN State 46122
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) 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 Bruce McVaughn Clark
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Arkansas
   (b) Full maiden name of applicant's mother Julia Ann Burdge
   (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 M. Clark Date 4-22-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 M. Clark
New Address X 983 WEST MILL ST.
Subscribed and sworn to before me this 22ND day of APRIL, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 JO Last Moretto
Date of Birth: Month 9 Day 30 Year 69
Place of Birth (State or foreign country): Indiana
Residence Address: 3751 W. 106th St. Street or R.R. Carmel City Hamilton County IN State 46032
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 James Moretto
   (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 Carol Gurtner
   (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 Natalie Moretto Date 4-22-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 Moretto
New Address X 983 West Mill street
Subscribed and sworn to before me this X 22nd day of April, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-22-96 *, authorizing the marriage of* Brian McVaughn Clark *and* Natalie Jo Moretto *. I further certify that the following marriage certificate was filed in my office: I,* M. Kent Millard *(name), certify that on* 5-4-96 *(date), at* Indianapolis *in* Marion *County, Indiana,* Brian McVaughn Clark *of* Hendricks *County* Indiana *(state), and* Natalie Jo Moretto *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* 4-22-96 *. Signed by:* /s/ M. Kent Millard *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-8-96 *(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. 140
File 58
4-22-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 4-22-96
Name of Physician Dr. Floyd

MALE APPLICANT

Name First Thomas Middle Charles Last Fay
Date of Birth Month 1 Day M-14-50 Year
Place of Birth (State or foreign country) Indiana
Residence Address 4260 Street or R.R. US Hwy 136 City Pittsboro County Hendricks State IN 46167
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) 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. Amanda Elizabeth Fay Emily Katherine Fay Savanna Lee Fay
6. (a) Full name of applicant's father Charles Thomas Fay
   (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 Norma Lee Hood
   (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 Fay Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Thomas Fay
New Address SAME
Subscribed and sworn to before me this 22ND day of April, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of 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 Rae Last Walden
Date of Birth Month 9-3-58 Day Year
Place of Birth (State or foreign country) Indiana
Residence Address 4260 Street or R.R. US Hwy 136 City Pittsboro County Hendricks State IN 46167
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) 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. Savanna Lee Fay
6. (a) Full name of applicant's father Otis Russell Walden
   (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 Lee Lucas
   (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 Judith R Walden 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 Judith R Walden
New Address Same
Subscribed and sworn to before me this 22ND day of April, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-22-96 *, authorizing the marriage of* Thomas Charles Fay *and* Judith Rae Walden *. I further certify that the following marriage certificate was filed in my office: I,* Keith A. Mills *(name), certify that on* 5-7-96 *(date), at* Indianapolis *in* Marion *County, Indiana,* Thomas Charles Fay *of* Hendricks *County* Indiana *(state), and* Judith Rae Walden *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* 4-22-96 *. Signed by:* /s/ Keith A. Mills, Priest *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-10-96 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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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. 141
File 58
4-24-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 4-1-96
Name of Physician George Klutinoty II

MALE APPLICANT

Name: First Roderick Middle Kent Last Rinehart
Date of Birth: Month Day Year 5-7-63
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 8906 Lesley Lane 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 1994
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 Thomas Keith Rinehart
   (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 Suzanne Weber
   (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 ✗ Rod K. Rinehart Date 4/24/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed ✗ Rod K. Rinehart
New Address ✗ Same
Subscribed and sworn to before me this 24 day of April, 19 96
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 Kim Middle Renee Last Yedlowski
Date of Birth: Month Day Year 5-17-57
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 20906 Lamong City Sheridan County Hamilton State IN 46069
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 9/91
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. Michael Anthony Yedlowski Tiffany Brook Yedlowski
6. (a) Full name of applicant's father Samuel L. Ashpaugh
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Delores L. Lloyd
   (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 ✗ Kim Yedlowski Date 4-24-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 R Yedlowski
New Address ✗ 8906 LESLY LN. BROWNSBURG, IN 46112
Subscribed and sworn to before me this 24 day of April, 19 96
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* 4-24-96 *, authorizing the marriage of* Roderick Kent Rinehart *and* Kim Renee Yedlowski *. I further certify that the following marriage certificate was filed in my office: I,* Jack T. Terry *(name), certify that on* 5-18-96 *(date), at* Sheridan *in* Hamilton *County, Indiana,* Roderick Kent Rinehart *of* Hendricks *County* Indiana *(state), and* Kim Renee Yedlowski *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* 4-24-96 *. Signed by:* /s/ Jack T. Terry, Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-21-96 *(date).*

Signed Connie Rawson *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. 142
File 58
4-24-96 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 3-7-96
Name of Physician Dr. Rebecca Haak

MALE APPLICANT

Name: First Carl Middle Tyner Last Heidenreich
Date of Birth: Month 8 Day 31 Year 74
Place of Birth (State or foreign country): Florida
Residence Address: Street or R.R. # 86 S. Rd. 400 E. #7 City Danville County Hendricks State IN 46122
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) 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. Tisa Lee Heidenreich
6. (a) Full name of applicant's father William Newton Heidenreich
   (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 Bonnie Joan Padgett
   (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 ℄Carl Heidenreich Date 4-24-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 Heidenreich
New Address ℄86 S CR 400E #7
Subscribed and sworn to before me this ℄24 day of APRIL, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Lawana Middle Lee Last Smith
Date of Birth: Month 11 Day 27 Year 73
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 86 S. C.R. 400 E #7 City Danville County Hendricks 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) 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 Timothy Smith
   (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 Janet Elaine Smith
   (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 ℄LaWana Smith Date 4-24-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed ℄LaWana Smith
New Address ℄86 S. CR 400 E #7
Subscribed and sworn to before me this ℄24 day of April, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-24-96 *, authorizing the marriage of* Carl Tyner Heidenreich *and* Lawana Lee Smith *. I further certify that the following marriage certificate was filed in my office: I,* Ronald C. Milburn *(name), certify that on* 5-4-96 *(date), at* Plainfield *in* Hendricks *County, Indiana,* Carl Tyner Heidenreich *of* Hendricks *County* Indiana *(state), and* Lawana Lee 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* 4-24-96. *Signed by:* /s/ Ronald C. Milburn, Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-8-96 *(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. 143
File 58
4-25-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination of Report Dated 4-16-96
Name of Physician Dr. Maynard

MALE APPLICANT

Name: First Eric Middle Lee Last Brendel
Date of Birth: Month 5 Day 9 Year 74
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 6869 Pebblebrook Court City Brownsburg County Hendricks 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) D.L.
Indiana State Board of Health

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Harold Brendel
   (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 Reba Sue 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 Eric Brendel Date 4/25/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 Brendel
New Address X 3805 E. 750 S. LEBANON, IN 46052
Subscribed and sworn to before me this 25th day of APRIL, 19 96
Connie Lawson
Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Amy Middle Marie Last Henry
Date of Birth: Month 3 Day 17 Year 76
Place of Birth (State or foreign country): Missouri
Residence Address: Street or R.R. 3805 E. 750 S. City Lebanon County Boone State IN 46052
Previous Marital Status: 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.
Missouri Division of Health

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Dale Henry
   (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 Joyce Arlene Howard
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Missouri

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Amy Henry Date 4/25/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 Henry
New Address X 3805 E 750 S LEBANON IN 46052
Subscribed and sworn to before me this 25th day of APRIL, 19 96
Connie Lawson
Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-25-96 *, authorizing the marriage of* Eric Lee Brendel *and* Amy Marie Henry *. I further certify that the following marriage certificate was filed in my office: I,* Rick Adkins *(name), certify that on* 5-4-96 *(date), at* Lebanon *in* Boone *County, Indiana,* Eric Lee Brendel *of* Hendricks *County* Indiana *(state), and* Amy Marie Henry *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* 4-25-96 *. Signed by:* /s/ Rick Adkins *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-9-96 *(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. 144

File 58

4-26-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 4-15-96
Name of Physician Dr. Graham

MALE APPLICANT

Name: First Brian Middle Michael Last Shortridge

Date of Birth: Month 6-23-69 Day Year

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R.R. 5012 W. 13th St. City Speedway County Marion State IN 46224

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) State I.D.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Donald Shortridge
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Linda Carol McCammon
   (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 ✗ Brian M. Shortridge Date 4-26-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of 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 M. Shortridge
New Address ✗ 321 N. GRANT BROWNSBURG, IN 46112

Subscribed and sworn to before me this ✗ 26 day of April, 19 96

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Ginnise Middle Angelic Last Crouse

Date of Birth: Month 12-15-71 Day Year

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R.R. 321 N Grant St. 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 11/95

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 Clarence Cunningham
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Judith Heid
   (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 ✗ Ginnise A. Crouse Date 04-26-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed ✗ Ginnise A. Crouse
New Address ✗ 321 N. Grant Brownsburg IN 46112

Subscribed and sworn to before me this ✗ 26 day of April, 19 96

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-26-96 *, authorizing the marriage of* Brian Michael Shortridge *and* Ginnise Angelic Crouse *. I further certify that the following marriage certificate was filed in my office: I,* James H. Fierek *(name), certify that on* 5-3-96 *(date), at* Brownsburg *in* Hendricks *County, Indiana,* Brian Michael Shortridge *of* Marion *County* Indiana *(state), and* Ginnise Angelic Crouse *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* 4-26-96 *. Signed by:* /s/James H. Fierek *, Judge-Pro-Tem (official designation). Filed and recorded in accordance with the laws of the State of Indiana on* 6-12-96 *(date).*

Signed Connie Lawson Clerk
HENDRICKS Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. ~~14~~ 145

HENDRICKS County

File 58

4-29-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 3-12-96
Name of Physician Dr. Robert Heavin

MALE APPLICANT

Name: First Jeffrey Middle Howard Last Pierce

Date of Birth: Month 7-12-71 Day Year

Place of Birth (State or foreign country): Michigan

Residence Address: P.O. Box 89 Street or R.R. Liz~~ton~~ City Hendricks County IN State 46149

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) 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 David Edward Pierce
   (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 Janet S. Sanders
   (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 Jeffrey H Pierce Date 4-29-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ 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 H Pierce

New Address X P.O. Box 89 Liz~~ton~~ IN 46149

Subscribed and sworn to before me this 29 day of April, 19 96

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Kari Middle Lenae Last Bowen

Date of Birth: Month 4-19-75 Day Year

Place of Birth (State or foreign country): Indiana

Residence Address: 7499 Masten Rd. Street or R.R. Coatesville City Hendricks County IN State 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) 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 Richard Lee Bowen
   (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 Beverly Ann Hampton
   (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 Kari L. Bowen Date 4-29-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Kari L. Bowen

New Address X PO Box 89 Lizton, IN 46149

Subscribed and sworn to before me this 28 day of April, 19 96

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-29-96 *, authorizing the marriage of* Jeffrey Howard Pierce *and* Kari Lenae Bowen *. I further certify that the following marriage certificate was filed in my office: I,* Stevan W. Ranson *(name), certify that on* 5-18-96 *(date), at* Clayton *in* Hendricks *County, Indiana,* Jeffrey Howard Pierce *of* Hendricks *County* Indiana *(state), and* Kari Lenae Bowen *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* 4-29-96 *. Signed by:* /s/ Stevan W. Ranson *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-21-96 *(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. 146
File 58
5-1-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 4-29-96
Name of Physician Dr. Maynard Dr.

MALE APPLICANT

Name First Robert Middle Alan Last Kemp
Date of Birth Month 1 Day 24 Year 70
Place of Birth (State or foreign country) Indiana
Residence Address 5664 Henderson Dr. Street or R.R. Brownsburg City Hendricks 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) 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 Paul Robert Kemp
   (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 Fairy Linda Packard
   (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 Kari Middle Sue Last Dragon
Date of Birth Month 1 Day 31 Year 71
Place of Birth (State or foreign country) Indiana
Residence Address 5664 Henderson Dr. Street or R.R. Brownsburg City Hendricks 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) 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. Abigail Nikole Dragon
6. (a) Full name of applicant's father James Daniel Dragon
   (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 Sue Fulmer
   (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 Robert A. Kemp Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Robert A. Kemp
New Address X SAME

Subscribed and sworn to before me this X 1 day of MAY, 19 96

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other 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 Kari S Dragon 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 Kari S Dragon
New Address X Same

Subscribed and sworn to before me this X 1st day of May, 19 96

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-1-96 *, authorizing the marriage of* Robert Alan Kemp *and* Kari Sue Dragon *. I further certify that the following marriage certificate was filed in my office: I,* Steven T. Reeves *(name), certify that on* 6-15-96 *(date), at* Brownsburg *in* Hendricks *County, Indiana,* Robert Alan Kemp *of* Hendricks *County* Indiana *(state), and* Kari Sue Dragon *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* 5-1-96 *. Signed by:* /s/Steven T. Reeves *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-19-96 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

525

Form 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 58
5-2-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 4-30-96
Name of Physician Michelle Dakerson

MALE APPLICANT

Name: First Jeffery Middle William Last Schaekel
Date of Birth: Month Day Year 7-28-69
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 8785 N. 925 E. City Brownsburg County Hendricks 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) 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 Edward Lynn Schaekel
   (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 Fern Hamada
   (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 Schaekel Date 2 MAY 96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 Schaekel
New Address X 349 Vinewood Dr. N. Brownsburg, IN 46112
Subscribed and sworn to before me this X 2 day of May, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Kay Last Vawter
Date of Birth: Month Day Year 10-20-74
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 349 Vinewood Dr. N City Brownsburg County Hendricks 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) 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 Nelson Gray Vawter
   (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 Katheryn Jane McLean
   (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 K. Vawter Date 5/2/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 K. Vawter
New Address X 349 Vinewood Dr. N. Brownsburg, IN 46112
Subscribed and sworn to before me this X 2 day of May, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-2-96 *, authorizing the marriage of* Jeffrey William Schaekel *and* Rachel Kay Vawter *. I further certify that the following marriage certificate was filed in my office: I,* Randall S. Garing *(name), certify that on* 6-1-96 *(date), at* Westside Nazarene Church *in* Marion *County, Indiana,* _____ *Jeffrey William Schaekel of* Hendricks *County* Indiana *(state), and* _____ *Rachel Kay Vawter 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* 5-2-96 *. Signed by:* /s/ Randall S. Garing *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-6-96 *(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. 148
File 58
5-2-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 4-22-96
Name of Physician Judy Klein

MALE APPLICANT

Name: First Nicholas Middle Peter Last Vlasic
Date of Birth: Month 10 Day 16 Year 67
Place of Birth (State or foreign country): Indiana
Residence Address: 459 Hyannis Dr. Street or R.R. Indpls City Hendricks County IN State 46234
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) 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 Gerald Vlasic
   (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 Lyla Fern Romcevich
   (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 Nicholas P Vlasic Date 5/2/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Nicholas P Vlasic
New Address same
Subscribed and sworn to before me this 2nd day of May, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Michelle Last Cotner
Date of Birth: Month 1 Day 13 Year 72
Place of Birth (State or foreign country): Indiana
Residence Address: 459 Hyannis Dr. Street or R.R. Indpls City Hendricks County IN State 46234
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) 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 Ronald Lee Cotner
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) New Hampshire
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Katherine Gayle Buehler
   (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 M. Cotner Date 5-2-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 M Cotner
New Address X S.H.A.
Subscribed and sworn to before me this 2ND day of May, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-2-96 *, authorizing the marriage of* Nicholas Peter Vlasic *and* Amy Michelle Cotner *. I further certify that the following marriage certificate was filed in my office: I,* Charles Niblick *(name), certify that on* 5-4-96 *(date), at* Indianapolis *in* Marion *County, Indiana,* _____ Nicholas Peter Vlasic *of* Marion *County* Indiana *(state), and* _____ Amy Michelle Cotner *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* 5-2-96 *. Signed by:* /s/ Charles Niblick, Priest *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-9-96 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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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 58
5-2-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 4-18-96
Name of Physician James H. Tower

MALE APPLICANT

Name: First Leigh Middle Edward Last Carter
Date of Birth: Month Day Year 1-24-50
Place of Birth (State or foreign country) Illinois
Residence Address: Street or R.R. 2133 Keuka St. 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 8/94
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. Joseph Francis Carter
   Anna Christine Carter
6. (a) Full name of applicant's father George Edward Carter
   (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 Arlene Joyce Gaare
   (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 [signature] Date 5-2-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X [signature]
New Address X Same
Subscribed and sworn to before me this _____ day of _____, 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 Tammy Middle Lynn Last Harpring
Date of Birth: Month Day Year 12-12-61
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2133 Keuka St. 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 3/96
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. Gale Thomas Harpring
   Kelley Michael Harpring
   Anastasia Marie Harpring
6. (a) Full name of applicant's father Kenneth Gephart
   (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 Maxine Andrews
   (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 Tammy L Harpring Date 5-2-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 L Harpring
New Address X Same
Subscribed and sworn to before me this _____ day of _____, 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* 5-2-96 *, authorizing the marriage of* Leigh Edward Carter *and* Tammy Lynn Harpring *. I further certify that the following marriage certificate was filed in my office: I,* Byron T. Williams *(name), certify that on* 5-4-96 *(date), at* Indianapolis *in* Marion *County, Indiana,* Leigh Edward Carter *of* Hendricks *County* Indiana *(state), and* Tammy Lynn Harpring *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* 5-2-96 *. Signed by:* /s/ Byron T. Williams *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-8-96 *(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

HENDRICKS County

No. 150
File 58
5-2-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 4-25-96
Name of Physician James Noland

MALE APPLICANT

Name: First Rodney Middle Lee Last mason
Date of Birth: Month 4-3-60 Day Year
Place of Birth (State or foreign country): Indiana
Residence Address: 2954 Clover Dr. Street or R.R. Indpls City Hendricks County IN State 46231
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) 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. Adriane Lee Mason Emily Ann Mason Jeramy Rodney Mason
6. (a) Full name of applicant's father James Eldon Mason
   (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 Wanda June 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 Rodney L Mason Date 5-2-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Rodney L Mason
New Address X Same

Subscribed and sworn to before me this 2nd day of May, 19 96
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 Becky Middle Jean Last Burke
Date of Birth: Month 6-7-60 Day Year
Place of Birth (State or foreign country): Indiana
Residence Address: 2954 Clover Dr. Street or R.R. Indpls City Hendricks County IN State 46231
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 9/94
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. Melissa Anne Burke Bryan Lee Burke
6. (a) Full name of applicant's father John Dean Wessel
   (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 Wynetta Rose 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 Becky J Burke Date 5/2/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Becky J Burke
New Address X Same

Subscribed and sworn to before me this 2 day of May, 19 96
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* 5-2-96 *, authorizing the marriage of* Rodney Lee Mason *and* Becky Jean Burke *. I further certify that the following marriage certificate was filed in my office: I,* Jennifer Deno *(name), certify that on* 5-2-96 *(date), at* Danville *in* Hendricks *County, Indiana,* _____ *Rodney Lee Mason* _____ *of* Hendricks *County* Indiana *(state), and* _____ *Becky Jean Burke* _____ *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* 5-2-96 *. Signed by:* /s/ Jennifer Deno *,* Deputy Clerk *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-2-96 *(date).*

Signed Connie Rawson *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. 151

HENDRICKS County

File 58

5-2-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 4-17-96
Name of Physician Judy Klein

MALE APPLICANT

Name First Andrew Middle Ashley Last Korte

Date of Birth Month 10 Day 7 Year 73

Place of Birth (State or foreign country) Michigan

Residence Address 8971 N. 1050 E. Street or R.R. Brownsburg City Hendricks 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) 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. Kaitlyn Sierra Ray Korte
6. (a) Full name of applicant's father Edward William Korte
   (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 Janeen Lavon Hawk
   (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 ✗ Andrew Korte Date May 2-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed ✗ Andrew Korte
New Address ✗ Same

Subscribed and sworn to before me this 2 day of May, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name First Michelle Middle Dawn Last Ray

Date of Birth Month 11 Day 1 Year 74

Place of Birth (State or foreign country) Indiana

Residence Address 8971 N. 1050 E. Street or R.R. Brownsburg City Hendricks 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) 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. Same
6. (a) Full name of applicant's father David Lynn Ray
   (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 Ann Basham
   (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 ✗ Michelle Ray Date 5-2-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of 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 Ray
New Address ✗ 8971 N. Same

Subscribed and sworn to before me this 2 day of May, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-2-96 *, authorizing the marriage of* Andrew Ashley Korte *and* Michelle Dawn Ray *. I further certify that the following marriage certificate was filed in my office: I,* Jennifer Deno *(name), certify that on* 5-30-96 *(date), at* Danville *in* Hendricks *County, Indiana,* _____ Andrew Ashley Korte *of* Hendricks *County* Indiana *(state), and* _____ Michelle Dawn Ray *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* 5-2-96 *. Signed by:* /s/ Jennifer Deno *,* Deputy Clerk *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-30-96 *(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. 152
File 58
5-2-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-27-95
Name of Physician Dr. Granam

MALE APPLICANT

Name: First Aaron, Middle Michael, Last Reagan
Date of Birth: Month Day Year 4-4-70
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 658 Aspen Ct. City Danville County Hendricks 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) 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 Phillip Edgar Reagan
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Rebecca Lynn Blue
   (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 Aaron M. Reagan Date 5-3-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Aaron M. Reagan
New Address 658 ASPEN CT

Subscribed and sworn to before me this 3 day of MAY, 19 96

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Lee, Last Pahmeier
Date of Birth: Month Day Year 9-2-74
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 658 Aspen Ct. City Danville County Hendricks 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) 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 Earl Wayne Pahmeier
   (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 Cynthia Lee Donnar
   (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 L. Pahmeier Date 5-2-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Michelle L. Pahmeier
New Address X 658 Aspen Ct Danville, IN 46122

Subscribed and sworn to before me this 2 day of MAY, 19 96

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-3-96 *, authorizing the marriage of* Aaron Michael Reagan *and* Michelle Lee Pahmeier *. I further certify that the following marriage certificate was filed in my office: I,* R. Fred Rodkey *(name), certify that on* 6-8-96 *(date), at* Avon *in* Hendricks *County, Indiana,* Aaron Michael Regan *of* Hendricks *County* Indiana *(state), and* Michelle Lee Pahmeier *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* 5-3-96 *. Signed by:* /s/ R. Fred Rodkey *,* Associate Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-12-96 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 153
File 58
5-3-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician

MALE APPLICANT

Name: First CHARLES Middle A Last FIELDS
Date of Birth: Month AUGUST Day 18 Year 1967
Place of Birth (State or foreign country) INDIANA
Residence Address: Street or R.R. 3328 SOUTH COUNTY ROAD 1050 EAST City INDIANAPOLIS County State 46231
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) 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. N/A
6. (a) Full name of applicant's father CLYEDE EUGENE FIELDS
   (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 LILLIAN JANE CRESS
   (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 Charles A. Fields Date 5-3-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 A. Fields
New Address SAME AS ABOVE
Subscribed and sworn to before me this _____ day of 5-3, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First TREANA Middle L Last BROWN
Date of Birth: Month MAY Day 6 Year 1969
Place of Birth (State or foreign country) INDIANA
Residence Address: Street or R.R. 3328 SOUTH COUNTY ROAD 1050 EAST City INDIANAPOLIS County State 46231
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) 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. N/A
6. (a) Full name of applicant's father RAY ALLEN BROWN
   (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 JEAN LEHMAN
   (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 Treana Brown Date 5-3-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Treana Brown
New Address SAME AS ABOVE
Subscribed and sworn to before me this 3 day of May, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-3-96 *, authorizing the marriage of* Charles A. Fields *and* Treana L. Brown *. I further certify that the following marriage certificate was filed in my office: I,* Charles W. Heavilin *(name), certify that on* 6-1-96 *(date), at* Martha's Orchard *in* Hendricks *County, Indiana,* _____ Charles A. Fields *of* Hendricks *County* Indiana *(state), and* _____ Treana L. 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* 5-3-96 *. Signed by:* /s/ Charles W. Heavilin *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-6-96 *(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. 154
File 58
5-6-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 4-26-96
Name of Physician Speedway Family Physicians

MALE APPLICANT

Name First: Jeffrey Middle: Martin Last: Cote
Date of Birth Month Day Year: 10-10-56
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 9M E. C.R. 951 S. City: Clayton County: Hendricks State: IN 46118
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages: 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date: 2/23/95
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. Angela Elizabeth Cote
   Lisa Michelle Cote
6. (a) Full name of applicant's father: Edward Joseph Cote
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state): Indiana
   Birthplace of father (State or foreign country): Massachusetts
   (b) Full maiden name of applicant's mother: Marion Elaine Jaeger
   (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 Jeffrey M. Cote Date: 5-6-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 M. Cote
New Address Same
Subscribed and sworn to before me this 6th day of MAY, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name First: Terry Middle: Jo Last: Kelly
Date of Birth Month Day Year: 9-25-55
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 9M E. C.R. 951 S. City: Clayton County: Hendricks State: IN 46118
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages: 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date: 1/87
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 Joseph Owen
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state): Deceased
   Birthplace of father (State or foreign country): Indiana
   (b) Full maiden name of applicant's mother: Margaret Ann Edney
   (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 Terry J. Kelly 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 Terry J. Kelly
New Address Same
Subscribed and sworn to before me this 6th day of May, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-6-96 *, authorizing the marriage of* Jeffrey Martin Cote *and* Terry Jo Kelly *. I further certify that the following marriage certificate was filed in my office: I,* Linda Brousz *(name), certify that on* 5-20-96 *(date), at* Indianapolis *in* Marion *County, Indiana,* Jeffrey Martin Cote *of* Hendricks *County* Indiana *(state), and* Terry Jo Kelly *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* 5-6-96 *.*
Signed by: /s/ Linda Brousz Judge *(official designation)*
Filed and recorded in accordance with the laws of the State of Indiana on 5-27-96 *(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. 155
File 54
5-6-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-3-96
Name of Physician Michelle M. Dickerson

MALE APPLICANT

Name: First Daniel Middle Lynn Last Cuba
Date of Birth: Month 8 Day 23 Year 73
Place of Birth (State or foreign country): Nebraska
Residence Address: 802 Whitmire Street or R.R. Melbourne City Brevard County FL State 32935
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Florida D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father: Richard Keith Cuba
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state): Nebraska
   Birthplace of father (State or foreign country): Nebraska
   (b) Full maiden name of applicant's mother: Kimberly Ann Conover
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state): Nebraska
   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 ℄ Daniel L. Cuba Date 6/May/1996

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed ℄ Daniel L. Cuba
New Address ℄ 1221 Normandie Ct. Danville Ind. 46122
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

FEMALE APPLICANT

Name: First Michele Middle Leigh Last Hendricks
Date of Birth: Month 2 Day 4 Year 75
Place of Birth (State or foreign country): Indiana
Residence Address: 1221 Normandie Ct. Street or R.R. Danville City Hendricks County IN State 46122
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Indiana 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: Daniel Cody Hendricks
   (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: Kathleen Sue Huffman
   (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 h. Hendricks Date 5/6/95

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 h. Hendricks
New Address ℄ 1221 Normandie ct Danville IN 46122
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 _____, authorizing the marriage of _____ and _____. I further certify that the following marriage certificate was filed in my office: I, _____ (name), certify that on _____ (date), at _____ in _____ County, Indiana, _____ of _____ County _____ (state), and _____ of _____ County _____ (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated _____. Signed by: _____, _____ (official designation) Filed and recorded in accordance with the laws of the State of Indiana on _____ (date).*

Signed _____ *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 156
File 58
5-6-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-6-96
Name of Physician Dr. Surakanti

MALE APPLICANT

Name: First Patrick Middle Wayne Last Sutton
Date of Birth: Month 7-23-74 Day Year
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 1945 W. C.R. 775 N. City Lizton County Hendricks State IN 46149
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Ind. 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 Wayne Sutton
   (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 Stephanie Kay Doty
   (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 ✓ Patrick Patrick Sutton Date 5-6-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 Sutton
New Address ✓ 148-10 Married Std. Ct. W. Lafayette IN 47906
Subscribed and sworn to before me this ✓ 6 day of May, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Anita Middle Eline Last Rose
Date of Birth: Month 7-7-76 Day Year
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 3102 SR 47 North City Crawfordsville County Montgomery State IN 47933
Previous Marital Status: 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. 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 John Landie Rose
   (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 Dolly Marie 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 ✓ Anita Rose Date May 6, 1996

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 Rose
New Address ✓ 148-10 Married Std. Ct. W. Lafayette IN 47906
Subscribed and sworn to before me this ✓ 6 day of May, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-6-96 *, authorizing the marriage of* Patrick Wayne Sutton *and* Anita Eline Rose *. I further certify that the following marriage certificate was filed in my office: I,* Larry L. Bellville *(name), certify that on* 5-11-96 *(date), at* Brownsburg *in* Hendricks *County, Indiana,* _____ Patrick Wayne Sutton *of* Hendricks *County* Indiana *(state), and* _____ Anita Eline Rose *of* Montgomery *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* 5-6-96 *. Signed by:* /s/ Larry L. Bellville *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-15-96 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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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. 157
File 58
5-6-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-6-96
Name of Physician Dr. Stegmoller

MALE APPLICANT

Name: First Kristofferson Middle Jay Last Vandermark
Date of Birth: Month Day Year 1-27-75
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 305 Green St. City Plainfield County Hendricks State IN 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) 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 Mark Steven Vandermark
   (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 Michelle VanValkenburgh
   (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 Kristofferson J Vandermark Date 5-6-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Kristofferson J Vandermark
New Address Same
Subscribed and sworn to before me this _____ day of May C, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Christine Middle Ann Last Wagner
Date of Birth: Month Day Year 10-16-73
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 305 Green St. City Plainfield County Hendricks State IN 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) 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 Richard Lee 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 Linda Kay West
   (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 Christine A Wagner Date 5-6-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Christine A Wagner
New Address Same
Subscribed and sworn to before me this 6 day of May, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-6-96 *, authorizing the marriage of* Kristofferson Jay Vandermark *and* Christine Ann Wagner *. I further certify that the following marriage certificate was filed in my office: I,* Basil L. Shumaker *(name), certify that on* 5-7-96 *(date), at* Avon *in* Hendricks *County, Indiana,* Kristofferson Jay Vandermark *of* Hendricks *County* Indiana *(state), and* Christine Ann Wagner *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* 5-6-96 *. Signed by:* Basil L. Shumaker *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-10-96 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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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. 158
File 58
5-6-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 4-25-96
Name of Physician Family Doctors of Plainfield

MALE APPLICANT

Name: First Aaron Middle Michael Last Dubois
Date of Birth: Month 1-23-76 Day Year
Place of Birth (State or foreign country): Oklahoma
Residence Address: Street or R.R. 2335 East Main St. City Plainfield County Hendricks State IN 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☒ Birth Certificate ☒ Other (Specify) D.L.
Oklahoma

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Joseph Dubois
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Texas
   Birthplace of father (State or foreign country) Mississippi
   (b) Full maiden name of applicant's mother Carolyn Onita Weger
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Texas
   Birthplace of mother (State or foreign country) Oklahoma

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Aaron Dubois Date 5-6-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Aaron Dubois
New Address Rt. 2 Box 263 Peru IN 46970
Subscribed and sworn to before me this 6 day of May, 19 96
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 Sandra Middle Jean Last Robertson
Date of Birth: Month 7-28-75 Day Year
Place of Birth (State or foreign country): Rhode Island
Residence Address: Street or R.R. 2335 East Main St. City Plainfield County Hendricks State IN 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☒ Birth Certificate ☒ Other (Specify) D.L.
Rhode Island

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Floyd Allen Robertson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state)
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Cathy Lynn Reed
   (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 Sandra J Robertson Date 5-6-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Sandra J Robertson
New Address R.2 Box 263 Peru, IN 46970
Subscribed and sworn to before me this 6 day of May, 19 96
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* 5-6-96 *, authorizing the marriage of* Aaron Michael Dubois *and* Sandra Jean Robertson *. I further certify that the following marriage certificate was filed in my office: I,* Irvin Behm, Jr. *(name), certify that on* 5-18-96 *(date), at* Erie *in* Miami *County, Indiana,* _____ Aaron Michael Dubois *of* Hendricks *County* Indiana *(state), and* _____ Sandra Jean 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* 5-6-96 *. Signed by:* /s/ Irvin Behm, Jr. *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-21-96 *(date).*

Signed Connie Rawson *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. 159
File 58
5-8-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 4-24-96
Name of Physician Dr. Haggard

MALE APPLICANT

Name: First James Middle Travis Last Peters
Date of Birth: Month 9 Day 16 Year 72
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 7361 Freeport Lane Apt. A City Indpls. County Marion State IN 46214
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Ind. 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 Ernest Ray Peters
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Kentucky
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother Trenda Ellen Barker
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   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 James T. Peters Date 5/7/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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. Peters
New Address 7361 Freeport Ln. #A Indpls 46214
Subscribed and sworn to before me this 8th day of May 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Jean Last Morton
Date of Birth: Month 12 Day 27 Year 72
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 865 S. 400 E. Apt. 1 City Danville County Hendricks 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) Ind. 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 James Thomas Morton
   (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 Shirley Ann Pace
   (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 Nancy J. Morton Date 5/7/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 J. Morton
New Address 7361 Freeport Ln. Apt A Indpls, IN 46214
Subscribed and sworn to before me this 8th day of May 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-8-96 *, authorizing the marriage of* James Travis Peters *and* Nancy Jean Morton *. I further certify that the following marriage certificate was filed in my office: I,* Mark Wright *(name), certify that on* 5-18-96 *(date), at* Mooresville *in* Morgan *County, Indiana,* James Travis Peters *of* Marion *County* Indiana *(state), and* Nancy Jean 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* 5-8-96 *. Signed by:* /s/ Mark Wright *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-29-96 *(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

HENDRICKS County

No. 160
File 58
~~10-11~~ 5-8-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 10-76
Name of Physician Dr. Leedy

MALE APPLICANT

Name First Jason Middle Ray Last Roberts
Date of Birth Month 9-20-73 Day Year
Place of Birth (State or foreign country) Indiana
Residence Address 6814 Connie Dr. Street or R.R. Plainfield City Hendricks County IN State 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Ind. 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 Delbert Ray Roberts
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) West Virginia
   (b) Full maiden name of applicant's mother Linda Kay Simmons
   (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 Jason R. Roberts Date 5-8-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Jason R. Roberts
New Address Same as above
Subscribed and sworn to before me this 8 day of May, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name First Kimi Middle Carmichael Last Renie
Date of Birth Month 4-3-65 Day Year
Place of Birth (State or foreign country) Indiana
Residence Address 6814 Connie Dr. Street or R.R. Plainfield City Hendricks County IN State 46168
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) Ind. 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. Kayla Rae Renie
   Alexander James Renie
6. (a) Full name of applicant's father James Dale Carmichael
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Anna Lee Hankins
   (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 Kimi C. Renie Date 5-8-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Kimi C. Renie
New Address Same as Above
Subscribed and sworn to before me this 8 day of May, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-8-96 *, authorizing the marriage of* Jason Ray Roberts *and* Kimi Carmichael Renie *. I further certify that the following marriage certificate was filed in my office: I,* Roger L. Dean *(name), certify that on* 6-15-96 *(date), at* Indianapolis *in* Marion *County, Indiana,* Jason Ray Roberts *of* Hendricks *County* Indiana *(state), and* Kimi Carmichael Renie *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* 5-8-96 *. Signed by:* /s/Roger L Dean *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-19-96 *(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. 161
File 58
5-8-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 4-30-96
Name of Physician Dr. David Hadley

MALE APPLICANT

Name: First Kenneth Middle Dwain Last Breedlove
Date of Birth: Month 12-18-62 Day Year
Place of Birth (State or foreign country): Indiana
Residence Address: 10797 Horseshoe Dr. #17 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 10/91
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 Stanley Carl Breedlove
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Janet Darlene Bostic
   (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 Kenneth D. Breedlove Date 5-8-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 D Breedlove
New Address X 10797 Horseshoe dr Clermont Mobil Home Park #17
Subscribed and sworn to before me this X 8th day of May, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Rothenberger
Date of Birth: Month 12-2-64 Day Year
Place of Birth (State or foreign country): Indiana
Residence Address: 599 W. C.R. 1025 N. Street or R.R. Lizton City Hendricks County IN State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1 #6149
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 4/96
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Ind. 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 Francis Wayne Rothenberger
   (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 Rosemarie Jean Pfieffer
   (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 Rothenberger Date 5-8-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 Rothenberger
New Address X 10797 Horsh Horseshoe Dr # 17 Indpls, IN
Subscribed and sworn to before me this X 8th day of May, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-8-96 *, authorizing the marriage of* Kenneth Dwain Breedlove *and* Jo Ellen Rothenberger *. I further certify that the following marriage certificate was filed in my office: I,* Jennifer Deno *(name), certify that on* 6-6-96 *(date), at* Danville *in* Hendricks *County, Indiana,* _____ Kenneth Dwain Breedlove *of* Marion *County* Indiana *(state), and* _____ Jo Ellen Rothenberger *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* 5-8-96 *. Signed by:* /s/ Jennifer Deno *,* Deputy Clerk *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-7-96 *(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. 162
File 58
5-8-96 Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 4-10-96
Name of Physician T.M. Poe M.D.

MALE APPLICANT

Name: First Jimmie Middle Dale Last Cooper
Date of Birth: Month 9-29-73 Day Year
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 869 Craigwood Ct. 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) Ind. 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 Kenneth Roland Cooper
   (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 Alice Ann Cote
   (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 Jimmie Cooper Date 5/8/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Jimmie Cooper
New Address 450 South Grant Apt. 14 W. Lafayette
Subscribed and sworn to before me this 8 day of May, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of 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 Devon Last Doty
Date of Birth: Month 5-9-72 Day Year
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 3550 S. St. Rd. 267 City Plainfield County Hendricks State IN 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 3/7/93
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Ind. 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 Glenn Fredrick Doty
   (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 Grider
   (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 Deborah D Doty Date 050896

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 D Doty
New Address 450 S. Grant W. Lafayette #14 47906
Subscribed and sworn to before me this 8 day of May, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-8-96 *, authorizing the marriage of* Jimmie Dale Cooper *and* Deborah Devon Doty *. I further certify that the following marriage certificate was filed in my office: I,* Raymond Caustin *(name), certify that on* 5-11-96 *(date), at* Indianapolis *in* Marion *County, Indiana,* Jimmie Dale Cooper *of* Hendricks *County* Indiana *(state), and* Deborah Devon Doty *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* 5-8-96 *. Signed by:* /s/ Raymond Caustin, Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-14-96 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 163
File 58
5-9-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 2-12-91
Name of Physician Helen Geyer Steinkusch

MALE APPLICANT

Name: First Eric Middle Kenneth Last Dowden
Date of Birth: Month Day Year 4-28-73
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 7255 Bruce Ct. City Brownsburg County Hendricks 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) Ind. 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 Marvin Kenneth Dowden
   (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 Cathy Jean Manninger
   (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 ℒ Eric K Dowden Date 5/9/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed ℒ Eric K Dowden
New Address ℒ Same
Subscribed and sworn to before me this ℒ 9th day of May, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Beth Last Freeman
Date of Birth: Month Day Year 10-15-73
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 7255 Bruce Ct. City Brownsburg County Hendricks 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) Ind. 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 Ronald Wilson Freeman
   (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 Linda Karen Moore
   (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 ℒ Jennifer Beeman Date 5-9-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed ℒ Jennifer Beeman
New Address ℒ Same
Subscribed and sworn to before me this ℒ 9th day of May, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-9-96 *, authorizing the marriage of* Eric Kenneth Dowden *and* Jennifer Beth Freeman *. I further certify that the following marriage certificate was filed in my office: I,* Steven T. Reeves *(name), certify that on* 6-1-96 *(date), at* Brownsburg Christian *in* Hendricks *County, Indiana,* _____ Eric Kenneth Dowden *of* Hendricks *County* Indiana *(state), and* _____ Jennifer Beth Freeman *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* 5-9-96 *. Signed by:* /s/ Steven T. Reeves *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-6-96 *(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. 164

HENDRICKS County

File 58

5-9-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-3-96
Name of Physician Cindy Brown D.O.

MALE APPLICANT

Name: First Richard Middle Randall Last McCullough
Date of Birth: Month 8 Day 19 Year 52
Place of Birth (State or foreign country): Utah
Residence Address: Street or R.R. 8076 Captain Dr. City Indpls. County Hendricks State IN 46234
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) Tenn. 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 William Earl McCullough
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Arkansas
   Birthplace of father (State or foreign country) Kansas
   (b) Full maiden name of applicant's mother Lois Irene Hudson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Arkansas
   Birthplace of mother (State or foreign country) Kansas

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Richard R McCullough Date 5-8-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 R McCullough
New Address X same
Subscribed and sworn to before me this 9 day of May, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Lynn Last Kayler
Date of Birth: Month 1 Day 2 Year 55
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 8076 Captain Dr. City Indpls County Hendricks State IN 46234
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 12/94
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Ind. 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. Lindsey Nicole Butrum

6. (a) Full name of applicant's father Robert Denver McGlotchlin
   (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 Irene Gregory Steeb
   (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 Patricia L Kayler Date 5/09/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Patricia L Kayler
New Address X same
Subscribed and sworn to before me this 9 day of May, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-9-96 *, authorizing the marriage of* Richard Randall McCullough *and* Patricia Lynn Kayler *. I further certify that the following marriage certificate was filed in my office: I,* Douglas L. Talley *(name), certify that on* 5-18-96 *(date), at* Indianapolis *in* Marion *County, Indiana,* Richard Randall McCullough *of* Hendricks *County* Indiana *(state), and* Patricia Lynn Kayler *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* 5-9-96 *. Signed by:* /s/ Douglas L. Talley, Ordained Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-11-96 *(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. 165
File 58
5-9-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-2-96
Name of Physician Susan Heath

MALE APPLICANT

Name: First Ronald Middle William Last Meyer
Date of Birth: Month 1-19-58 Day Year
Place of Birth (State or foreign country) Indiana
Residence Address: 7893 Eaker Ct. Street or R.R. Brownsburg City Hendricks 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) Ind. 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 Melvin Eugene Meyer
   (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 Ann Fette
   (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 Ronald W. Meyer Date 5/9/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 W. Meyer
New Address 7893 EAKER CT BROWNSBURG, IN
Subscribed and sworn to before me this 9th day of May, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

FEMALE APPLICANT

Name: First Carmen Middle Lillian Last Sandstrom
Date of Birth: Month 4-9-66 Day Year
Place of Birth (State or foreign country) Germany
Residence Address: 7563 Northcrest Ct. Street or R.R. B City Indpls County Marion State IN 46256
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☒ Date 5/95
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Ind. 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. Joshua Aaron Sandstrom
   Corey Benjamin Lowe
6. (a) Full name of applicant's father Marcelo Picot Rodriguez
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Georgia
   Birthplace of father (State or foreign country) Puerto Rico
   (b) Full maiden name of applicant's mother Dora Ivalese Columba
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Georgia
   Birthplace of mother (State or foreign country) Spain

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Carmen Sandstrom Date 5/9/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Carmen Sandstrom
New Address X 7893 Eaker Ct Brownsburg IN 46112
Subscribed and sworn to before me this X 9th day of May, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-9-96 *, authorizing the marriage of* Ronald William Meyer *and* Carmen Lillian Sandstrom *. I further certify that the following marriage certificate was filed in my office: I,* Rev. William E. Day *(name), certify that on* 6-1-96 *(date), at* St. Malachy Catholic Church *in* Hendicks *County, Indiana,* Ronald William Meyer *of* Hendricks *County* Indiana *(state), and* Carmen Lillian Sandstrom *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* 5-9-96 *. Signed by:* /s/ Rev. William E. Day *,* Catholic Priest *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-6-96 *(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

HENDRICKS County

No. 166
File 58
5-10-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under 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 Richard Last Konnad
Date of Birth: Month 8 Day 19 Year 32
Place of Birth (State or foreign country): Minnesota
Residence Address: Street or R.R. 20066 Baugh St. NW City Elk River County Anoka State MN 55330
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2/92
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Minn. 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 Joseph Charles Konnad
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Minnesota
   (b) Full maiden name of applicant's mother Ina Elizabeth Coulter
   (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 Joseph Richard Konnad Date 5/10/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 Richard Konnad
New Address X 20066 Baugh St. Elk River, Mn.
Subscribed and sworn to before me this 10 day of May, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Konnad Last Cole
Date of Birth: Month 6 Day 5 Year 31
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 6410 N. 550 E. City Brownsburg County Hendricks State IN 46112
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2/92
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Ind. 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 Leo Virgil Cole
   (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 Stella Catherine Long
   (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 Joan K. Cole Date 5-10-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Joan K. Cole
New Address X 20066 Baugh St NW Elk River Mn 55330
Subscribed and sworn to before me this 10th day of May, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-10-96 *, authorizing the marriage of* Joseph Richard Konnard *and* Joan Konnard Cole *. I further certify that the following marriage certificate was filed in my office: I,* Kevin D. Glover *(name), certify that on* 5-11-96 *(date), at* Danville *in* Hendricks *County, Indiana,* Joseph Richard Konnard *of* Anoka *County* Minnesota *(state), and* Joan Konnard Cole *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* 5-10-96 *. Signed by:* /s/ Kevin D. Glover *,* Bishop *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-3-96 *(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. 167
File 58
5-10-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-1-96
Name of Physician Rebecca Haak

MALE APPLICANT

Name: First Michael Middle Dennis Last Powell Jr.
Date of Birth: Month 11 Day 20 Year 75
Place of Birth (State or foreign country): Arizona
Residence Address: Street or R.R. 1221 Stafford Rd. 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) Ind. D.L. Arizona Certificate of Birth

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Austin Michael Powell
6. (a) Full name of applicant's father Michael Dennis Powell
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Arizona
   Birthplace of father (State or foreign country) Texas
   (b) Full maiden name of applicant's mother Maria Jones
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   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 [signature] Date 5-10-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X [signature]
New Address X same
Subscribed and sworn to before me this X 10 day of 5, 19 96
[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 Meleea Middle Quinn Last Firkins
Date of Birth: Month 2 Day 26 Year 76
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 1221 Stafford Rd. 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) Arizona D.L. Indiana Certificate of Birth

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Chelsey Nichole Firkins, Austin Michael Powell
6. (a) Full name of applicant's father John Dale Firkins
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Missouri
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Debra Lynn 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 X Meleea Firkins Date 5-10-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Meleea Firkins
New Address X same
Subscribed and sworn to before me this X 5-10-96 day of _____, 19 _____
[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* 5-10-96 *, authorizing the marriage of* Michael Dennis Powell Jr. *and* Meleea Quinn Firkins *. I further certify that the following marriage certificate was filed in my office: I,* Sandra R. Perry *(name), certify that on* 5-10-96 *(date), at* Mooresville *in* Morgan *County, Indiana,* Michael Dennis Powell Jr *of* Hendricks *County* Indiana *(state), and* Meleea Quinn Firkins *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* 5-10-96 *. Signed by:* /s/ Sandra R. Perry, Clerk-Treasurer *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-13-96 *(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

No. 168

HENDRICKS County

File 58

5-10-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-10-96
Name of Physician Toni Eldridge

MALE APPLICANT

Name: First David Middle Patrick Last Moore

Date of Birth: Month 4 Day 23 Year 67

Place of Birth (State or foreign country): Indiana

Residence Address: 534 Saratoga Dr. Street or R.R. Brownsburg City Hendricks County IN State 46112

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 8/95

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Ind. 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. Lauren Nicole Moore
6. (a) Full name of applicant's father Larry Lynn Moore
   (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 Louise Bonewitz
   (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 David P. Moore Date 5/10/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ 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 P. Moore
New Address X 534 Saratoga Brownsburg, In

Subscribed and sworn to before me this X May day of 10, 19 96

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 Christine Middle Louise Last Dugar

Date of Birth: Month 5 Day 16 Year 68

Place of Birth (State or foreign country): Indiana

Residence Address: 534 Saratoga Dr. Street or R.R. Brownsburg City Hendricks 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) Ind. 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. Alexis Danielle Dugar
6. (a) Full name of applicant's father Albert Dugar
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Catherine Clementine Purichia
   (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 Christine L. Dugar Date 5/10/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Christine L. Dugar
New Address X SAME

Subscribed and sworn to before me this X May day of 10, 19 96

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* _____ *, 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

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 169
File 58
5-13-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under 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. Stegmoller

MALE APPLICANT

Name: First Bryan Middle Alan Last Bledsoe
Date of Birth: Month 9-16-68 Day Year
Place of Birth (State or foreign country): Indiana
Residence Address: 622 D Lakeside Dr. Street or R.R. Plainfield City Hendricks County IN State 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Ind. 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 Gary Alan Bledsoe
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Darlene Christine Routier
   (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 Bryan A. Bledsoe Date 13 MAY 96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Bryan A. Bledsoe
New Address X 622 D Lakeside Drive Plainfield, IN 46168
Subscribed and sworn to before me this 13 day of MAY, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Joyce Last McQuillen
Date of Birth: Month 11-21-73 Day Year
Place of Birth (State or foreign country): Kentucky
Residence Address: 214 Dawson Lane Street or R.R. Radcliff City Hardin County KY State 40160
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Ken. 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 Earl McQuillen
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Kentucky
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother Patricia Ann Borum
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) North Carolina
   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 Deanna J. McQuille Date 5/13/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Deanna J. McQuille
New Address X 622 D Lakeside Drive Plainfield, IN 46168
Subscribed and sworn to before me this 13 day of May, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-13-96, *authorizing the marriage of* Bryan Alan Bledsoe *and* Deanna Joyce McQuillen. *I further certify that the following marriage certificate was filed in my office: I,* Carl Akard Riley *(name), certify that on* 5-18-96 *(date), at* Plainfield *in* Hendricks *County, Indiana,* Bryan Alan Bledsoe *of* Hendricks *County* Indiana *(state), and* Deanna Joyce McQuillen *of* Hardin *County* Kentucky *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 5-13-96. *Signed by:* /s/ Carl Akard Riley, Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-21-96 *(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. 170
File 58
5-13-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-10-96
Name of Physician Dr. C.W. Ellis

MALE APPLICANT

Name: First Shawn Middle Terry Last Wildman
Date of Birth: Month 4-16-67 Day Year
Place of Birth (State or foreign country): Arizona
Residence Address: Street or R.R. 3362 E main St. City Danville County Hendricks State IN 46122
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 8/91
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Ind. 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 Terence Lee Wildman
   (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 Marylyn B. Braner
   (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 Shawn Wildman Date 5-13-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Shawn Wildman
New Address 450 HAWLEY DANVILLE
Subscribed and sworn to before me this 13 day of MAY, 19 96
Connie Jameson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Stanfield
Date of Birth: Month 10-2-75 Day Year
Place of Birth (State or foreign country): Virginia
Residence Address: Street or R.R. 450 Hawley Dr. City Danville County Hendricks 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) Ind. D.L. Commonwealth of Virginia B.C.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Carl Stanfield
   (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 Dee ~~Eger~~ Aker
   (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 Katrina L. Stanfield Date 5-13-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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. Stanfield
New Address 450 Hawley Dr. Danville IN.
Subscribed and sworn to before me this 13 day of May, 19 96
Connie Jameson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated _____, authorizing the marriage of _____ and _____. I further certify that the following marriage certificate was filed in my office: I, _____ (name), certify that on _____ (date), at _____ in _____ County, Indiana, _____ of _____ County _____ (state), and _____ of _____ County _____ (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated _____. Signed by: _____, _____ (official designation) Filed and recorded in accordance with the laws of the State of Indiana on _____ (date).*

Signed _____ *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 171
File 58
5-13-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-13-96
Name of Physician Dr. Pizado

MALE APPLICANT

Name First Gerald Middle Lee Last Woodard
Date of Birth Month 5-2-56 Day Year
Place of Birth (State or foreign country) Indiana
Residence Address 419 N. Maple Street or R.R. Pittsboro City Hendricks County IN State 46167
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1995
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Ind. 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. Michelle Renee Woodard
6. (a) Full name of applicant's father David Lee Woodard
   (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 Jacqueline Ethel Ruth LOGSTON
   (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 Gerald L. Woodard Date 05-13-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Gerald L. Woodard
New Address 419 N. MAPLE ST. PITTSBORO IN 46167
Subscribed and sworn to before me this 13th day of MAY, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Renee Last Barnhart
Date of Birth Month 2-3-68 Day Year
Place of Birth (State or foreign country) Arizona
Residence Address 419 N. Maple Street or R.R. Pittsboro City Hendricks County IN State 46167
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1995
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Ind. 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 Michelle Barnhart, Adam Richard Barnhart
6. (a) Full name of applicant's father Edward Hoffman
   (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 Mary Frances PECK
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) California
   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 Elizabeth R. Barnhart Date 5-13-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Elizabeth Renee Barnhart
New Address 419 N MAPLE PITTSBORO, IN 46167
Subscribed and sworn to before me this 13 day of May, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-13-96 *, authorizing the marriage of* Gerald Lee Woodard *and* Elizabeth Renee Barnhart *. I further certify that the following marriage certificate was filed in my office: I,* Jacqueline Amean *(name), certify that on* 5-16-96 *(date), at* Plainfield *in* Hendricks *County, Indiana,* Gerald Lee Woodard *of* Hendricks *County* Indiana *(state), and* Elizabeth Renee Barnhart *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* 5-13-96 *. Signed by:* /s/ Jacqueline Amean, Priest *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-21-96 *(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. 172
File 58
5-13-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-8-96
Name of Physician Health Tracks

MALE APPLICANT

Name: First JOHN Middle L. Last DALCOROBBO
Date of Birth: Month 9 Day 10 Year 64
Place of Birth (State or foreign country) CALIFORNIA
Residence Address: Street or R.R. 1439 HARVARD ROAD, City EAST LANSING, County INGHAM 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) 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 BRUNO V. DALCOROBBO
   (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 FRANCES R WEITL
   (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 [signature] Date 5-16-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 1439 HARVARD RD EAST LANSING, MI
Subscribed and sworn to before me this 16 day of MAY, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Lynn Last Masariu
Date of Birth: Month 8-1-73 Day Year
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 909 Sunset Dr. City Danville County Hendricks 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) Ind. 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 Mark Alan Masariu
   (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 Vicki Lynn 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 [signature] Date 5-13-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 1439 HARVARD EAST LANSING MI 48823
Subscribed and sworn to before me this 13 day of MAY, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-16-96 *, authorizing the marriage of* John Lawrence Dal Corobbo *and* Melissa Lynn Masariu *. I further certify that the following marriage certificate was filed in my office: I,* Vincent P. Lampert *(name), certify that on* 5-18-96 *(date), at* Danville *in* Hendricks *County, Indiana,* _____ John Lawrence Dal Corobbo *of* Ingham *County* Michigan *(state), and* _____ Melissa Lynn Masariu *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* 5-16-96 *. Signed by:* /s/ Vincent P. Lampert *,* Priest *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-22-96 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 173
File 58
5-13-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-13-96
Name of Physician Dr. Ian Johnston

MALE APPLICANT

Name: First James Middle Beau Last Allman
Date of Birth: Month Day Year 11-5-65
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 890 Ridgewood Dr. Apt. 204D City Plainfield County Hendricks State In 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 3/89
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Ind. 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. Charlene Rea Allman
   James Donald Allman
   Nicholas Michael Allman
6. (a) Full name of applicant's father Robert Eugene Allman
   (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 Ann Cooper
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Virginia

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant James B. Allman Date 5-13-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 Ballman
New Address 890 Ridgewood DR. APT 204D PLAINFIELD IN
Subscribed and sworn to before me this 13 day of MAY 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Anita Middle Dawn Last Pritchett
Date of Birth: Month Day Year 12-30-68
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 890 Ridgewood Dr. Apt. 204D City Plainfield County Hendricks State In 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Ind. 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. Nicholas Michael Allman
6. (a) Full name of applicant's father Michael Roger Pritchett
   (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 Delilah Ann Martin
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Anita D Pritchett Date 5/13/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 D Pritchett
New Address 890 Ridgewood Dr Apt 204 Plainfield
Subscribed and sworn to before me this 13 day of May 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-13-96 *, authorizing the marriage of* James Beau Allman *and* Anita Dawn Pritchett *. I further certify that the following marriage certificate was filed in my office:*

I, C.J. Gibson *(name), certify that on* 5-18-96 *(date), at* Plainfield *in* Hendricks *County, Indiana,*
James Beau Allman *of* Hendricks *County* Indiana *(state), and*
Anita Dawn Pritchett *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* 5-13-96 *.*
Signed by: /s/ C.J. Gibson *,* Pastor *(official designation)*
Filed and recorded in accordance with the laws of the State of Indiana on 5-22-96 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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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. 174
File 58
5-14-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 5-13-96
Name of Physician James Nolan

MALE APPLICANT

Name: First CARL Middle W Last DRURY
Date of Birth: Month 1 Day 3 Year 1964
Place of Birth (State or foreign country) LOUISIANA
Residence Address: Street or R.R. 642 TULIP POPLAR CT City MOORESVILLE County IN State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 7/91
Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) DRIVERS LICENSE

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☑ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. JENNIFER LEIGH DRURY
   MATTHEW STEPHEN DRURY
6. (a) Full name of applicant's father ROBERT S DRURY
   (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 M COPSY
   (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 5/14/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 825 GARY DRIVE, PLAINFIELD, IN
Subscribed and sworn to before me this 14th day of MAY, 19 96
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 TAMARA Middle S Last RYAN
Date of Birth: Month 11 Day 10 Year 57
Place of Birth (State or foreign country) INDIANA
Residence Address: Street or R.R. 825 GARY DRIVE City PLAINFIELD County IN State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 6/1990
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. TRAVIS MICHAEL RYAN
   MEGAN SUE RYAN
6. (a) Full name of applicant's father ROGER L 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 BONNIE I. PALMER
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) INDIANA
   Birthplace of mother (State or foreign country) INDIANA

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Tamara Ryan Date 5/14/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Tamara Ryan
New Address SAME AS ABOVE
Subscribed and sworn to before me this 14th day of MAY, 19 96
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* 5-14-96 *, authorizing the marriage of* Carl W. Drury *and* Tamara S. Ryan *. I further certify that the following marriage certificate was filed in my office: I,* Craig Moore *(name), certify that on* 5-14-96 *(date), at* Indianapolis *in* Marion *County, Indiana,* Carl W. Drury *of* Morgan *County* Indiana *(state), and* Tamara S. Ryan *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* 5-14-96 *. Signed by:* /s/ Craig Moore *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-21-96 *(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. 175
File 58
5-14-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-8-96
Name of Physician Dr. Maynard

MALE APPLICANT

Name: First Jason Middle Anthony Last Lawson
Date of Birth: Month Day Year 1-17-77
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 229 Parthenia Ave. City Brownsburg County Hendricks 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) Ind. D.L. Hend. Co. Health 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 female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Anthony Lawson
   (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 Bonnie Suzanne Snyder
   (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 Andrea Middle Lyn Last Agee
Date of Birth: Month 8-27- Day Year 77
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 229 Parthenia Ave. City Brownsburg County Hendricks 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) Ind. D.L. Hend. Co. Health 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.
6. (a) Full name of applicant's father Lannie Duane Agee
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) California
   (b) Full maiden name of applicant's mother Sherrie Lee Pedigo
   (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 [signature] Date 5/14/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 229 Parthenia Ave
Subscribed and sworn to before me this 14 day of May, 19 96
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 [signature] Date 5/14/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 229 Parthenia Ave. Brown IN 46112
Subscribed and sworn to before me this 14 day of May, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other 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* 5-14-96 *, authorizing the marriage of* Jason Anthony Lawson *and* Andrea Lyn Agee *. I further certify that the following marriage certificate was filed in my office: I,* James A. Jones *(name), certify that on* 6-8-96 *(date), at* Brownsburg *in* Hendricks *County, Indiana,* Jason Anthony Lawson *of* Hendricks *County* Indiana *(state), and* Andrea Lyn Agee *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* 5-14-96 *. Signed by:* /s/ James A. Jones, Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-11-96 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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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 58

5-15-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-17-96
Name of Physician Dr. Ferry

MALE APPLICANT

Name: First Bryan Middle Patrick Last Chatterton

Date of Birth: Month Day Year 9-10-72

Place of Birth (State or foreign country) Oklahoma

Residence Address: Street or R.R. 4943 Beechwood Circle 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) Ind. 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 Patrick Chatterton
   (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 Patricia Rachael Meyer
   (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 Bryan Chatterton Date 5/15/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Bryan Chatterton
New Address X 250 N. East St. Plainfield, IN. 46168 APT 21

Subscribed and sworn to before me this X 15 day of May, 19 96

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Erin Middle Jennifer Last Greene

Date of Birth: Month Day Year 6-23-73

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 1406 Miami Ct. N. 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) Ind. 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 Dana Harrel Greene
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Kris Joan ~~Ga~~ Ringwood
   (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 Erin Greene Date 5-24-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Erin Greene
New Address X 250 N. East St Plainfield, IN 46168

Subscribed and sworn to before me this X 24 day of May, 19 96

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-24-96 *, authorizing the marriage of* ~~Bryan Patrick Chatterton~~ *and* Erin Jennifer Greene *. I further certify that the following marriage certificate was filed in my office:*

I, Fr. Vincent P. Lampert *(name), certify that on* 6-1-96 *(date), at* Danville *in* Hendricks *County, Indiana,* _____

Bryan Patrick Chatterton *of* Hendricks *County* Indiana *(state), and* _____

Erin Jennifer Greene *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* 5-24-96 .

Signed by: /s/ Fr. Vincent P. Lampert , Catholic Priest *(official designation)*

Filed and recorded in accordance with the laws of the State of Indiana on 6-6-96 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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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 58
5-15-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician N. HARVEY HAMELSTEIN

MALE APPLICANT

Name: First STEVEN Middle ELLIS Last WOOD
Date of Birth: Month 6 Day 29 Year 52
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. SAME → City County State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 3-96?
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) DR. LIC.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. ~~KELLIE~~ JE WOOD
6. (a) Full name of applicant's father HARRY E WOOD JR
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) INDPLS IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother DELORIS MAE MORGAN
   (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 Steven E Wood Date 5-15-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Steven E Wood
New Address _____
Subscribed and sworn to before me this 15 day of MAY, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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) IN
Residence Address: Street or R.R. 2068 S.R. 267-S City PLFD County IN State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 90'
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Ind. 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. HEATHER SCHAFFER
6. (a) Full name of applicant's father DAVID LELAND & FLYNN 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 CHERYL LYNN BUECHE
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) INDPLS IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Tina L. Garrison Date 5-15-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 5-15-96
New Address 2068 SR 267-S PLFD IN
Subscribed and sworn to before me this 15 day of MAY, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-15-96 *, authorizing the marriage of* Steven E. Wood *and* Tina L. Garrison *. I further certify that the following marriage certificate was filed in my office: I,* Myron Barnard *(name), certify that on* 6-21-96 *(date), at* Indianapolis *in* Marion *County, Indiana,* Steven E. Wood *of* Hendricks *County* Indiana *(state), and* Tina L. 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* 5-15-96 *. Signed by:* /s/Myron Barnard *,* Judge *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-27-96 *(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. 178

HENDRICKS County

File

5-15-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 4-25-96
Name of Physician DAVID HADLEY

MALE APPLICANT

Name: First BRETT Middle M Last SMITH

Date of Birth: Month 11 Day 30 Year 66

Place of Birth (State or foreign country) LOUISIANA

Residence Address: Street or R.R. 3785 FLATTOP LANE City DANVILLE, IN County HENDRICKS State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 9/23/94

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.
6. (a) Full name of applicant's father JOHN M SMITH
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) INDIANA
   Birthplace of father (State or foreign country) INDIANA
   (b) Full maiden name of applicant's mother SUE C. 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 Brett M Smith Date 5-15-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Brett M. Smith
New Address SAME AS ABOVE

Subscribed and sworn to before me this 15th day of May, 19 96

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First CAROL Middle A Last SHEPHERD

Date of Birth: Month 12 Day 29 Year 71

Place of Birth (State or foreign country) INDIANA

Residence Address: Street or R.R. 3785 FLATTOP LANE City DANVILLE, IN 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) 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. TRESSA JO ELIZABETH SHEPHERD
6. (a) Full name of applicant's father VIRGIL SHEPHERD
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) INDIANA
   Birthplace of father (State or foreign country) INDIANA
   (b) Full maiden name of applicant's mother SALLY McILVAINE
   (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 Carol Shepherd Date 5-15-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Carol Shepherd
New Address SAME AS ABOVE

Subscribed and sworn to before me this 15th day of May, 19 96

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-15-96 *, authorizing the marriage of* Brett M. Smith *and* Carol A. Shepherd *. I further certify that the following marriage certificate was filed in my office: I,* P. Michael Thornburg *(name), certify that on* 5-18-96 *(date), at* Danville *in* Hendricks *County, Indiana,* _____ Brett M. Smith *of* Hendricks *County* Indiana *(state), and* _____ Carol A. Shepherd *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* 5-15-96 *. Signed by:* /s/ P. Michael Thornburg *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-20-96 *(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. 179
File 58
5-15-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 4-16-96
Name of Physician Dr. David Hadley

MALE APPLICANT

Name: First Douglas Middle James Last Jordon
Date of Birth: Month Day Year 10-21-72
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 5050 R Street #1206 City Lincoln County Lancaster State NE 68504
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) NE 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 Jerry Lewis Jordon
   (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 May Harvey
   (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 ☒ Douglas J Jordon Date 5/15/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of 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 J Jordon
New Address ☒ 5050 R St #1206 Lincoln, NE 68504

Subscribed and sworn to before me this ☒ 15 day of May, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Britt Middle Lynita Last Thomas
Date of Birth: Month Day Year 3-17-74
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 4368 W. 350 N. City Danville County Hendricks 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) Ind. 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 Fredrick Lee Thomas
   (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 Bonolyn Ann Mendenhall
   (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 ☒ Britt L Thomas Date 5/15/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed ☒ Britt L Thomas
New Address ☒ 5050 R St #1206 Lincoln NE 68504

Subscribed and sworn to before me this ☒ 15 day of May, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-15-96 *, authorizing the marriage of* Douglas James Jordan *and* Britt Lynita Thomas *. I further certify that the following marriage certificate was filed in my office: I,* J. Wayne Clause *(name), certify that on* 5-18-96 *(date), at* Danville *in* Hendricks *County, Indiana,* Douglas James Jordan *of* Lancaster *County* Nebraska *(state), and* Britt Lynita Thomas *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* 5-15-96 *. Signed by:* /s/ J. Wayne Clause, Associate Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-22-96 *(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 58

5-16-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under 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 Pope

Date of Birth: Month 1-30-34 Day Year

Place of Birth (State or foreign country): Illinois

Residence Address: Street or R.R. 123 Simpson City Geneva County Kane State IL 60134

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 7/95

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Ill. 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. Steven James Dope
6. (a) Full name of applicant's father Emil James Pope
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Iowa
   (b) Full maiden name of applicant's mother Caroline Mortonsen
   (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 X Donald F Pope Date 5-16-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ 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 Pope

New Address X 123 Simpson St Geneva Ill 60134

Subscribed and sworn to before me this 5-16-96 day of _____, 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 Carol Middle Ann Last Larson

Date of Birth: Month 12-2-35 Day Year

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R.R. 1669 Willard Court 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 1990

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Ind. 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 Edward ~~Cokain~~ Cokain
   (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 Sarah Florence Pottmeyer
   (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 Carol A. Larson Date 5-16-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Carol A. Larson

New Address X 123 Simpson St Geneva, IL

Subscribed and sworn to before me this 16th day of May, 19 1996

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-16-96 *, authorizing the marriage of* Donald Franklin Pope *and* Carol Ann Larson *. I further certify that the following marriage certificate was filed in my office: I,* Frank Goodwin *(name), certify that on* 6-29-96 *(date), at* Camby *in* Marion *County, Indiana,* _____ Donald Franklin Pope *of* Kane *County* Illinois *(state), and* _____ Carol Ann Larson *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* 5-16-96 *. Signed by:* /s/ Frank Goodwin *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-2-96 *(date).*

Connie Lawson *Signed* _____ *Clerk*

HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 181
File 58
5-16-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under 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 Earl Middle Jennings Last Martin
Date of Birth: Month 7 Day 10 Year 30
Place of Birth (State or foreign country): Kentucky
Residence Address: Street or R.R. Rt. 2 Box 95N City Falmouth County Pendleton State KY 41040
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 6-19-94
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Kentucky 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 Tilford Martin
   (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 Nona Baker
   (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 ☒ Earl Martin 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 ☒ Earl Martin
New Address ☒ R.2, Box 95 N, Falmouth Ky 41040
Subscribed and sworn to before me this ☒ 17 day of 5/16, 1996
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

FEMALE APPLICANT

Name: First Reba Middle Fern Last Mattox
Date of Birth: Month 4 Day 18 Year 37
Place of Birth (State or foreign country): Kentucky
Residence Address: Street or R.R. Rt. 2 Box 95N City Falmouth County Pendleton State KY 41040
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 11-4-92
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Kentucky 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 Theodore Gillespie
   (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 Grace Bishop
   (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 ☒ Reba F. Mattox 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 ☒ Reba Mattox
New Address ☒ RR 2 Box 95 N Falmouth, Ky 41040
Subscribed and sworn to before me this day of , 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* 5-16-96 *, authorizing the marriage of* Earl Jennings Martin *and* Reba Fern Mattox *. I further certify that the following marriage certificate was filed in my office: I,* Howard Cupp *(name), certify that on* 5-16-96 *(date), at* Danville *in* Hendricks *County, Indiana,* Earl Jennings Martin *of* Falmouth *County* Kentucky *(state), and* Reba Fern Mattox *of* Falmouth *County* Kentucky *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 5-16-96 *. Signed by:* /s/ Howard Cupp *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-20-96 *(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. 182
File 58
5-16-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 2-8-96
Name of Physician DR. BETH NURMAN

MALE APPLICANT

Name: First KEVIN Middle RAY Last DAVIS
Date of Birth: Month AUGUST Day 15 Year 1973
Place of Birth (State or foreign country) INDIANA
Residence Address: Street or R.R. 7437 FREEPORT LANE APT C City INDPLS County MARION State IN 46214
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) 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. NONE
6. (a) Full name of applicant's father ROY C. DAVIS
   (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 DIANA CURRY
   (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 ☒ Kevin Ray Davis Date 5-16-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 Ray Davis
New Address SAME AS ABOVE
Subscribed and sworn to before me this 16 day of MAY, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First MELONI Middle FAITH Last DREADIN
Date of Birth: Month SEPTEMBER Day 22 Year 1968
Place of Birth (State or foreign country) FLORIDA
Residence Address: Street or R.R. 1912 RADCLIFFE 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) TENNESSEE 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. NONE
6. (a) Full name of applicant's father NEAL HOUSTON DREADIN
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) INDIANA
   Birthplace of father (State or foreign country) FLORIDA
   (b) Full maiden name of applicant's mother FAITH FRANCIS MACALLISTER
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) INDIANA
   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 ☒ Meloni Dreadin Date 5-16-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed ☒ Meloni Dreadin
New Address 7437 FREEPORT LANE APT C INDPLS 46214
Subscribed and sworn to before me this 16 day of MAY, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-16-96 *, authorizing the marriage of* Kevin Ray Davis *and* Meloni Faith Dreadin *. I further certify that the following marriage certificate was filed in my office: I,* Ron Bontrager *(name), certify that on* 6-1-96 *(date), at* Indianapolis *in* Hendricks *County, Indiana,* Kevin Ray Davis *of* Marion *County* Indiana *(state), and* Meloni Faith Dreadin *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* 5-16-96 *. Signed by:* /s/Ron Bontrager *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-6-96 *(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. 183
File 58
5-16-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 4-8-96
Name of Physician Dr. Rebecca Haak

MALE APPLICANT

Name: First Brian Middle Franklin Last Jordan
Date of Birth: Month 1 Day 21 Year 72
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 444 Cedar Glen Dr. City Danville County Hendricks State IN 46122
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 9/94
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Ind. 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 Cornelius Jordan
   (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 Karolyn Kay Nierste
   (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 F. Jordan Date 5/16/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 F. Jordan
New Address X 444 Cedar Glen Dr. Danville, IN 46122
Subscribed and sworn to before me this X 16th day of May, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Elaine Last Lindsey
Date of Birth: Month 6 Day 3 Year 71
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 444 Cedar Glen Dr. City Danville County Hendricks State IN 46122
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 11/95
Date of birth verified by: ☒ Birth Certificate ☒ Other (Specify) Ind. I.D.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Mikel Xavier Gillaspy
6. (a) Full name of applicant's father Steven Wesley Lindsey
   (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 Rhonda Makine Land
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana 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 Elizabeth E. Lindsey Date 5-16-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 E. Lindsey
New Address X 444 Cedar Glen Dr Danville, In 46122
Subscribed and sworn to before me this X 16 day of May, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-16-96 *, authorizing the marriage of* Brian Franklin Jordan *and* Elizabeth Elaine Lindsey *. I further certify that the following marriage certificate was filed in my office: I,* Jennifer Deno *(name), certify that on* 5-16-96 *(date), at* Danville *in* Hendricks *County, Indiana,* Brian Franklin Jordan *of* Hendricks *County* Indiana *(state), and* Elizabeth Elaine Lindsey *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* 5-16-96 *. Signed by:* /s/ Jennifer Deno *,* Deputy Clerk *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-17-96 *(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. 184

File 58

5-16-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-10-96
Name of Physician Dr. Trammell

MALE APPLICANT

Name: First Jason Middle Robert Last Conley
Date of Birth: Month 6 Day 24 Year 73
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 2748 S.C.R. 300 E. City Danville County Hendricks 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) D.L. Ind.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Steven Conley
   (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 Sue Hadley
   (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 Conley 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 Conley
New Address X 2748 S CR 300 East
Subscribed and sworn to before me this X day of 5/16, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

FEMALE APPLICANT

Name: First Raechelle Middle Lynne Last Lindsey
Date of Birth: Month 11 Day 23 Year 70
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 2748 S.C.R. 300 E. City Danville County Hendricks 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) Ind. I.D.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Steven Wesley Lindsey
   (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 Rhonda Maxine Land
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Virginia

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Raechelle Lynne Lindsey Date 5-16-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Raechelle L. Lindsey
New Address X 2748 S. County Rd 300 East
Subscribed and sworn to before me this 16th day of May, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-16-96 *, authorizing the marriage of* Jason Robert Conley *and* Raechelle Lynne Lindsey *. I further certify that the following marriage certificate was filed in my office: I,* Jennifer Deno *(name), certify that on* 5-16-96 *(date), at* Danville *in* Hendricks *County, Indiana,* Jason Robert Conley *of* Hendricks *County* Indiana *(state), and* Raechelle Lynne Lindsey *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* 5-16-96 *. Signed by:* /s/ Jennifer Deno *,* Deputy Clerk *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-17-96 *(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. ~~184~~ 185
File 58
5-16-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-2-96
Name of Physician Dr. Johnson

MALE APPLICANT

Name: First Bradley Middle Alan Last McGinnis
Date of Birth: Month Day Year 1-15-74
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 682 W. C.R. 900S. City Clayton County Hendricks State IN 46118
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Ind. 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 Kenneth Alan McGinnis
   (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 Sherry Lynn Marsee
   (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 5/16/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 211 Pineview Drive Mooresville 46158
Subscribed and sworn to before me this 16 day of May, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Amanda Middle Kay Last Hostetler
Date of Birth: Month Day Year 7-10-74
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 6814 S. C.R. 100 W. City Clayton County Hendricks State IN 46118
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Ind. 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 Charles Levi Hostetler
   (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 Melinda Kay 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 X Amanda K. Hostetler Date 5/16/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 K. Hostetler
New Address 211 Pineview Dr. Mooresville IN 46158
Subscribed and sworn to before me this 16 day of May, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-16-96 *, authorizing the marriage of* Bradley Alan McGinnis *and* Amanda Kay Hostetler *. I further certify that the following marriage certificate was filed in my office: I,* David Jefferson *(name), certify that on* 5-31-96 *(date), at* Plainfield *in* Hendricks *County, Indiana,* Bradley Alan McGinnis *of* Hendricks *County* Indiana *(state), and* Amanda Kay Hostetler *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* 5-16-96 *. Signed by:* /s/ David Jefferson *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-3-96 *(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. 186

HENDRICKS County

File 58

5-17-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-17-96
Name of Physician Dr. Harris

MALE APPLICANT

Name: First Phillip Middle Christopher Last Mickel

Date of Birth: Month 3 Day 12 Year 73

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R.R. 6920 Idlewood Ct. N apt. 1606 City Indpls County MARION State IN 46214

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) 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 Phillip Dale Mickel
   (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 Christine Marie Rinehart
   (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 ☒ Phillip C. Mickel Date 5/17/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed ☒ Phillip C. Mickel
New Address 6920 Idlewood Ct. N. # 1606 Indpls, IN 46214

Subscribed and sworn to before me this ☒ 17th day of May, 19 96

Connie Lawson
Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Lee Last Gillespie

Date of Birth: Month 2 Day 13 Year 73

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R.R. 1501 S. Rd. 250 W. City Danville County Hendricks 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) 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 Terry Lee Gillespie
   (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 Mary Jo Hodges
   (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 ☒ Jacqueline Lee Gillespie Date 5/17/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of 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 Lee Gillespie
New Address ☒ 6926 Idlewood Ct Nth Apt 1606 Indpls, IN 46214

Subscribed and sworn to before me this ☒ 17th day of May, 19 96

Connie Lawson
Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-17-96 *, authorizing the marriage of* Phillip Christopher Mickel *and* Jacqueline Lee Gillespie *. I further certify that the following marriage certificate was filed in my office:*

I, Fr. Vincent P. Lampert *(name), certify that on* 6-8-96 *(date), at* Danville *in* Hendricks *County, Indiana,* _____
Phillip Christopher Mickel *of* Marion *County* Indiana *(state), and* _____
Jacqueline Lee Gillespie *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* 5-17-96 .
Signed by: /s/ Fr. Vincent P. Lampert *,* Catholic Priest *(official designation)*
Filed and recorded in accordance with the laws of the State of Indiana on 6-12-96 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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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. 187
File 58
5-17-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-14-96
Name of Physician Dr. Tramnell

MALE APPLICANT

Name: First Thomas Middle Randall Last Messersmith Jr.
Date of Birth: Month 12 Day 15 Year 72
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 720 W. Centennial ave. Apt 39 B. City Muncie County Delaware State IN 47303
Previous Marital Status: 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 Thomas Randall Messersmith
   (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 Dixie Lynn 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 Thomas R Messersmith J. Date 5-17-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 Messersmith J.
New Address X 3449 Petree Court Danville, IN 46122
Subscribed and sworn to before me this 17 day of May, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Leigh Middle Ann Last Smith
Date of Birth: Month 3 Day 20 Year 72
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 3449 Petree Ct. City Danville County Hendricks 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) Ind. 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 Leon 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 Virginia Lee Zimmerman
   (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 Leigh Ann Smith Date 5-17-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Leigh Ann Smith
New Address X 3449 Petree Court Danville, IN 46122
Subscribed and sworn to before me this 17 day of May, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-17-96 *, authorizing the marriage of* Thomas Randall Messersmith Jr. *and* Leigh Ann Smith *. I further certify that the following marriage certificate was filed in my office: I,* Keith J. Treadway *(name), certify that on* 6-29-96 *(date), at* Danville *in* Hendricks *County, Indiana,* Thomas Randall Messersmith Jr. *of* Delaware *County* Indiana *(state), and* Leigh Ann 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* 5-17-96 *. Signed by:* /s/ Keith J. Treadway *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-2-96 *(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. 188

File 58

5-20-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under 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 Matthew Middle Steven Last Lynch

Date of Birth: Month Day Year 4-25-77

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 371 Concord Dr. E. City Danville County Hendricks 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) Ind. D.L. Hend. Co. Health 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 female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Wayne Lynch
   (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 Marcia Kay 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 ✕ Matt Lynch Date 5-20-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:
I swear/affirm that the information given in this application is true and correct.
Signed ✕ Matt Lynch
New Address ✕ 371 Concord Dr. E Danville Ind.
Subscribed and sworn to before me this 20 day of May, 19 96
Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First JENNIFER Middle DAWN Last BIRGE

Date of Birth: Month JUNE Day 14 Year 1976

Place of Birth (State or foreign country) INDIANA

Residence Address: Street or R.R. 220 INDIANA ST City PLAINFIELD County HEND 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 MARK GREEN
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) INDIANA
   Birthplace of father (State or foreign country)
   (b) Full maiden name of applicant's mother MARY MARGARET CLEMENTS
   (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 ✕ Jennifer Birge Date 5-20-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 Birge
New Address ✕ 371 CONCORD DR EAST DANVILLE IN
Subscribed and sworn to before me this 20 day of May, 19 96
Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-20-96 *, authorizing the marriage of* Matthew Steven Lynch *and* Jennifer Dawn Birge *. I further certify that the following marriage certificate was filed in my office: I,* David H. Coleman *(name), certify that on* 7-13-96 *(date), at* Danville *in* Hendricks *County, Indiana,* Matthew Steven Lynch *of* Hendricks *County* Indiana *(state), and* Jennifer Dawn Birge *of* Hdnricks *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* 5-20-96 *. Signed by:* /s/ David H. Coleman, Judge *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-17-96 *(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. 189
File 58
5-21-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-20-96
Name of Physician Dr. Bain

MALE APPLICANT

Name: First Christopher Middle Hayne Last Witherspoon
Date of Birth: Month 5 Day 31 Year 73
Place of Birth (State or foreign country): South Carolina
Residence Address: 8510 E. C.R. 700 N. Street or R.R. Brownsburg City Hendricks County IN State 46112
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 4/5/96
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Ind. 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 Joseph Hayne Witherspoon Jr.
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) South Carolina
   Birthplace of father (State or foreign country) South Carolina
   (b) Full maiden name of applicant's mother Clytie Elizabeth Brasington
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) South Carolina
   Birthplace of mother (State or foreign country) South 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 C. H. Witherspoon Date 05-21-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of 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. H. Witherspoon
New Address R 33 NE CR 700N BROWNSBURG, IN 46112

Subscribed and sworn to before me this 21 day of May, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Cari Middle Lea Last Severe
Date of Birth: Month 4 Day 30 Year 77
Place of Birth (State or foreign country): Indiana
Residence Address: 8510 E. C.R. 700 N. Street or R.R. Brownsburg City Hendricks 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) Ind. D.L. Marion Co. Health 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. _____
6. (a) Full name of applicant's father Thomas Frank Severe
   (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 Wanda Gail Inman
   (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 X Cari Lea Severe Date 05-21-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Cari Lea Severe
New Address X 8510 E 700N Brownsburg, IN 46112

Subscribed and sworn to before me this X 21st day of May, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-21-96 *, authorizing the marriage of* Christopher Hayne Witherspoon *and* Cari Kea Severe *. I further certify that the following marriage certificate was filed in my office: I,* Ray A. Howe *(name), certify that on* 6-8-96 *(date), at* Brownsburg *in* Hendricks *County, Indiana,* Christopher Hayne Witherspoon *of* Hendricks *County* Indiana *(state), and* Cari Lea Severe *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* 5-21-96 *. Signed by:* /s/Ray A. Howe, Ordained Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-12-96 *(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. 190

File

5-21-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under 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. Haggerty Greencastle

MALE APPLICANT

Name: First QUENTIN Middle LEON Last STORM

Date of Birth: Month 10 Day 31 Year 60

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 1002 BROOKSIDE 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 6/90

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) DR. LIC.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. NATHANIEL LEE STORM (4)
6. (a) Full name of applicant's father ARNOLD K. STORM
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) PLFD IN
   Birthplace of father (State or foreign country) IL
   (b) Full maiden name of applicant's mother JOYCE J. OSBORN
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) PLFD IN
   Birthplace of mother (State or foreign country) LONDON, 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 Quentin L. Storm Date 5/21/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Quentin L. Storm
New Address 1002 BROOKSIDE LN PLFD IN
Subscribed and sworn to before me this 21 day of MAY, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Cynthia Middle Ann Last Williams

Date of Birth: Month 10 Day 28 Year 71

Place of Birth (State or foreign country) VA

Residence Address: Street or R.R. 1002 BROOKSIDE 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 11/94

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) DR. LIC.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. BRANDYN WILLIAMS (3)
6. (a) Full name of applicant's father JOE HICKS
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) RADFORD VA
   Birthplace of father (State or foreign country) VA
   (b) Full maiden name of applicant's mother DOSHA ASBURY
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) RADFORD 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 X Cynthia Ann Date 5/21/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Cynthia Ann
New Address SAME AS ABOVE
Subscribed and sworn to before me this 21 day of MAY, 19 96.
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-21-96 *, authorizing the marriage of* Quentin Leon Storm *and* Cynthia Ann Williams *. I further certify that the following marriage certificate was filed in my office: I,* Donald E. Richards *(name), certify that on* 5-26-96 *(date), at* Martinsville *in* Morgan *County, Indiana,* Quentin Leon Storm *of* Hendricks *County* Indiana *(state), and* Cynthia Ann 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* 5-21-96 *. Signed by:* /s/ Donald E. Richards *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-29-96 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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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. 191
File 58
5-22-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-16-96
Name of Physician Dr. Landin

MALE APPLICANT

Name: First Terry Middle Lee Last Tippin
Date of Birth: Month 1-10-56 Day Year
Place of Birth (State or foreign country): Indiana
Residence Address: P.O. Box 407 Street or R.R. Coatesville City Hendricks County IN State 46121
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 8/27/95
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Ina. 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. Tiffany Jean Tippin, Melissa Brooke Tippin, Kristin Danielle Tippin
6. (a) Full name of applicant's father Everett Leon Tippin
   (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 Louise Gowan
   (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 ☒ Terry Tippin Date 5-22-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed ☒ Terry Tippin
New Address ☒ 1702 TRACE LN Indianapolis 46260
Subscribed and sworn to before me this 22nd day of May, 19 96
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 Mona Middle Yvonne Last Loft
Date of Birth: Month 4-21-53 Day Year
Place of Birth (State or foreign country): New York
Residence Address: 1702 Trace Lane Street or R.R. Indianapolis City Marion County IN State 46260
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 5/89
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Ind. 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. Jason Philip Loft
6. (a) Full name of applicant's father Paul Stark
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Pennsylvania
   (b) Full maiden name of applicant's mother Rita Shirley Smalline
   (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 ☒ Mona Y. Loft Date 5/22/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed ☒ Mona Y. Loft
New Address ☒ same
Subscribed and sworn to before me this 22 day of May, 19 96
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* 5-22-96 *, authorizing the marriage of* Terry Lee Tippin *and* Mona Yvonne Loft *. I further certify that the following marriage certificate was filed in my office: I,* Eric J. Bram *(name), certify that on* 6-15-96 *(date), at* Indianapolis *in* Marion *County, Indiana,* Terry Lee Tippin *of* Hendricks *County* Indiana *(state), and* Mona Yvonne Loft *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* 5-22-96 *. Signed by:* /s/Eric J. Bram *,* Rabbi *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-19-96 *(date).*

Signed Connie Rawson *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. 192
File 58
5-23-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☐ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician

MALE APPLICANT

Name: First Clarence Middle LaVerne Last Loomis
Date of Birth: Month 2 Day 15 Year 32
Place of Birth (State or foreign country): Oklahoma
Residence Address: 300 Robert St. City Antioch County Contra Costa State CA 94509
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 5/4/94
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) California 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: Verne DeWitt Loomis
   (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: Clara Opal Hobbs
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state): California
   Birthplace of mother (State or foreign country): Oklahoma

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Clarence Loomis Date 5-23-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed: Clarence Loomis
New Address: 300 Robert St. Antioch Ca 94509
Subscribed and sworn to before me this 23rd day of May, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Juanita Middle W. Last Wolven
Date of Birth: Month 10 Day 29 Year 26
Place of Birth (State or foreign country): Kentucky
Residence Address: 2046 Heatherwood Dr. Street or R.R. City Pittsburg County Contra Costa State CA 94509
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 9/10/94
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) California 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: Oscar Wise
   (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: Arva Traylor Wise
   (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: Juanita W. Wolven Date 5-23-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed: Juanita W. Wolven
New Address: 300 Roberts St. Antioch CA
Subscribed and sworn to before me this 23 day of May, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-23-96 *, authorizing the marriage of* Clarence Laverne Loomis *and* Juanita W. Wolven *. I further certify that the following marriage certificate was filed in my office: I,* James T. Dillinger *(name), certify that on* 6-2-96 *(date), at* Indianapolis *in* Hendricks *County, Indiana,* Clarence Laverne Loomis *of* Contra Costa *County* California *(state), and* Juanita W. Wolven *of* Contra Costa *County* California *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 5-23-96 *. Signed by:* /s/ James T. Dillinger *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-6-96 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 193
File 58
5-23-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 2-21-96
Name of Physician Dr. Wilmont

MALE APPLICANT

Name: First David Middle Andrew Last Winegar
Date of Birth: Month 11-10-72 Day Year
Place of Birth (State or foreign country): Indiana
Residence Address: P.O. Box 361 208 Osborne Ave. Pittsboro Hendricks IN 46167
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Ind. 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 Paul Winegar
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Virginia Lee Broyles
   (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 ☒ [signature] Date 05-23-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 ☒ PO Box 361 208 Osborne Ave Pittsboro IN 46167
Subscribed and sworn to before me this 23rd day of May, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Renée Last Stumpp
Date of Birth: Month 3-29-74 Day Year
Place of Birth (State or foreign country): Indiana
Residence Address: 208 Osborne Ave. Pittsboro Hendricks IN 46167
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Ind. 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 Louis Edward Stumpp 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 Brenda Sue 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 ☒ Lori R Stumpp Date 5/23/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 R Stumpp
New Address ☒ PO Box 361, 208 Osborne Ave Pittsboro IN 46167
Subscribed and sworn to before me this 23 day of May, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-23-96 *, authorizing the marriage of* David Andrew Winegar *and* Lori Renee Stumpp *. I further certify that the following marriage certificate was filed in my office: I,* Wilfred E. Day *(name), certify that on* 6-8-96 *(date), at* Brownsburg *in* Hendricks *County, Indiana,* David Andrew Winegar *of* Hendricks *County* Indiana *(state), and* Lori Renee Stumpp *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* 5-23-96 *. Signed by:* /s/ Wilfred E. Day, Catholic Priest *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-11-96 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 194
File 58
5-23-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 8-4-96
Name of Physician Dr. J.M. Black

MALE APPLICANT

Name: First Gordon Middle Wayne Last Lucas
Date of Birth: Month 9-13-70 Day Year
Place of Birth (State or foreign country): Indiana
Residence Address: 935 Hearthside Dr. Street or R.R. Brownsburg City Hendricks 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) Ind. 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 Roger Wayne Lucas
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Janet Sue Cain
   (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 Gordon W. Lucas Date 5/23/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Gordon W. Lucas
New Address SAME
Subscribed and sworn to before me this _____ day of _____, 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 Jane Middle Ellen Last Woodard
Date of Birth: Month 9-28-67 Day Year
Place of Birth (State or foreign country): Indiana
Residence Address: 935 Hearthside Dr. Street or R.R. Brownsburg City Hendricks 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) Ind. 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 Dale Wilbert Woodard
   (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 Ruth Jeanette Franke
   (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 Jane Ellen Woodard Date 5-23-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Jane Ellen Woodard
New Address SAME
Subscribed and sworn to before me this _____ day of _____, 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* 5-23-96 *, authorizing the marriage of* Gordon Wayne Lucas *and* Jane Ellen Woodard *. I further certify that the following marriage certificate was filed in my office: I,* Eldon L. Brandt *(name), certify that on* 6-15-96 *(date), at* St. Peter Luthern *in* Bartholomew *County, Indiana,* Gordon Wayne Lucas *of* Hendricks *County* Indiana *(state), and* Jane Ellen Woodard *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* 5-23-96 *. Signed by:* /s/Eldon L. Brandt *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-19-96 *(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. 195

HENDRICKS County

File 58

5-23-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 3-17-95
Name of Physician Dr. Gentry

MALE APPLICANT

Name: First Peter Middle Timothy Last Decker

Date of Birth: Month 4 Day 11 Year 73

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 294 Suburban St. City Danville County Hendricks 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) Ind. 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 James Wilbur Decker
   (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 Jane 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 Peter Timothy Decker 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 Peter Timothy Decker
New Address X 167 Spring Hill Ct.
X 23

Subscribed and sworn to before me this day of MAY, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of 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 Wallace

Date of Birth: Month 11 Day 3 Year 75

Place of Birth (State or foreign country) North Dakota

Residence Address: Street or R.R. 167 Springhill Ct. City Mooresville County Morgan State IN 46158

Previous Marital Status: 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. I.D.
North Dakota Birth Certificat

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Lynn Wallace
   Chase Andrew Lambert
6. (a) Full name of applicant's father Jerry Wallace
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Katherine Lynn Mowery
   (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 Wallace Date 5-23-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court 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 Wallace
New Address X 167 Spring Hill Ct.

Subscribed and sworn to before me this 23 day of May, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-23-96 *, authorizing the marriage of* Peter Timothy Decker *and* Dawn Marie Wallace *. I further certify that the following marriage certificate was filed in my office: I,* Jennifer Deno *(name), certify that on* 5-23-96 *(date), at* Danville *in* Hendricks *County, Indiana,* Peter Timothy Decker *of* Hendricks *County* Indiana *(state), and* Dawn Marie Wallace *of* Morgan *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* 5-23-96 *. Signed by:* /s/ Jennifer Deno *,* Deputy Clerk *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-23-96 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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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. 196
File 58
5-23-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-14-96
Name of Physician Dr. Haven

MALE APPLICANT

Name: First Todd Middle arthur Last Gowen
Date of Birth: Month 10-1-62 Day Year
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 811 Broken Bow Tr. Apt 322 City Indpls County Marion State IN 46214
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Ind. 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 Jack Carthur Gowen
   (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 Jerry Lee Matthews
   (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 Todd A. Gowen Date 5/23/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Todd A. Gowen
New Address 4628 W. Co. Rd. 900 South, STILESville, IN 46180
Subscribed and sworn to before me this 23 day of MAY, 19 96
Connie Lawson
Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Sue Middle Arnold Last
Date of Birth: Month 1-7-66 Day Year
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 4628 W. C.R. 900 S. City Stilesville County Hendricks State IN 46180
Previous Marital Status: 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. 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 Raymond Durward Arnold
   (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 Lillian Frances Hurst
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) North Dakota

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Kelly Arnold Date 5-23-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Kelly Arnold
New Address 4628 W. Co. Rd. 900 South Stilesville, IN 46180
Subscribed and sworn to before me this 23 day of May, 19 96
Connie Lawson
Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-23-96 *, authorizing the marriage of* Todd Arthur Gowen *and* Kelly Sue Arnold *. I further certify that the following marriage certificate was filed in my office: I,* Danny L. Caulkins *(name), certify that on* July 20, 1996 *(date), at* Stilesville *in* Hendricks *County, Indiana,* _____ *Todd Arthur Gowen of* Marion *County* Indiana *(state), and* _____ *Kelly Sue Arnold 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* 5-23-96 *. Signed by:* /s/ Danny L. Caulkins *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-23-96 *(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. 197
File 58
5-24-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-24-96
Name of Physician Dr. David Hadley

MALE APPLICANT

Name: First Eric Middle Anthony Last Carter
Date of Birth: Month [redacted] Day 1-22-73 Year
Place of Birth (State or foreign country): Indiana
Residence Address: 14804 Pineview Dr. Street or R.R. Grandview City Jackson County MO State 64030
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Missouri 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 George Carter 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 Carol Sue Winkler
   (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 ☒ Eric Anthony Carter Date 5/24/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 Anthony Carter
New Address ☒ 14804 Pine View Dr. Grandview MO
Subscribed and sworn to before me this 24 day of May, 19 96
Connie Lawson
Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Lori Middle Ann Last Dillard
Date of Birth: Month 3-4-70 Day Year
Place of Birth (State or foreign country): Indiana
Residence Address: 14804 Pineview Dr. Street or R.R. Grandview City Jackson County MO State 64030
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 8 10/95
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Ind. 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. Megan Pauline Dillard
   Kaylee Ann Dillard
6. (a) Full name of applicant's father Roy Dean ~~Orr~~ Orman
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) California
   (b) Full maiden name of applicant's mother Sue Anne VanDuyn
   (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 ☒ Lori Ann Dillard Date 5-24-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 Ann Dillard
New Address ☒ 14804 Pineview Dr. Grandview MO
Subscribed and sworn to before me this 24 day of May, 19 96
Connie Lawson
Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-24-96 *, authorizing the marriage of* Eric Anthony Carter *and* Lori Ann Dillard *. I further certify that the following marriage certificate was filed in my office: I,* J.G. Orman *(name), certify that on* 5-25-96 *(date), at* Brownsburg *in* Hendricks *County, Indiana,* Eric Anthony Carter *of* Jackson *County* Missouri *(state), and* Lori Ann Dillard *of* Jackson *County* Missouri *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 5-24-96 *. Signed by:* /s/ J. G. Orman *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-29-96 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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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. 198
File 58
5-24-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 4-22-96
Name of Physician Judy Klein

MALE APPLICANT

Name: First Brian Middle Keith Last Wetter
Date of Birth: Month 5 Day 15 Year 63
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 10044 Tanglewood Ct. City Camby County Hendricks State IN 46113
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Ind. 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. Chrissy Joann Wetter, Olivia Lyn Wetter, Briana Kay Wetter
6. (a) Full name of applicant's father Paul Eugene Wetter
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Joyce Joann West
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) ~~Indiana~~ Deceased
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant ✗ Brian Wetter Date 5-21-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 Wetter
New Address ✗ SAME
Subscribed and sworn to before me this 24 day of MAY, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Jackie Middle Lyn Last Basil
Date of Birth: Month 4 Day 18 Year 65
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 10044 Tanglewood Ct. City Camby County Hendricks State IN 46113
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Ind. 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. Same
6. (a) Full name of applicant's father James Benton Basil
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Kentucky
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother Georgia Evelyn Clendening
   (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 ✗ Jackie Basil Date 5-24-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed ✗ Jackie Basil
New Address ✗ Same
Subscribed and sworn to before me this 24 day of May, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-24-96 *, authorizing the marriage of* Brian Keith Wetter *and* Jackie Lyn Basil *. I further certify that the following marriage certificate was filed in my office: I,* Michieal E. Hammond *(name), certify that on* 6-1-96 *(date), at* Plainfield *in* Hendricks *County, Indiana,* _____ Brian Keith Wetter *of* Hendricks *County* Indiana *(state), and* _____ Jackie Lyn Basil *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* 5-24-96 *. Signed by:* /s/ Michieal E. Hammond *,* Bishop *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-6-96 *(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. 199
File 58
5-24-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-22-96
Name of Physician Dr. Haggard

MALE APPLICANT

Name: First Erik Middle Michael Last Shaw
Date of Birth: Month 6-12-71 Day Year
Place of Birth (State or foreign country): Florida
Residence Address: Street or R.R. 296 N. Mill St. apt. 6 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) Ind. 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 Paul Lee Shaw
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Florida
   Birthplace of father (State or foreign country) Wisconsin
   (b) Full maiden name of applicant's mother Sandra Lee Kemnitz
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Florida
   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 ✗ Erik Shaw Date 5-24-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed ✗ Erik Shaw
New Address ✗ 296 N. Mill St. #4
Subscribed and sworn to before me this 24th day of May, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Marcy Middle Sue Last Gilbert
Date of Birth: Month 10-6-74 Day Year
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 10779 Melody Lane City Indpls. County Hendricks State IN 46231
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Ind. 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 Pierson R Gilbert
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Kentucky
   Birthplace of father (State or foreign country) New Jersey
   (b) Full maiden name of applicant's mother Nellie Fay Long
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant ✗ Marcy Gilbert Date 5-24-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed ✗ Marcy Gilbert
New Address ✗ 296 N. Mill St Apt 4
Subscribed and sworn to before me this 24 day of May, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-24-96 *, authorizing the marriage of* Erik Michael Shaw *and* Mary Sue Gilbert *. I further certify that the following marriage certificate was filed in my office: I,* David K. Gibson *(name), certify that on* 6-15-96 *(date), at* Indianapolis *in* Marion *County, Indiana,* Erik Michael Shaw *of* Hendricks *County* Indiana *(state), and* Marcy Sue 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* 5-24-96 *. Signed by:* /s/David J. Gibson *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-19-96 *(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 58

5-27-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-28-96
Name of Physician Dr. Cindy Wills

MALE APPLICANT

Name First Robert Middle Andrew Last Lawson

Date of Birth Month 1 Day 26 Year 73

Place of Birth (State or foreign country) Ohio

Residence Address 745 N. St. Rd. 75 Street or R.R. City Danville County Hendricks 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) Ind. 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 K. Lawson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Karen Ann Kreighbaum
   (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 Robert Andrew Lawson Date 5-27-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ 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 Andrew Lawson

New Address X Same

Subscribed and sworn to before me this X 27 day of May, 19 96.

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Hope Last Davis

Date of Birth Month 4 Day 15 Year 73

Place of Birth (State or foreign country) Indiana

Residence Address 745 N. St. Rd 75 Street or R.R. City Danville County Hendricks 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) Ind. 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 Samuel Davis
   (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 Barbara Jean Northern
   (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 Hope Davis Date 5-27-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ 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 Hope Davis

New Address X Same

Subscribed and sworn to before me this X 27 day of May, 19 96

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19_____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-27-96 *, authorizing the marriage of* Robert Andrew Lawson *and* Kimberly Hope Davis *. I further certify that the following marriage certificate was filed in my office: I,* John P. Roof *(name), certify that on* 6-1-96 *(date), at* Danville *in* Hendricks *County, Indiana,* Robert Andrew Lawson *of* Hendricks *County* Indiana *(state), and* Kimberly Hope Davis *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* 5-27-96 *Signed by:* /s/ John P. Roof, Priest *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-3-96 *(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. 201
File 58
5-27-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-16-96
Name of Physician Judy Klien

MALE APPLICANT

Name: First Lorenzo Middle Rudolph Humphrey Last Jr.
Date of Birth: Month 11-13-50 Day Year
Place of Birth (State or foreign country): Indiana
Residence Address: 1838 Green Forest Run #103 Street or R.R. Janesville City Rock County WI State 53546
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 3-3-93
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Wisconsin 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 Lorenzo Rudolph Humphrey 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 Juanita Louise 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 ✕ Lorenzo R. Humphrey Jr. Date 5/27/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed ✕ Lorenzo R. Humphrey Jr.
New Address ✕ 910 SOMERSET, JANESVILLE, WI., 53546
Subscribed and sworn to before me this ✕ 27th day of MAY, 19 96
Connie Lawson
Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Elaine Last Totten
Date of Birth: Month 2-18-60 Day Year
Place of Birth (State or foreign country): Indiana
Residence Address: 135 N. Vine Street or R.R. Plainfield City Hendricks County IN State 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 8-16-93
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Ind. 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. Amanda Louise Totten
6. (a) Full name of applicant's father David Joseph Ebbing
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Virginia Carol Carneal
   (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 ✕ Barbara E. T Date 5/27/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 E. T
New Address ✕ 910 Somerset, Janesville WI, 53546 ~~53576~~
Subscribed and sworn to before me this ✕ 27th day of May, 19 96
Connie Lawson
Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-27-96 *, authorizing the marriage of* Lorenzo Rudolph Humphrey Jr. *and* Barbara Elaine Totten *. I further certify that the following marriage certificate was filed in my office: I,* Elder Charles L. Wells *(name), certify that on* 6-15-96 *(date), at* Indianapolis *in* Marion *County, Indiana,* Lorenzo Rudolph Humphrey Jr *of* Rock *County* Wisconsin *(state), and* Barbara Elaine Totten *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* 5-27-96 *. Signed by:* /s/Elder Charles L. Wells Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-19-96 *(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. 202
File 58
5-27-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-15-96
Name of Physician illegible signature

MALE APPLICANT

Name First: Stephen Middle: Michael Last: Klutey
Date of Birth Month: 3-3-74 Day: Year:
Place of Birth (State or foreign country): Indiana
Residence Address: 245 N. Vine St. Apt. 12 Street or R.R.: 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) Ind. 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 Roger Klutey
   (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 Deanna Sue Inman
   (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 Stephen M Klutey Date 5-28-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Stephen M Klutey
New Address X 245 N. Vine St #12
Subscribed and sworn to before me this X 28 day of May, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for 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: Carrie Middle: Lenee Last: Farley
Date of Birth Month: 9-5-75 Day: Year:
Place of Birth (State or foreign country): Indiana
Residence Address: 716 Stone Lane Street or R.R.: 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) Ind. D.L.
Marion 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 Larry Wayne Farley
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Florida
   (b) Full maiden name of applicant's mother Verna Jean Meece
   (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 Carrie L Farley Date 5-28-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Carrie Farley
New Address X 245 N. Vine St #12
Subscribed and sworn to before me this X May day of 28, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN:

We, the parents of this applicant, hereby give consent for 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* 5-27-96 *, authorizing the marriage of* Stephen Michael Klutey *and* Carrie Lenee Farley *. I further certify that the following marriage certificate was filed in my office: I,* J. Natnan Thomas *(name), certify that on* 6-1-96 *(date), at* Avon *in* Hendricks *County, Indiana,* Stephen Michael Klutey *of* Hendricks *County* Indiana *(state), and* Carrie Lenee Farley *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* 5-27-96 *. Signed by:* /s/ J. Nathan Thomas *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-21-96 *(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. 203
File 58
5-28-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-23-96
Name of Physician Dr. Lustig

MALE APPLICANT

Name: First Ryan Middle William Last Koester
Date of Birth: Month Day Year 10-7-71
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 8473 Deborah Ct. City Brownsburg County Hendricks 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) Ind. 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 William Martin Koester III
   (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 Theresa Cox
   (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 Ryan W Koester Date 5/28/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Ryan W Koester
New Address X 730 HAWTHORNE LN 46112 BROWN
Subscribed and sworn to before me this X 28 day of MAY, 19 96
Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Scherschel
Date of Birth: Month Day Year 5-22-74
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 8232 Glenwillow Ln. #207 City Indpls. County Marion State IN ~~46268~~ 46278
Previous Marital Status: 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. 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 Gregory Lee Scherschel
   (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 Jo Hutton
   (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 L Scherschel Date 5-28-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 Scherschel
New Address X 730 Hawthorne Ln. Brownsburg, IN 46112
Subscribed and sworn to before me this X 28 day of May, 19 96
Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-28-96 *, authorizing the marriage of* Ryan William Koester *and* Dana Lee Scherschel *. I further certify that the following marriage certificate was filed in my office: I,* Christopher A. Craig *(name), certify that on* 6-15-96 *(date), at* Columbus *in* Bartholomew *County, Indiana,* Ryan William Koester *of* Hendricks *County* Indiana *(state), and* Dana Lee Scherschel *of* Bartholomew *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* 5-28-96 *. Signed by:* /s/Christopher A. Craig *,* Priest *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-19-96. *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 204
File 58
5-28-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 3-25-96
Name of Physician Dr. Rebecca Hawk

MALE APPLICANT

Name: First Jonny Middle Lee Last Hale
Date of Birth: Month 4-14-75 Day Year
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 231 Avon Village Dr. City Indpls County Hendricks State IN 46234
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Ind. 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. Austin Michael Hale
6. (a) Full name of applicant's father Freman Gene Hale
   (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 Glenda Kay Benson
   (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 ✓ Jonny Hale Date 5.28.96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed ✓ Jonny Hale
New Address ✓ Same
Subscribed and sworn to before me this 28 day of May, 19 96
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 Christina Middle Gail Last Lamkin
Date of Birth: Month 3-18-78 Day Year
Place of Birth (State or foreign country): Ohio
Residence Address: Street or R.R. 231 Avon Village Dr. City Indpls County Hendricks State IN 46234
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☒ Birth Certificate ☒ Other (Specify) Ind. D.L. Ohio B.C.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Austin Michael Hale
6. (a) Full name of applicant's father John Edward Lamkin
   (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 Ellen Ruth ~~Ruth~~ Russell
   (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 ✓ Christina Lamkin Date 5-28-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 Lamkin
New Address ✓ Same
Subscribed and sworn to before me this 28 day of May 19 96
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* 5-28-96 *, authorizing the marriage of* Jonny Lee Hale *and* Christina Gail Lamkin *. I further certify that the following marriage certificate was filed in my office: I,* Jennifer Deno *(name), certify that on* 5-28-96 *(date), at* Danville *in* Hendricks *County, Indiana,* Jonny Lee Hale *of* Hendricks *County* Indiana *(state), and* Christina Gail Lamkin *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* 5-28-96 *. Signed by:* /s/ Jennifer Deno *,* Deputy Clerk *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-29-96 *(date).*

Signed Connie Rawson *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. 205

HENDRICKS County

File 58

5-28-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated 5-20-96
Name of Physician Barbara Koewler

MALE APPLICANT

Name First MICHAEL Middle J Last DEHAVEN

Date of Birth Month 9 Day 18 Year 71

Place of Birth (State or foreign country) VIRGINIA

Residence Address 952 D PINEWOOD CT N, Street or R.R. PLAINFIELD 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) 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. N/A
6. (a) Full name of applicant's father PAUL J. DEHAVEN
   (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 JANICE M. COOK BLUHM
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) INDIANA
   Birthplace of mother (State or foreign country) INDIANA

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Michael J Dehaven Date 05-28-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ 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 J Dehaven

New Address SAME AS ABOVE

Subscribed and sworn to before me this 28th day of May, 19 96

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name First ALICIA Middle K Last FELLMY

Date of Birth Month 10 Day 25 Year 71

Place of Birth (State or foreign country) ILLINOIS

Residence Address 952 D PINEWOOD CT N, Street or R.R. PLAINFIELD 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) 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. N/A
6. (a) Full name of applicant's father WILLIAM R. FELLMY
   (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 LOUELLA GILBERT
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) INDIANA
   Birthplace of mother (State or foreign country) VIRGINIA

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Alicia K. Fellmy Date 5-28-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss: I swear/affirm that the information given in this application is true and correct.

Signed X Alicia K. Fellmy

New Address SAME AS ABOVE

Subscribed and sworn to before me this 28th day of May, 19 96

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-28-96 *, authorizing the marriage of* Michael J. Dehaven *and* Alicia K. Fellmy *. I further certify that the following marriage certificate was filed in my office: I,* Marcia L. Smith Wood *(name), certify that on* 6-22-96 *(date), at* Valparaiso *in* Porter *County, Indiana,* Michael J. Dehaven *of* Hendricks *County* Indiana *(state), and* Alicia K. Fellmy *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* 5-28-96 *. Signed by:* /s/ Marcia L. Smith Wood *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-22-96 *(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. 206
File 58
5-29-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 4-19-96
Name of Physician Dr. Rebecca Haak

MALE APPLICANT

Name: First Joshua Middle David Last Britton
Date of Birth: Month Day Year 6-22-77
Place of Birth (State or foreign country) West Virginia
Residence Address: Street or R.R. 931 Briarwood Dr. City Brownsburg County Hendricks 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) Ind. D.L. West Virginia Birth Certificate

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father John Paul Britton
   (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 Janeta Hay
   (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 Joshua D. Britton Date 5/29/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 D. Britton
New Address X 5913 Trafalger Ln. INDPLS 46224
Subscribed and sworn to before me this 29TH day of MAY, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Heidi Middle Renee Last Wilson
Date of Birth: Month Day Year 6-2-77
Place of Birth (State or foreign country) Illinois
Residence Address: Street or R.R. 4407 Winasor Rd. City Brownsburg County Hendricks 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) Ind. D.L. Illinois 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 Steven John Wilson
   (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 Jeanete Ann Potter
   (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 Heidi R. Wilson Date 5/29/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Heidi R. Wilson
New Address X 5913 Trafalger Ln. INDPLS IN 46224
Subscribed and sworn to before me this 29th day of May, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-29-96 *, authorizing the marriage of* Joshua David Britton *and* Heidi Renee Wilson *. I further certify that the following marriage certificate was filed in my office: I,* Douglas A. Litsey *(name), certify that on* 6-15-96 *(date), at* Indianapolis *in* Marion *County, Indiana,* _____ Joshua David Britton *of* Hendricks *County* Indiana *(state), and* _____ Heidi Renee 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* 5-29-96 *. Signed by:* /s/ Douglas A. Litsey *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-19-96 *(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. 207
File 58
5-~~29~~ 96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-29-96
Name of Physician Dr. Trammel

MALE APPLICANT

Name: First JEFF Middle ALAN Last BASSETT
Date of Birth: Month 10 Day 6 Year 74
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 2463 F HARVEST WAY 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 STANLEY J. BASSETT
   (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 MARY FRANCIS BRYAN
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) NEW WINCHESTER IN
   Birthplace of mother (State or foreign country) IN

FEMALE APPLICANT

Name: First EMILY Middle MARIA Last BRUNSON
Date of Birth: Month 10 Day 4 Year 74
Place of Birth (State or foreign country) TRUJILLO PERU
Residence Address: Street or R.R. 2463 F HARVEST WAY City PLFD County IN State
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) DR. LIC.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
   DOYLE BRUNSON
6. (a) Full name of applicant's father ~~MICHAEL G. P~~
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) DECEASED
   Birthplace of father (State or foreign country) ? ELWOOD, IN
   (b) Full maiden name of applicant's mother KUMIKO SESE
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) ~~JAPAN~~ CARMEL IN
   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 X Jeffrey Alan Bassett 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 Bassett
New Address 2463 F HARVEST WAY PLFD IN
Subscribed and sworn to before me this 29 day of MAY, 19 96
Connie Hanson 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 Emily M. Brunson Date 5/29/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Emily M. Brunson
New Address
Subscribed and sworn to before me this 29 day of MAY, 19 96
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

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-31-96 *, authorizing the marriage of* Jeff A. Bassett *and* Emily M. Brunson *. I further certify that the following marriage certificate was filed in my office: I,* Timothy D. Kirk *(name), certify that on* 6-8-96 *(date), at* Carmel *in* Hamilton *County, Indiana,* Jeff A. Bassett *of* Hendricks *County* Indiana *(state), and* Emily M. Brunson *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* 5-31-96 *. Signed by:* /s/ Timothy D. Kirk *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-19-96 *(date).*

Signed Connie Hanson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 208
File 58
5-29-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-29-96
Name of Physician Dr. Harris

MALE APPLICANT

Name First James Middle Lee Last Headlee
Date of Birth Month 5 Day 1 Year 71
Place of Birth (State or foreign country) Indiana
Residence Address 410 S. Cross St. City Danville County Hendricks 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) Ind. 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. Samuel Wayne Headlee, Clarence Headlee
6. (a) Full name of applicant's father Russell Eugene Headlee
   (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 Bray
   (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 Sharon Middle Nicole Last McGill
Date of Birth Month 10 Day 2 Year 74
Place of Birth (State or foreign country) Texas
Residence Address 410 S. Cross St. City Danville County Hendricks 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) Ind. 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 Wendell Harry McGill
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Florida
   (b) Full maiden name of applicant's mother Alice Corrinne Brundage
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Florida
   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 ☒ James L. Headlee Date 5-29-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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. Headlee
New Address 410 S. Cross St. Danville IN 46122
Subscribed and sworn to before me this 29th day of May, 19 96
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 ☒ Sharon M. McGill Date 5-29-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 M. McGill
New Address ☒ 410 S. Cross St. Danville IN. 46122
Subscribed and sworn to before me this 29th day of May, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other 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* 5-29-96 *, authorizing the marriage of* James Lee Headlee *and* Sharon Nicole McGill *. I further certify that the following marriage certificate was filed in my office: I,* Howard D. Allen *(name), certify that on* 6-22-96 *(date), at* Danville *in* Hendricks *County, Indiana,* James Lee Headlee *of* Hendricks *County* Indiana *(state), and* Sharon Nicole McGill *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* 5-29-96 *. Signed by:* /s/Howard D. Allen *,* Elder *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-27-96 *(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. 209
File 58
5-30-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☐ Yes ☒
If No, Medical Examination or Report Dated _____
Name of Physician _____

MALE APPLICANT

Name: First Richard Middle LaVerne Last Bane
Date of Birth: Month Day Year 7-18-33
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 219 Franklin St. City Brownsburg County Hendricks State IN 46112
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1978
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Ind. 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 LaVerne Leon Bane
   (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 Eleanor Mae Clift
   (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 Richard L. Bane Date 5-30-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Richard L. Bane
New Address X Same
Subscribed and sworn to before me this X 30 day of May, 1996
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Lenora Last Hardee
Date of Birth: Month Day Year 12-25-29
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 219 Franklin 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 1972
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Ind. 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 Deward Kelsey Hightower
   (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 Mabel Dell McCall
   (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 Evelyn L. Hardee Date 5-30-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Evelyn L. Hardee
New Address X Same
Subscribed and sworn to before me this X 5-30-96 day of _____, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-30-96 *, authorizing the marriage of* Richard Laverne Bane *and* Evelyn Lenora Hardee *. I further certify that the following marriage certificate was filed in my office: I,* Dennis L. Dodson *(name), certify that on* 6-29-96 *(date), at* Brownsburg *in* Hendricks *County, Indiana,* Richard Laverne Bane *of* Hendricks *County* Indiana *(state), and* Evelyn Lenora Hardee *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* 5-30-96 *. Signed by:* /s/ Dennis L. Dodson *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-2-96 *(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. 210
File 58
5-30-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under 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 FRANKLIN Last SNEATH
Date of Birth: Month 10 Day 19 Year 28
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 1075 CEDAR GLEN DR. S. City PLFD County State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 1-96
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) DR. LIC.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father PEARL SNEATH
   (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 HALLIE SHELBY
   (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 Harry Sneath Date 5-30-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Harry Sneath
New Address 2144 W ST RD 340 BRAZIL, IN
Subscribed and sworn to before me this 30 day of MAY, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First RITA Middle JANE Last PUNCH
Date of Birth: Month 11 Day 26 Year 43
Place of Birth (State or foreign country) INDIANA
Residence Address: Street or R.R. RR14, BOX 311 City BRAZIL County State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 1981
Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) 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 Russell Mace
   (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 MATTOX
   (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 Rita Bunch Date 5-31-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Rita Bunch
New Address 2144 W ST RD 340, BRAZIL IN
Subscribed and sworn to before me this 31st day of May, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-31-96 *, authorizing the marriage of* Harry F. Sneath *and* Rita J. Bunch *. I further certify that the following marriage certificate was filed in my office: I,* Robert L. Ostermeier *(name), certify that on* 6-8-96 *(date), at* Brazil *in* Clay *County, Indiana,* Harry F. Sneath *of* Hendricks *County* Indiana *(state), and* Rita J. Buncg *of* Clay *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* 5-31-96 *. Signed by:* /s/Robert L. Ostermeier *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-17-96 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

589

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 211
File 58
5-31-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-23-96
Name of Physician Dr. Tripple

MALE APPLICANT

Name: First Chadwick Middle Dean Last Leistner
Date of Birth: Month 12 Day 19 Year 67
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 96 1/2 E. Broadway City Danville County Hendricks 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) Ind. 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 Donald Lee Leistner
   (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 Yvonne Howe
   (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 Leistner Date 5/31/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 Leistner
New Address X 302 E. North St Danville In 46122
Subscribed and sworn to before me this X 31 day of May, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Lawson
Date of Birth: Month 8 Day 21 Year 71
Place of Birth (State or foreign country) ~~Indiana~~ Illinois
Residence Address: Street or R.R. 96 1/2 E. Broadway City Danville County Hendricks 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) Ind. 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 Leland Bishop Lawson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Sandra Diane Simonton
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Susan M Lawson Date 5/31/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Susan M Lawson
New Address X 302 E North St Danville In 46122
Subscribed and sworn to before me this X 31 day of May, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-31-96 *, authorizing the marriage of* Chadwick Dean Leistner *and* Susan Michelle Lawson *. I further certify that the following marriage certificate was filed in my office: I,* Curtis O. McIntyre *(name), certify that on* 6-15-96 *(date), at* Williamsport *in* Warren *County, Indiana,* Chadwick Dean Leistner *of* Hendricks *County* Indiana *(state), and* Susan Michelle Lawson *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* 5-31-96 *. Signed by:* /s/Curtis O. McIntyre, Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-19-96 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

590

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 212
File 58
5-31-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-31-96
Name of Physician Dr. Degan

MALE APPLICANT

Name: First Christopher; Middle Brian; Last Whiteman
Date of Birth: Month Day Year 2-4-72
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 10382 Pineway Dr.; City Brownsburg; County Hendricks; 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) Ind. 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 Dewayne Whiteman
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Alabama
   Birthplace of father (State or foreign country) Alabama
   (b) Full maiden name of applicant's mother Vicki Rae Holmes
   (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 ✕ [signature] Date 5-31-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 ✕ 10382 Pineway Drive Brownsburg, IN 46112
Subscribed and sworn to before me this ✕ 31 day of May, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Kaye; Last Snell
Date of Birth: Month Day Year 9-20-48
Place of Birth (State or foreign country) Michigan
Residence Address: Street or R.R. 10382 Pineway Dr.; City Brownsburg; County Hendricks; State IN 46112
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 5
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 5/95
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Ind. 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 Byron Wilbur Fleming
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Michigan
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of applicant's mother Bertha Mae Rice
   (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 ✕ Judith K Snell Date 5-31-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 K Snell
New Address ✕ 10382 Pineway Dr. Brownsburg,
Subscribed and sworn to before me this 31 day of May, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-31-96 *, authorizing the marriage of* Christopher Brian Whiteman *and* Judith Kay Snell *. I further certify that the following marriage certificate was filed in my office: I,* James H. Fierek *(name), certify that on* 6-22-96 *(date), at* Brownsburg *in* Hendricks *County, Indiana,* Christpher Brian Whiteman *of* Hendricks *County* Indiana *(state), and* Judith Kay 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* 5-31-96 *. Signed by:* /s/ James H. Fierek *,* Judge Pro-Tem *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-1-96 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

591

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 213
File 58
5-31-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-17-96
Name of Physician Phillip Smith

MALE APPLICANT

Name: First Tim Middle J Last Caylor
Date of Birth: Month 4 Day 5 Year 56
Place of Birth (State or foreign country) Germany
Residence Address: Street or R.R. 206 W. North St. 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 9/16/94
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Ind. 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. Erika Lynn Spalding Corey Michael Caylor Cassandra Michelle Caylor
6. (a) Full name of applicant's father Edward J Caylor 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 Lynn Gies
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Germany

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant ☒ Jeni J. Caylor Date 5-31-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed ☒ Jeni J. Caylor
New Address ☒ 580 Lincoln St. Danville, In 46122
Subscribed and sworn to before me this ☒ 31st day of May, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of 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 Marlene Last Posey
Date of Birth: Month 12 Day 7 Year 63
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 206 W. North St. City Plainfield County Hendricks State IN 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 4/25/95
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Ind. 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. Thomas Matthew Posey, Phillip Anthony Posey, Steven Allen Posey II
6. (a) Full name of applicant's father Rufus Allen Wallace
   (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 Penny Elouse 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 ☒ Gina Posey Date 5-31-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 Posey
New Address ☒ 580 Lincoln St Danville In 46122
Subscribed and sworn to before me this ☒ 31st day of May, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-31-96 *, authorizing the marriage of* Tim J Caylor *and* Gina Marlene Posey *. I further certify that the following marriage certificate was filed in my office: I,* Jennifer Deno *(name), certify that on* 5-31-96 *(date), at* Danville *in* Hendricks *County, Indiana,* Tim J. Caylor *of* Hendricks *County* Indiana *(state), and* Gina Marlene Posey *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* 5-31-96 *. Signed by:* /s/ Jennifer Deno *,* Deputy Clerk *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-3-96 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 214
File 58
5-31-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under 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 Eugene Last Pierce
Date of Birth: Month 8 Day 21 Year 44
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. RR1 Box 556 City Gosport County Owen State IN 47433
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1993
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Ind. 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 Ralph Eugene Pierce
   (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 Adell Maxine Mathias
   (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 E. Pierce Date 31 May 96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:
I swear/affirm that the information given in this application is true and correct.
Signed ℔ Robert E. Pierce
New Address ℔ RR 1 Box 556 Gosport IN 47433
Subscribed and sworn to before me this 31 day of May, 19 96
Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Janet Middle Marie Last Karr
Date of Birth: Month 11 Day 27 Year 45
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 6487 S. C.R. 100 W. P.O. BOX 125 City Clayton County Hendricks State IN 46118
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1977
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Ind. 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 John William Hall
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Lavina Mae Morgan
   (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 ℔ Janet M. Karr Date 5-31-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 M. Karr
New Address ℔ RR #1 Box 556 Gosport In 47433
Subscribed and sworn to before me this 31st day of May, 19 96
Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-31-96 *, authorizing the marriage of* Robert Eugene Pierce *and* Janet Marie Karr *. I further certify that the following marriage certificate was filed in my office: I,* Gary C. Black *(name), certify that on* 6-15-96 *(date), at* Clayton *in* Hendricks *County, Indiana,* Robert Eugene Pierce *of* Owen *County* Indiana *(state), and* Janet Marie Karr *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* 5-31-96 *. Signed by:* /s/Gary C. Black *, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-19-96 *(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. 215

File 58

6-3-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-30-96
Name of Physician Dr. C. Kelley

MALE APPLICANT

Name: First John Middle Martin Last Sauerwald
Date of Birth: Month 4-25-39 Day Year
Place of Birth (State or foreign country): Pennsylvania
Residence Address: 10197 Ottercreek Dr. Street or R.R. Indpls. City Hendricks County IN State 46234
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1998
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Ind. 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 Fredrick Sauerwald
   (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 Laverne Sauerwald
   (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 ✕ John Martin Sauerwald Date 6-3-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 Martin Sauerwald
New Address ✕ Same
Subscribed and sworn to before me this ✕ 3rd day of June, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Bobbi Middle Sue Last Irons
Date of Birth: Month 3-31-53 Day Year
Place of Birth (State or foreign country): Indiana
Residence Address: 10197 Ottercreek Dr. Street or R.R. Indpls City Hendricks County IN State 46234
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) Ind. 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 Homer Lee Vanhook
   (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 Sarah Edith Ivy
   (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 ✕ Bobbi S. Irons Date 6-3-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed ✕ Bobbi S. Irons
New Address ✕ Same
Subscribed and sworn to before me this ✕ 3rd day of June, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 6-3-96 *, authorizing the marriage of* John Martin Sauerwald *and* Bobbi Sue Irons *. I further certify that the following marriage certificate was filed in my office: I,* David D. Mahurin *(name), certify that on* 6-3-96 *(date), at* Indianapolis *in* Marion *County, Indiana,* John Martin Sauerwald *of* Hendricks *County* Indiana *(state), and* Bobbi Sue Irons *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* 6-3-96 *. Signed by:* /s/ David D. Mahurin, Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-11-96 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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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 58
6-3-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 4-27-96
Name of Physician Dr. Pizzuto - Brownsburg

MALE APPLICANT

Name: First Eric Middle Roger Last Thornhill
Date of Birth: Month 6-20-65 Day Year
Place of Birth (State or foreign country): New York
Residence Address: Street or R.R. 2814 Clayburn City Saginaw County Saginaw State MI 48603
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 3/93
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Michigan 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 Milton Roger Thornhill
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Michigan
   Birthplace of father (State or foreign country) Connecticut
   (b) Full maiden name of applicant's mother Anita Katheryn Jagels
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Michigan
   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 [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:
Signed X [signature] I swear/affirm that the information given in this application is true and correct.
New Address 2814 Clayburn Rd Saginaw MI
Subscribed and sworn to before me this 3 day of June, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

FEMALE APPLICANT

Name: First Bertha Middle Geraldine Last Beeler
Date of Birth: Month 8-23-66 Day Year
Place of Birth (State or foreign country): Florida
Residence Address: Street or R.R. 10021 Nicole Dr. City Brownsburg County Hendricks 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) Michigan 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 David Francis Beeler
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Janet Regina Corcoran
   (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 [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:
Signed X [signature] I swear/affirm that the information given in this application is true and correct.
New Address 2814 Clayburn Rd Saginaw MI
Subscribed and sworn to before me this 3 day of June, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 6-3-96 *, authorizing the marriage of* Eric Roger Thornhill *and* Bertha Geraldine Beeler *. I further certify that the following marriage certificate was filed in my office: I,* Andrew Kinsey *(name), certify that on* 6-15-96 *(date), at* Calvary UMC *in* Hendricks *County, Indiana,* Eric Roger Thornhill *of* Saginaw *County* Michigan *(state), and* Bertha Geraldine Beeler *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* 6-3-96 *. Signed by:* /s/Andrew Kinsey *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-19-96 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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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 58
6-3-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician JOHNSTON

MALE APPLICANT

Name: First MICHAEL Middle JASON Last BROWN
Date of Birth: Month APRIL Day 21, Year 1974
Place of Birth (State or foreign country): GREENCASTLE, PUTNAM CO., IN
Residence Address: Street or R.R. 250 N EAST ST, City PLAINFIELD County IN State 46168
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify)
Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father CLETIS MICHAEL BROWN
   (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 DEBORAH SUE GASPER
   (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 Michael J. Brown Date 6-3-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ 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 J. Brown
New Address same
Subscribed and sworn to before me this _____ day of _____, 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 MELISSA Middle MECHELLE Last GILMORE
Date of Birth: Month JUNE Day 20 Year 1974
Place of Birth (State or foreign country): INDPL, MARION CO., IN
Residence Address: Street or R.R. 250 N EAST ST APT 112 City PLAINFIELD County IN State 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 12/95
Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify)
Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. JESSE SCOTT GILMORE
6. (a) Full name of applicant's father JOHN JAY PETRAITS
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother SUE ETTA WHETSEL
   (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 Melissa M. Gilmore 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 Melissa M. Gilmore
New Address same
Subscribed and sworn to before me this _____ day of _____, 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* 6-3-96 *, authorizing the marriage of* Michael Jason Brown *and* Melissa Michelle Gilmore *. I further certify that the following marriage certificate was filed in my office: I,* Ted A. Miller *(name), certify that on* 6-8-96 *(date), at* Amo *in* Hendricks *County, Indiana,* Michael Jason Brown *of* Hendricks *County* Indiana *(state), and* Melissa Michelle Gilmore *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* 6-3-96 *. Signed by:* /s/ Ted A. Miller *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-12-96 *(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. 218
File 58
6-3-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under 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 Matthew Middle Allen Last Martin
Date of Birth: Month 10-18-72 Day Year
Place of Birth (State or foreign country): Indiana
Residence Address: 890 Ridgewood Dr. Apt. 102C Street or R.R. Plainfield City Hendricks County IN 46168 State
Previous Marital Status: 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. 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 Lowell Fredrick Martin
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Judith Ann Hakes
   (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 /s/ Matthew A. Martin Date 6/3/96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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. Martin
New Address 890 Ridgewood Dr. Apt. 102C Plainfield, IN 46168
Subscribed and sworn to before me this _____ day of _____, 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 Dee Middle Ann Last Welch
Date of Birth: Month 6-29-73 Day Year
Place of Birth (State or foreign country): Indiana
Residence Address: 812 Broadway S. Dr. Street or R.R. Plainfield City Hendricks County IN 46168 State
Previous Marital Status: 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. 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 James Edward Welch
   (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 Phyllis Ann King
   (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 /s/ Dee Ann Welch Date 6-3-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Dee Ann Welch
New Address 890 Ridgewood Dr Apt 102 C Plainfield, IN 46168
Subscribed and sworn to before me this 3 day of June, 19 1996
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 6-3-96 *, authorizing the marriage of* Matthew Allen Martin *and* Dee Ann Welch *. I further certify that the following marriage certificate was filed in my office: I,* Thomas Paino III *(name), certify that on* 6-8-96 *(date), at* Carmel *in* Hamilton *County, Indiana,* _____ Matthew Allen Martin *of* Hendricks *County* Indiana *(state), and* _____ Dee Ann Welch *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* 6-3-96 *. Signed by:* /s/ Thomas Paino III *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-12-96 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

597

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 58

6-4-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 6-1-96
Name of Physician Dr. Stegmoller

MALE APPLICANT

Name: First Kevin Middle Dale Last Sawyer

Date of Birth: Month Day Year 10-26-63

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 130 Fernwood Dr. City Upper Sandusky County Wyndote State OH 43351

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) Ohio 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 James William Sawyer
   (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 Rosella Ilene Johnson
   (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 Debra Middle Jean Last Robinson

Date of Birth: Month Day Year 8-14-62

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 100 S. Nebraska St. City North Salem County Hendricks State IN 46165

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Ind. 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. Matthew Caleb Robinson

6. (a) Full name of applicant's father Thomas Samuel Robinson
   (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 Priscilla Ann Wooldridge
   (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 Kevin 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 Kevin Sawyer
New Address 130 FARNWOOD DR UPPERSANDASKY

Subscribed and sworn to before me this 4 day of JUNE, 19 96

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 x Debra Robinson Date 6-4-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court 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 Robinson
New Address 130 Farnwood dr uppersandysky

Subscribed and sworn to before me this 4 day of JUNE, 19 96

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other 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 , 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. 220

HENDRICKS County

File 58

6-4-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-30-96
Name of Physician Dr. Kirtley

MALE APPLICANT

Name: First Michael Middle Eugene Last Anderson

Date of Birth: Month 5 Day 8 Year 74

Place of Birth (State or foreign country): Indiana

Residence Address: 316 Holiday Dr. Street or R.R. Plainfield City Hendricks County IN State 46168

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Ind. 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 Clifford Eugene 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 Brenda Fay Holland
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Michael E Anderson Date 6-4-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ 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 Eugene Anderson
New Address X 5002 Brandywine Apt # 413 Indianapolis In.

Subscribed and sworn to before me this 4 day of June, 19 96

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Samantha Middle Jo Last Henry

Date of Birth: Month 5 Day 3 Year 75

Place of Birth (State or foreign country): Indiana

Residence Address: 505 Gibbs St. Street or R.R. Plainfield City Hendricks County IN State 46168

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Ind. 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 Larry Joe Henry
   (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 Statelier
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Minnesota

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Samantha J Henry Date 6-4-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Samantha J Henry
New Address X 5002 Brandywine Apt 413 Indpls IN 46241

Subscribed and sworn to before me this 4 day of June, 19 96

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 6-4-96 *, authorizing the marriage of* Michael Eugene Anderson *and* Samantha Jo Henry *. I further certify that the following marriage certificate was filed in my office: I,* Hubert D. Searcy *(name), certify that on* 6-8-96 *(date), at* Danville *in* Hendricks *County, Indiana,* Michael Eugene Anderson *of* Hendricks *County* Indiana *(state), and* Samantha Jo Henry *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* 6-4-96 *. Signed by:* /s/ Hubert D. Searcy *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-12-96 *(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. 221

File 58

6-5-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 5-2-96
Name of Physician Dr. James Miller

MALE APPLICANT

Name: First Neal Middle Last ESTRADA
Date of Birth: Month August Day 3 Year 1963
Place of Birth (State or foreign country) Arizona
Residence Address: 135 Springwood Dr. Street or R.R. Avon City Hendricks 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) drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Nicolas Estrada
   Nathaniel Esteban Estrada
6. (a) Full name of applicant's father Nick Perez Estrada
   (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 Charmaine Wilson
   (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 ✗ [signature] Date 10 JULY 96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 14754 PIERCE RD BREMEN, IN 46506
Subscribed and sworn to before me this 10 day of JULY, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: Sandra First Kay Middle Schermier Last
Date of Birth: Month 8-2-69 Day Year
Place of Birth (State or foreign country) Indiana
Residence Address: 135 Springwood Dr. Street or R.R. Avon City Hendricks County IN State 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Ind. 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 David Lawrence Schermier
   (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 Kay Ann Loucks
   (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 ✗ Sandy Schermier Date 6-5-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed ✗ Sandy Schermier
New Address ✗ 14754 Pierce Rd Bremen, IN 46506
Subscribed and sworn to before me this ✗ 5 day of June, 19 96
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 6-5-96 *, authorizing the marriage of* Neal Estrada *and* Sandra Kay Schermier *. I further certify that the following marriage certificate was filed in my office: I,* Craig Clapper *(name), certify that on* July 20, 1996 *(date), at* South Bend *in* St. Joseph *County, Indiana,* Neal Estrada *of* Hendricks *County* Indiana *(state), and* Sandra Kay Schermier *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* 6-5-96 *. Signed by:* Craig Clapper *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-29-96 *(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. 222
File 58
6-5-96
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under 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 Ronald Middle Clarence Last Piel
Date of Birth: Month 6-21-31 Day Year
Place of Birth (State or foreign country): Indiana
Residence Address: 1430 N Ceci Ave. Street or R.R. Indpls City Marion County IN State 46219
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 1/7/95
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Ind. 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. Marvyn Wayne Piel
   Nancy Jayne Scott
6. (a) Full name of applicant's father Clarence C. Piel
   (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 Lena Basye
   (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 ✓ Ronald C. Piel Date 6-5-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 C. Piel
New Address 240 Andrews Blvd Plainfield IN 46168
Subscribed and sworn to before me this 5 day of June, 19 96
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 Kathleen Middle Josephine Last Jones
Date of Birth: Month 3-31-32 Day Year
Place of Birth (State or foreign country): Ireland
Residence Address: 226 Southmoore Street or R.R. Plainfield City Hendricks County IN State 46168
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) Ind-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. Mary Lou Galyan
   Suzanne Divens
6. (a) Full name of applicant's father Christopher Fullard
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Ireland
   (b) Full maiden name of applicant's mother Mary Ellen Flanagan
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Ireland

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant ✓ Kathleen J. Jones Date 6-5-96

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of 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 J. Jones
New Address ✓ 240 ANDREW'S. BLVd. Plainfield. In. 46168
Subscribed and sworn to before me this 5 day of June, 19 96
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* 6-5-96 *, authorizing the marriage of* Ronald Clarence Piel *and* Kathleen Josephine Jones *. I further certify that the following marriage certificate was filed in my office: I,* Thomas Fox *(name), certify that on* 7-6-96 *(date), at* Indianapolis *in* Marion *County, Indiana,* Ronald Clarence Piel *of* Marion *County* Indiana *(state), and* Kathleen Josephine 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* 6-5-96 *. Signed by:* /s/ Thomas Fox *,* Priest *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-17-96 *(date).*

Signed Connie Rawson *Clerk*
HENDRICKS *Circuit Court*

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