APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59

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

Female Applicant 50 No X Yes
If No. Medical Examination or Report Dated 10-17-96
Name of Physician La. Tuillo

MALE APPLICANT	FEMALE APPLICANT
Name From 1 Mode Last	None A. Fre Mote, Lat
afory Welliam Monroe	ynthia oyna oluro
1-25-6/2	T 4.2.07
Place of Birth (State or Sample country)	Place of Birth (State or foreign country)
Indiana	Kentuchu
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Principle Warted Status - News Warting 27 - QR No. of Principles Marriagnes	Promision Marital Status: Never Married OR No. of Promision Marriages
	1000
Last Marriage Entect By: Swell Disorce Annument Disorce	Lest Marriage Encircl By Sheat Short Sheat Short Amulmon Date 795
Date of zorn, verified by: Birth Cartificate Other (Specify)	Maria Maria Maria Nama A ' Ji
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If answer is "yes." has the adjudication been removed? No 🗀 Yes 🗍	If answer is "yes," has the adjudication been removed? No. 12 Yes []
2. Are you related to the female applicant closer than second country. No 1 Yes 1	2. Are you related to the male applicant closer than second coustn? No 199 Yes []
3. Are you now under the influence of an atosholic tenerage? Notice 160	3. Are you now under the influence of an alcoholic beverage? No 🔯 Yes 🗌
4. Are you how under the influence of a namotic drug? , / , 2 No 12 Yes	4. Are you now under the influence of a narcolic drug?
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Birthylace of mother (State or foreign country).	Birthplace of mother (State or tomign country)
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ACHIOM/EDGMENT	ADKNOWLEDGMENT
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immune deficiency syndrome) ,	
Signature of Againstan A DM More Date 10/17/9/	Signature of Applican & Cythlea Level Den 10-17-96
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The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by eath or affirmation or algorithm to the above
acknowledgment because of religious beliefs.	acknowledgment because of milgious beliefs.
Clark of Court Date	Clieft of Court Chate
State of Indiana I awardiffirm that the information given	State of Indiana) I awardsfirm that the information given
County of MENCHOCKS In this application is true and correct.	County of HENDRICKS 50. In this application is true and correct.
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CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent aigns,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
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State of Indiana	
Size of Fround	State of Indiana
County of MENDARCKS 68	State of Indiana County of HENDRICKS 86:
Manager M	DESCRIPTION NO.
County of MENDAUCKS 48	County of HENDRICKS ME:
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County of	County of HENDRICKS No. 10 # 10 # 10 # 10 # 10 # 10 # 10 # 10
County of	County of
County of	County of HIDDRICKS Father ID # ID # ID # Otens Subscribed and sworn to before me this day of ID # Otens The marriage license having been refused to the above named parties, the
County of	County of
County of	County of HIDDRICKS Father ID # ID # ID # Otens Subscribed and sworn to before me this day of ID # Otens The marriage license having been refused to the above named parties, the
County of	County of
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County of MENDARCKS Father Mather Subscribed and sworn to before me that day of	Father Mother Submorthed and sworn to before me this
County of MENDARCKS 10 / Subscribed and sworn to before me this day of 10 / Subscribed and sworn to before me this day of 18 / County and filed in County RETURN OF MARRIAGE LICENSE RETURN OF MARRIAGE LICENSE I certify that there was filed in my office a marriage license issued by the Cledated 10-17-96 authorizing the marriage of and Cynthia Lynn Lewis I, Roger C. Dierks, Ph. D (date), at Indianapolis Jerry William Monroe of Hendricks Cynthia Lynn Lewis Cynthia Lynn Lewis Gentleman Gentleman Gentleman Cynthia Lynn Lewis Of Hendricks Continued a marriage license that was issued by the Clerk of the Circuit Count of Signed by: Roger C. Dierks, Ph.D	Father Mother Subscribed and sworn to before me this
County of MENDARCKS Father Mather Subscribed and sworn to before me that day of	Tather Mother 10 * 10 * 10 * 10 * 10 * 10 * 10 * 10
County of MENDARCKS Father Subscribed and swom to before me this day of 10 * COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A County and filed in	Tourny of MENDRICKS Father Mother Subscribed and sworn to before me this day of to the above named parties, the Court, by written order issued license to the above named parties. E AND MARRIAGE CERTIFICATE ork of the Circuit Court of HENDRICKS County, Indiana, Jerry William Monroe I further certify that the following marriage certificate was filed in my office: (name), certify that on October 25, 1996 in Marion County, Indiana, County Indiana (state), and anty Indiana (state) were married by me as authorized HENDRICKS County, Indiana, dated 10-17-96 Minister (official designation) I date).
County of MENDARCKS Father Subscribed and swom to before me this day of 10 * COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A County and filed in	Tather Nother Not

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No. A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated 10-15-96 circuit court when the person applies for a marriage license under Name of Physician _ IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** 46168 Ne Yes Yes 🗌 No 🗆 Yes 🗌 Yes 🔲 No 🗀 NO Yes 🗌 Yes 🔲 Notal Yes No Yes ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases viedge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued. County _ and filed in. , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of County, Indiana, , authorizing the marriage of ___Rusty Allen Hughes dated ___10-17-96 and _ Cheryl Ann McCabe . I further certify that the following marriage certificate was filed in my office: I, Kevin R. Kottke (date), at Plainfield (name), certify that on October 26, 1996 Hendricks _ County, Indiana,_ Rusty Allen Hughes Hendricks Indiana County _ (state), and _ Cheryl Ann McCabe Hendricks Indiana (state) were married by me as authorized

HENDRICKS

County, Indiana, dated 10-17-96

Circuit Court

Minister (official designation)

(date).

under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ Kevin R. Kottke

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

Kandell

Septe.

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** County Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. No A Yes 🗆 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician Dr. Oppo IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Escoppo Mansivais Juan Wells Never Married OR No. of Previous Marriages Previous Marital Status: Date of birth verified by: Birth Certificate Other (Specify) Date of birth verified by: Birth Certificate Other (Specify) drivers No 🔽 Yes 🔲 No D No 🗆 Yes 🗌 Yes 🔲 No 🖾 Yes 🔲 No No Yes 🗌 No 🗸 Yes 🔲 Yes 🔲 No 🛚 Yes 🗌 full names of any dependent children. Etica Analysa Provider Mariah Gabriella Proeglet (a) Full name of applicant's father) can Escobedo Monsivals s mother Maria Casman Escabedo ed, so state) Ft. Wayne, IN Birthplace of mother (State or foreign country) Mexico ACKNOWLEDGMENT information regarding dangerous con The above applicant has objected to verifying by oath or affirmation or signature to the above HENDRICKS Signed & from Escobedo MUNSIVAI Conque O Queson Clerk of the HENDRICKS. CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County _ Court, by written order issued _ and filed in authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated ___10-16-96 , authorizing the marriage of ____Juan Francisco Monsivais and __ Erin Lee Proegler . I further certify that the following marriage certificate was filed in my office: I, Deacon Justo Donias (name), certify that on November 2, 1996 (date), at Plainfield in Hendricks County, Indiana,

SAN MARKET CONTRACTOR

Signed by: /s/ Deacon Justo Donias

Juan Francisco Monsivais of Hendricks

Signed HENDRICKS

(date).

_(state), and _

County, Indiana, dated __

(official designation)

(state) were married by me as authorized

10-16-96

Clerk

Circuit Court

Indiana

Indiana

Deacon

HENDRICKS

County _

11-14-96

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

Erin Lee Proegler

11

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

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59

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

Female Applicant 50 No X Yes
If No, Medical Examination or Report Dated / 0-16-96

Name of Physician D1, Funey

MALE APPLICANT	FEMALE APPLICANT
Name Jason Christopher Rodenbeck	Stacie Lumn Carlor
Date of Bight Month 3 - 9 - Day 72	Date of Birth Month 11-23-74 Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. Stry County State 4066	Residence Address Street of R.R. City Country State # 4168
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
- 4 0 . 9	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Dewbers Jicense	Date of birth verified by: Birth Certificate Sother (Specify) Drivers Ticknee
1. Are you now or have you ever been adjudged to be of unsound mind? Yes Yes If answer is "yes," has the adjudication been removed? No Yes Yes	Are you now or have you ever been adjudged to be of unsound mind? No
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. Yes	4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. Yes
6. (a) Full name of applicant's father Ray I mank Frederick Radian	(a) Full name of applicant's father Jarchie Lee Caster
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Andronor
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Kangaa
(b) Full maiden name of applicant's mother 11 for up 5 legal 11 January (If adopted, list adoptive parents only)	on (b) Full maiden name of applicant's mother Tsunah / Fully Calls
Residence of mother (if deceased, so state) Andiana	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country) Indiana	Birthplace of mother (State or foreign country) Indiana
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome). The second of t
Signature of Applicant Date 10/18/91	Signature of Applicant & Sucre & Carter Date 10-18-94
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS in this application is true and correct.	State of Indiana) I swear/affirm that the information given ss: County of HENDRICKS in this application is true and correct.
Signed X Ash Colarbic	signed & Stace & art
New Address X SAME	New Address X Same
Subscribed and sworn to defore me this day of Carting 19 9 (0)	Subscribed and sworn to before me this day of Clarke, 19 46
Circuit Court	Clerk of the Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of
Father ID #	Father ID #
MotherID #	Mother ID #
Clerk	Subscribed and sworn to before me this day of, 19 Clerk
AND SECURE AND ADDRESS OF THE PROPERTY OF THE	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	
I certify that there was filed in my office a marriage license issued by the Cle dated	
and Stacie Lynn Carter	I further certify that the following marriage certificate was filed in my office:
I, R. Fred Rodkey	(name), certify that on October 19, 1996
(date), at Avon	in Hendricks County, Indiana,
	County Indiana (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	(state) were married by me as authorized
Signed by: /s/ R. Fred Rodkey .	Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	10-24-96 (date).
Comment of the	P
Sales of the sales	signed Course Gauson Clerk
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59

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

Female Applicant 50 No Yes In No. Medical Examination or Report Dated 10.9.9.9.

MALE APPLICANT	FEMALE APPLICANT
Name MICHAEL First JAY BREWER	Name Sherry First ANN Middle Cumings
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
PRODUCE Address Street or R.R. City County State 97/5 N 800 E BRODYSBURC NOORICH IND	Residence Address Street of R.R. Str
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married COR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 1989	Last Marriage Ended By. Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Sother (Specify) SOLING DELVERS LINCOLDES	Date of birth verified by: Birth Certificate Gother (Specify) TOTALA DRIVERS LICENSE
Are you now or have you ever been adjudged to be of unsound mind? Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No. Yes If answer is "ves." has the adjudication been removed? No. Yes
If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? No Yes Yes	If answer is "yes," has the adjudication been removed? No. □ Yes □ 2. Are you related to the male applicant closer than second cousin? No. □ Yes □
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No. → Yes □
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No. Yes
5. List the full names of any dependent children. HEATHER KASHAEL BREWER, ANDREA DAWN PREUER	List the full names of any dependent children.
6. (a) Full name of applicant's father CECIL ALAN BREUCK	6. (a) Full name of applicant's father
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only) MATTHEW LLKE Cummide
Residence of father (if deceased, so state) DECERSED	Residence of father (if deceased, so state) FLORIDA
(b) Full maiden name of applicant's mother DOASP HAYBARKER	Birthplace of father (State or foreign country) PENNSYLVANIA (b) Full maiden name of applicant's mother DANNA FLORENCE DLES
(b) Full maiden name of applicant's mother 30/1322 Tring One (if adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother DIANA TORSING OCCU
Residence of mother (if deceased, so state) THO, ANA	Residence of mother (if deceased, so state) DUCKAS (3)
Birthplace of mother (State or foreign country) MICHICAS	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	Signature of Applicant Stully Curring Date × 10 - 18-
Signature of Applicant A Date Current Date Current Date	Signature of Applicant
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swearlaffirm that the information given
County of HENDRICKS ss:	County of HENDRICKS in this application is true and correct.
New Address Same AS ABOVE	New Address SADE OF ABOVE
Subscribed and space to before me this 18 day of DCTUBEK, 19 96	Subscribed and sworn to before me this 181 day of OCTOBER 1996
Clerk of the HENDRICKS Circuit Court	Conne Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
	The Control of the Co
State of Indiana)	State of Indiana) HENDRICKS ss:
County of HENDRICKS	County or
Father ID # Mother ID #	FatherID #ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Cleri
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authoriz	zes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the C	lerk of the Circuit Court of HENDRICKS County, Indiana,
dated 10-18-96, authorizing the marriage of	
and Sherry Ann Cummings I. Betty Allen	I further certify that the following marriage certificate was filed in my office (name), certify that on November 30, 1996
(date), at Speedway	in Marion County, Indiana,
Michael Jay Brewer of Hendricks	County Indiana (state), and
	ounty Indiana (state) were married by me as authorized HENDRICKS County Indiana dated 10-18-96
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ Betty Allen	f Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	12-10-96 (date).
	0
The second of th	Signed Connue Officeson Clerk
	UENDRICKS C: . C

ried 🔲

Birth Certificate

CONSENT OF PARENTS, PARENT, OR GUARDIAN

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County 8-94 Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. No D If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician _ IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Never Married OR No. of Pre No Yes Yes 🔲 Yes 🗌 No 🗆 No 🗌 Yes 🗌 No.N Nota Yes 🔲 Yes 🗌 Nod Yes 🗌 Yes 🔲 Yes 🔲 **ACKNOWLEDGMENT ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases Clerk of Court CONSENT OF PARENTS, PARENT, OR GUARDIAN HENDRICKS

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of , authorizing the marriage of _ and . . I further certify that the following marriage certificate was filed in my office: (name), certify that on ___ _ County, Indiana,_ (date), at. (state), and _ County. (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of . County, Indiana, dated _ (official designation) Filed and recorded in accordance with the laws of the State of Indiana on. (date).

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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

Female Applicant 50 If No, Medical Examina	No Repor	Yes □ rt Dated	6
Name of Physician	100	annael	

MALE APPLICANT	FEMALE APPLICANT
Name First A Middle + C Last	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Gaar
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State #6/6/	Residence Address), Street or R.R. A City County State 41,
106 S. Meridian St. P.OBA 581 Pettalow HINKS JAY	36/ Vinewood Dr. N Brownshing Andes
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married DOR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Dother (Specify)	Date of birth verified by: Birth Certificate Dother (Specify)
- Duver green	- Duving your
Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? No Yes No Yes No Yes	Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the influence of a narcotic drug? No Yes Yes Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
4 10 10 10 10 10 10 10 1	
6. (a) Full name of applicant's father Robert Lee Hutchers	6 (a) Eill anna of another of the Different than Different than Different than 1
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Indiana,
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) New Yorks
(b) Full maiden name of applicant's mother floron (mm floron) (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother Lanna Jian Youch (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Andrama
Birthplace of mother (State or foreign country) <u>Indiang</u>	Birthplace of mother (State or foreign country) Indiana
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Date 10-18-96	immune deficiency syndrome). Duana Barger Date 1018/96
Date	Signature of Applicant Admir and January Date 1918 96
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
New Address A Same	New Address 1005, Meridian St. Po. Box 581 Pittsboro, IN 460
Subscribed and sworn to before me this	Subscribed and sworn to before me this
Circuit Court	Convert Scherk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	*CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS SS:	County of
Father ID # Mother ID #	Father ID #
Subscribed and sworn to before me thisday of19	Mother ID # Subscribed and sworn to before me this day of 19
Clerk	Clerk
COMPLETE IE MADDIAGE LICENSE ISSUED BY ORDER OF COURT	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	
dated 10-18-96, authorizing the marriage of	David Michael Hutchens
and _ Diana Jean Barger	I further certify that the following marriage certificate was filed in my office:
I, _Brad Stroetz (date), atClermont	
David Michael Hutchens of Hendricks	County Indiana (state), and
Diana Jean Barger of Hendricks Con	unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ Brad Stroetz	Minister County, Indiana, dated 10-18-96
Filed and recorded in accordance with the laws of the State of Indiana on	
	Signed Connie Sawson Clerk
	HENDRICKS

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59
10-18-96

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

Female Applicant 50 No

If No, Medical Examination or Report Dated

Name of Physician

MALE APPLICANT	FEMALE APPLICANT
Michael First Downey mc Cauter	Name Chuyl First Cenn Middle Warks
Day Year 7-3 Day	Date of Birth Month 3-3-46
Place of Birth (State or foreign country) Missississis	Place of Birth (State or foreign country)
Residence Address Street of R.R. City County State 44/68	Residence Address Street of R.R. City County, State 44168
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married ☐ OR No. of Previous Marriages ☐
Last Marriage Ended By: Death Divorce Annulment Date 1993	Last Marriage Ended By: Death Divorce Annulment Date 1986
Date of birth verified by: Birth Certificate (Specify)	Date of birth verified by: Birth Certificate Steeling Deter (Specify)
- Duver gainse	- A Dung grane
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes Yes Yes Yes Yes Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No-BY Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No-BY Yes ☐	Are you related to the male applicant closer than second cousin? No. Yes Yes Yes Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No. Yes
5. List the full names of any dependent children. Search Muchael in Caulin	5. List the full names of any dependent children. Comment Mark
the state of the s	
6. (a) Full name of applicant's father Burlly (myulus male)	6. (a) Full name of applicant's father Juana Vale Lashiro
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) Mississippi	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother House Than Ruckus (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother Domas Mac Jalen (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Flouda	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country) Mississiffi	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome)	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Date 10-18-46	Signature of Applicant Mercyl U. Warks Date 10-18-46
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS Signed North And North and correct.	County of HENDRICKS in this application is true and correct. Signed Cherest Q. Marko
New Address \ Same	New Address
Subscribed and sworn to before me this day of OCION, 19 96	Subscribed and sworn to before me this
Conver C) Curcuit Court	Counter Charles of the HENDRICAS Gircuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS ss:	State of Indiana) State of Indiana) State of Indiana) State of Indiana)
Father ID #	County of
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me this day of, 19 Clerk
COMPLETE IE MADDIACE LICENSE ISSUED DV ODDED OF COURT	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, authorize	
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana,
dated10-18-96 , authorizing the marriage of andCheryl Ann Marko	Michael Downey McCarter
I, Danny Vaughn	(name), certify that on November 2, 1996
(date), at Plainfield	in Hendricks County, Indiana,
Michael Downey McCarter of Hendricks Cheryl Ann Marko of Hendricks Con	County Indiana (state), and Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	County, Indiana, dated10-18-96
Signed by: /s/ Danny Vaughn Filed and recorded in accordance with the laws of the State of Indiana on	_ , Judge (official designation)
Comment of the warm	Signed Clerk Clerk
	HENDRICKS Circuit Court

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

Death 🔲

If answer is "yes," has the adjudication been removed?

Are you now under the influence of a narcotic drug?

acknowledgment because of religious beliefs

Conne Operson "

CONSENT OF PARENTS, PARENT, OR GUARDIAN

Christine Lynn Fuller

_ of_

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

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

Language Comment

Indianapolis

Signed by: /s/ James H. Fierek

James H. Fierek

Michael Charles Cohernours of_

Christine Lynn Fuller

authorizing the marriage of _

Hendricks

Hendricks

Clark of Court ___

State of Indiana

and filed in_

(date), at _

Date of birth vertical by: Sirth Cartificate (Specify)

Distres 🔲

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No DA A person who knowingly furnishes false information to a clerk of the If No. Medical Examination or Report Dated 10-18-96 circuit court when the person applies for a marriage license under Name of Physician par Alignuttu MALE APPLICANT **FEMALE APPLICANT** HANKS IV Previous Maritel Status - Never Married - Oft No. of Previous Marriages Death 🔲 Diverse 13 Drivers 2 NO THE Are you now or have you ever been adjudged to be of uneound mind? Yes 🔲 No - Yes -If answer is "yes," has the adjudication been removed? No Yes 🔲 Ni D - Yes [Yes 🔲 No El Yes [Yes 🔲 NOTES YOU Yes 🔲 List the full names of any dependent children. List the hill names of any dependent children Savanno Elijaheth in full name of applicant's tuner Feaglisten Charles Cherry Full name of applicant's father Michael James Mumin nguna ndiana u, u ma Jadana ns, no mino, sudifica mather (State or toreign country). Phichigas or Otate or toroign country). Indicate **ACKNOWLEDGMENT** ledge that I have received information regarding dangerous communicable diseases. wiedge that I have received information regarding dangerous com-Clerk of Court I swear/affirm that the information given DANVILLE, I'N CONSENT OF PARENTS, PARENT, OR GUARDIAN We the parents of this applicant, hereby give consent for this marriage. If only one parent sig COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ County __ Court, by written order issued __ authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of

AUDRICKS

dated 10-18-96

Michael Charles Cohernour County, Indiana,

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

November 30, 1996

County, Indiana,

County, Indiana, dated _

_(state), and _

(official designation)

(state) were married by me as authorized

_Clerk Circuit Court

_ (name), certify that on Marion

Indiana

HENDRICKS

Indiana

in ...

Signed.

County _

Judge Pro-Tem

12-10-96

BOYCE FORMS - SYSTEMS 1-800-980-8755

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59
10-22-96
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 X Yes U

If No, Medical Examination or Report Dated 10-9-96

Name of Physician KLEIN M.D.

MALE APPLICANT	FEMALE APPLICANT
Name STEVEN RAY CLINE	Name KAREN DENISE MALICOAT
Date of Birth Month / Day Year (0)	Date of Birth Month Day Year 9
Place of Birth (State or foreign country) TNdiANA	Place of Birth (State or foreign country) IndiANA
Residence Address Street or R.R. City County State	Residence Address Street or B.R. City County / State/
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 1995	Last Marriage Ended By: Death Divorce Annulment Date 1994
Date of birth verified by: Birth Certificate Tother (Specify) DR. VERS (ICENSE	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? If answer is "yes," has the adjudication been removed? No Yes Yes Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin? No , Yes	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
 Are you now under the influence of a narcotic drug? List the full names of any dependent children. 	4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children.
STACEY KAY CLUE	CLAYTON SCOTT MALICOAT
6. (a) Full name of applicant's father L C C.LDE	CAMERON JAMES MALICOA
6. (a) Full name of applicant's father (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father W: UARD IDART LEY (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) TudiANA	Residence of father (if deceased, so state) DECEASED
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) TwdiANA
(b) Full maiden name of applicant's mother MARY MABLE G. PSON	(b) Full maiden name of applicant's mother MARY Virginia LARISON
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Indiana	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) TNO: ANA
Birthplace of mother (State or foreign country) TNdiANA	Birthplace of mother (State or foreign country) TNdiANA
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the lest sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Steve D Len Date 22/9	immune deficiency syndrome). Signature of Applicant X Javento Malicoat Date 10/22/9
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana I swear/affirm that the information given County of HENDRICKS Ss: I in this application is true and correct.	State of Indiana I swear/affirm that the information given County of HENDRICKS SS: In this application is true and correct.
Signed & Stease of Jan	Signed X. Harena. Mali Coat
New Address 2072 5 6 421 w Danville	New Address 2012 S. Co.Rd - 42/w. Danville
Subscribed and sworn to before me this	Subscribed and sworn to before me this day of, 19
Comme Contract Contra	Constitution of the consti
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
	state ladis which make the consent of the other parent unnecessary
State of Indiana) Countried HENDRICKS ss:	State of Indiana) HENDRICKS SS:
FatherID #	County of HENDRICKS ss:
Mother ID #	MotherID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the
	Court, by written order issued
and med in, additionize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	
I certify that there was filed in my office a marriage license issued by the Cle dated	
dated, authorizing the marriage of and _Karen_Denise Malicoat	
I, Marty G. Watts	(name), certify that on November 1, 1996
(date), atGreencastle	in Putnam County, Indiana,
Steven Ray Cline of Hendricks Karen Denise Malicoat of Hendricks Con	County Indiana (state), and unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 10-22-96
Signed by: /s/ Marty G. Watts Pt	utnam County Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	11-8-96 (date).
	Consie Moisson
	Signed Clerk HENDRICKS Circuit Court

Circuit Court

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County

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

Female Applicant 50 No P Yes I If No, Medical Examination or Report Dated 10-18-96 Name of Physician MARK BELLSON

MALE APPLICANT	FEMALE APPLICANT
Name Pirst Middle Last	Name First / Middle / Last
Date of Birth Month Day Year	Date of Birth Month CDay Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country) — 1
Residence Address A. Street or R.R. A. City County State	Residence Address Street or B.H. City County State
1639 Birch Ct. PlAINTIELD NEWBRICKS IN	B34 MARTHA EUNICE LANE, CLAY ton, HENDRICKS, I
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married GOR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Tother (Specify) DRIVERS LIEEUSE	Date of birth verified by: Birth Certificate Gother (Specify) DRIVERS LICENSE
Are you now or have you ever been adjudged to be of unsound mind? No Yes □	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ✓ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ✓ Yes ☐	2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes Yes
4. Are you now under the influence of a narcotic drug? 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. JACOB MICHAEL RIDDLE.
The state of the s	
6. (a) Full name of applicant's father Phillip DEE REYNOLDS	6. (a) Full name of applicant's father DERMAN CLIFFON RIDDLE
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) TND ANA	(If adopted, list adoptive parents only) Residence of father (if deceased, so state) TNOIANA
Birthplace of father (State or foreign country) Tudi ANA	Residence of father (if deceased, so state) Birthplace of father (State or foreign country) TNO ANA
(b) Full maiden name of applicant's mother DONNA SUE MORLAN	(b) Full maiden name of applicant's mother MELISSA LOU GRAMBLE
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) TNU ANA	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Ohio
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired).
immune deficiency syndrome).	immune deficiency syndrome)
Signature of Applicant X Woman / Reynolds Date 10/18/76	Signature of Applicant X Commondars, Redolle Date 10/18/94
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS in this application is true and correct. Signed Caron M Reynolds	County of HENDRICKS in this application is true and correct Signed X Company A Rid Old
New Address 1639 BIRCH COURT PLAINFIELD, IN 46168	New Address 1639 Birch Ct Plainfield IN 46168
Subscribed and sworn to before me this day of OCTOBER , 19 940	Subscribed and sworn to before me this 18 day of OCTOBER, 19 96
Circuit Court	Conve Squest Select of the HENDRICKS Circuit Cour
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana
County of HENDRICKS SS:	County of HENDRICKS SS:
Mother ID #	Father ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and med in, authoriz	es and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Claded, authorizing the marriage of, authorizing the marriage of,	erk of the Circuit Court of HENDRICKS County, Indiana,
andAmanda Lynn Riddle	I further certify that the following marriage certificate was filed in my office:
I, Jeff Lewellyn	(name), certify that on November 2, 1996
	in Hendricks County, Indiana, (state) and
2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	County Indiana (state), and untyIndiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County Indiana dated 10-18-96
Signed by: /s/ Jeff Lewellyn	Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	11-0-96 (date).
The second of th	Signed Connie Lewson Clerk
	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59
10 - 73 - 93

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

MALE APPLICANT	FEMALE APPLICANT
Name James First Orville Smith	Name First ann Middle Benjamin
Date of Birth Month. Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country) Michidan
Residence Address Street of R.R. City County State 46334	Residence Address Street or R.R. County State 46334
10356 Seminose Dr. Indplo Hndko 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 1996
Last Marriage Ended By: Death Divorce Annulment Date 1996	
Date of birth verified by: Birth Certificate Other (Specify) Judiana ID Caud	Date of birth verified by: Birth Certificate Wither (Specify) Wruners Juliane
Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? Yes Yes Yes Yes Yes Yes Yes Yes
2. Are you related to the female applicant closer than second cousin? Note Yes 3. Are you now under the influence of an alcoholic beverage? Note Yes Y	2. Are you related to the male applicant closer than second cousin? Yes Ye
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children. Healthy Nicola Smith	5. List the full names of any dependent children. A forther Michael
Taranay Fle Smill	Benjamin proving trans
6. (a) Full name of applicant's father Lewis Vom Smith	6. (a) Full name of applicant's father Howard arthur South
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Birthplace of father (State or foreign country)
Birthplace of father (State or foreign country) Sharing Country Such Salvasses Salvas	(b) Full maiden name of applicant's mother Victorial Pausine Kar
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Billiplace of mother (State of Melgin Country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	immune deficiency cyclomes
Signature of Applicant A James Or Smith Date 1023-96	Signature of Applicant & Mancy a Benjamin Date 10-23.96
	The above applicant has objected to verifying by oath or affirmation or signature to the above
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed & James O. Smill	Signed X Rancy a Benjamin New Address N 10356 Seminole DR Indianapolis IN
New Address Same Subscribed and sworn to before me this 23 day of October 1996	New Address 10356 Seminale DR Indianapolis IN Subscribed and sworn to before me this 3 day of October 19 90
Subscribed and sworn to before me this day of UCLANA . 19 / Clerk of the HENDRICKS Circuit Court	Change Research the HENDRICKS Circuit Court
while Officeson	Coppe of the
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
Christian designation of the same of the s	
State of Indiana) Scientific HENDRICKS SS:	State of Indiana) SS: SS:
County of HENDRICKS ID #	County of ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me thisday of, 19Clerk
Clerk	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
	Court, by written order issued zes and directs the issuance of a marriage license to the above named parties.
and filed in, authoriz	tes and directs the issuance of a marriage needs to the above named parties.
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Co	lerk of the Circuit Court of HENDRICKS County, Indiana,
dated 10-23-96 , authorizing the marriage of and Nancy Ann Benjamin	. I further certify that the following marriage certificate was filed in my office:
I, Philip C. Jackson	. I further certify that the following marriage certificate was filed in my office:
(date), at Indianapolis	in Marion County, Indiana,
James Orville Smith of Hendricks Nancy Ann Benjamin of Hendricks Co	County Indiana (state), and Indiana (state) were married by me as authorized
Nancy Ann Benjamin of Hendricks Counter a marriage license that was issued by the Clerk of the Circuit Court of	f HENDRICKS County, Indiana, dated 10-23-96
Signed by: /s/ Philip C. Jackson	Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	11-1-96 (date).
La del principal de la constante de la constan	Signed Connie Lewson Clerk
	Signed Clerk HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59

| 10 - 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 X Yes
If No, Medical Examination or Report Dated 10-18-96
Name of Physician Dq. Sentry

HENDRICKS

Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name Pristopher Joseph Shast	Barbara Kay Mc Ponald Last
Date of Birth Month 17-26-75	Dalle of Birth Month 75 - 74 Year
Place of Birth (State or foreign country) Anguana	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State 46231 8935 Brunswick Dr. Judala 11-18/18 TN	Residence Address Street or R.R. City County State 4623
Previous Marital Status: Never Married OR No. of Previous Marriages	8935 Surreuse Dr. India Hours IV
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Sirth Certificate Dother (Specify) Drivers License
- purise grosse	- Jan Janes
Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No. Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? No Yes Yes	2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children askling Marie me Donald
6. (a) Full name of applicant's father Jackie Dase Spratt	6. (a) Full name of applicant's tather Stephen Pase Mc Donald
(If adopted, list adoptive parehls only) Residence of father (if deceased, so state)	(If adopted, list adoptive parents only)
Birthplace of father (State or foreign country)	Birthplace of father (If deceased, so state)
(b) Full maiden name of applicant's mother Jebecca Jo Nay	(b) Full maiden name of applicant's mother Dovie June Browning
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
	A STATE OF THE PARTY OF THE PAR
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT
that are sexually transmitted, and a list, of the test sites, for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome)	I have defined and the second of the second
Signature of Applicant & Mysouth of Applicant & 10 23.90	Signature of Applicant & Canbara K. M. Sonwood Date
The shove applicant has phinoted to verifying by eath or officentias or significant to the	
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm-the the information given	
County of HENDRICKS ss: I swear/affirm the the information given	State of Indiana) I swear/affirm that the information given County of HENDRICKS ss: // With this application is true and correct.
Signed & Chusopley- Spenty	signed x sourbara K. Illabriale
New Address X Same	New Address X Same
Subscribed and sworn to before me this 23 day of Office 1996	Subscribed and sworn to before me this 23 day of October 19 96
Consult Squeson the HEADRICKS Circuit Court	Connect Squessign of the HENDRICKS Circuit, Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS Ss:	County of
FatherID #	Father ID #
MotherID #	Mother ID # Subscribed and sworn to before me this day of 19
Clerk	Subscribed and sworn to before me this agy or, 19Clerk
COMPLETE IE MARPIAGE LICENSE ISSUED BY CORDED OF COURT	A marriago licenso best-religional de la constantina della constan
County	A marriage license having been refused to the above named parties, the Court, by written order issued
	zes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	lerk of the Circuit Court of HENDRICKS County, Indiana,
dated 10-23-96, authorizing the marriage of _	Christopher Joseph Spratt
and Barbara Kay McDonald L. Keepan Steinway	I further certify that the following marriage certificate was filed in my office: (name), certify that object 23, 1996
(date), atMartinsville	
Christopher Joseph Spratt of Hendricks	County Indiana (state), and
Barbara Kay McDonald of Hendricks Co	ounty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	F County, Indiana, dated10-23-96
Signed by:/s/ Keenan Steinway Filed and recorded in accordance with the laws of the State of Indiana on	, Minister (official designation)
Windship Commence	Signed Consul Causon

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59

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

Female Applicant 50 No 2 Yes
If No, Medical Examination or Report Dated 9-20-96

Name of Physician D4, Dahns

MALE APPLICANT	FEMALE APPLICANT
Name of Crist Arguer Middle Last	Name Middle Last
Dangoi Brith Month Day Year	Date of Birth Month 7 - 7 - 9 Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State 46210	Residence Address Street or R.R. City County State, #611
22 N. Eaton St. Indes. Marion FN	11605 Donnelly M. Brownshing Hndps IN
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married Dr OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Drivers License	Date of birth verified by: Sirth Certificate Sother (Specify) Defined Sicasus
- A private grane	- A Source green
Are you now or have you ever been adjudged to be of unsound mind? No Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No □ Yes □
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
D. D. D. D. D.	
6. (a) Full name of applicant's father Thrug Pase Mansley	6. (a) Full name of applicant's father Hames Paul Tevry
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother finda Marie found	(b) Full maiden name of applicant's mother fan Lee Aparbe
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Indiana	Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Ulagon	Birthplace of mother (State or foreign country) Andiesso
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome). Signature of Applicant A Onal Ca Jerry Date 10-23-9
Signature of Applicant Date 1772/70	Signature of Applicant A Una La Survey Date 10-23-9
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed 1 222 0 6000 = 2016 To 112315	Signed X angela Servey
New Address X 222 N. EATON TNOPLS, IN 46219	The state of the s
Abscribed and sworn to before me this 3 day of Atties . 19 16 HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
Circuit Court	Clerk of theCircuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
	A marriage license having been refused to the above named parties, the
and filed in authoriz	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
and mod m, authoriz	of and another in issuance of a marriage needs to the above named parties.
	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	erk of the Circuit Court of HENDRICKS County, Indiana,
dated 10-23-96, authorizing the marriage of	Lon Andrew Mantey
andAngela Sue Terry I,Terry D. Manley	I further certify that the following marriage certificate was filed in my office: (name), certify that onNovember 16, 1996
(date), at Greenfield	in Hancock County, Indiana,
Lon Andrew Manley of Marion	County Indiana (state), and
Angela Sue Terry of Hendricks Co	unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	County, Indiana, dated
Signed by: /s/ Terry D. Manley	Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	11-27-96 (date).
	C. I
보선된 수 하기도 있습니다. 그리고 말했으니다. 얼마나 먹었다. 네트라	Signed Clerk
And the second s	HENDRICKS Circuit Court

_Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59

10-24-94

Date of Application

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

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

Name of Physician _____

MALE APPLICANT	FEMALE APPLICANT
Name to First Poroses Collins	Nation Triangle First Comme (Popular Last
Dalv of Birth Morph (1- 5) Day (- 2) Year	Date of Birth Moreth Co. 2 Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Indiana	Indiana
Residence Assignes Street or R.R. Chy County State 4616	Residence Address Street or R.R. City County State 4616
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 1994	
Last Marriage Ended By: Death Divorce Annulment Date 1994	Last Marriage Ended By: Death Divorce Annulment Date 1994
Date of birth verified by: Birth Certificate Other (Specify) Drivers Ticense	Date of birth verified by: Birth Certificate Other (Specify) Journey License
Are you now or have you ever been adjudged to be of unsound mind? No Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes
If answer is "yes," has the adjudication been removed? No Yes	If answer is "yes," has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No SQ Yes 🗆
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children Jumber Nicola Callis	5. List the full names of any dependent children for the full names of any dependent children.
Austin Wayne Callis	Closey Therene Junes
6. (a) Full name of applicant's father Swald Rayre Callis	6. (a) Full name of applicant's father Journal alfred Coffee
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Assuring
(b) Full maiden name of applicant's mother Dava Demuse MCI Musik	Birthplace of father (State or foreign country) Bushing Thank
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Colorado	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country). Templace	Birthplace of mother (State or foreign country) Conn.
ACKNOWLEDGMENT	ACCUPANT PROMETER
I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome).
Signature of Applicant Schedul V Caller Date 1034-46	Signature of Applicant Yalricia Ann Clossy Date 10:24-8
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I supported from that the information disease	
State of Indiana I swear/affirm that the information given Ss: in this application is true and correct.	State of Indiana) I swear/affirm that the information given County of HENDRICKS in this application is true and correct.
Signed & Steven P. Cally	Signed & Patricia and Classey
New Address X SAME	New Address & Dame as above
Subscribed and sworn to before me this 34 day of OCLOURS 96	Subscribed and sworn to before me this day of October 19 9 (
Corne Selector the HENDALES Circuit Court	Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana	State of Indiana
County of HENDRICKS SS:	County of HENDRICKS SS:
Father ID #	FatherID #
Mother ID #	Mother ID #
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana,
dated 10-24-96, authorizing the marriage of	Steven Perry Callis
and Patricia Ann Clossey	I further certify that the following marriage certificate was filed in my office:
I,James H. Fierek (date), atPlainfield	in Hendricks County Indian
Steven Perry Callis of Hendricks	County Indiana (state), and
Patricia Ann Clossey of Hendricks Con	unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 10-24-96
Signed by: /s/ James H. Fierek Jud	
Filed and recorded in accordance with the laws of the State of Indiana on	11-14-96 (date).
	1

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STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File $\frac{534}{10-34-96}$

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

Female Applicant 50 No Programme Yes If No, Medical Examination or Report Dated 10-23-94

Name of Physician Dr. Houtman

MALE APPLICANT	FEMALE APPLICANT
Nagre First Ory Middle Last Last	Name Susan Flaine Hadley
Daie of Birth Month 11-20-H9	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State 44168	Residence Address Street or R.B. City County State 46168
113 OH Jenewood M. flainfill Andha IV	1510 Derfield W. Joffa ANK IN
Previous Marital Status: Never Married OR No. of Previous Marriáges	Previous Marital Status: Nevel Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 1991	Last Marriage Ended By: Death Divorce Annulment Date 1787
Date of birth verified by: Birth Certificate Other (Specify) Drivers Jicense	Date of birth verified by: Birth Certificate Other (Specify) Divers Jicense
Are you now or have you ever been adjudged to be of unsound mind? No ✓ Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes □ Yes □
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin? Yes Yes Yes Yes Yes Yes Yes Yes
3. Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the influence of a narcotic drug? No Yes □ Yes □	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? Yes Yes Yes Yes Yes Yes Yes Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children. Mathew William Na
	Vouglas Clan Hadly
6 (a) Eill some of configurate father Asland Riller T. Richards	6. (a) Full name of applicant's father William Lean altur
6. (a) Full name of applicant's father from the first adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Accepted
Birthplace of father (State or foreign country) Andiasa	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother applicant with adaptive accepts apply	(b) Full maiden name of applicant's mother Man Jourse Classify (If adopted, list adoptive parents only)
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country) Andiana	Birthplace of mother (State or foreign country)
	ACKNOWLEDGMENT
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the less sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome). To-fix Clay Klahads 10-24-96	immune deficiency syndrome). Sugan E. Hadley Date 10/24/96
Signature of Applicant Date	Signature of Applicant Date Date
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana)	State of Indiana) I swear/affirm that the information given
County of HENDRICKS SS: Lin this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
New Address X 1570 DEERFIELD DR -PF450	Signed Susan & Hadlay New Address X same as above.
Subscribed and sworn to before me this 24 day of Orthon, 1996	Aubscribed and sworn to before me this 24 day of October , 19 96
On the General of the HENDRICKS Circuit Court	Circuit Court
CONSENT OF PARENT, OR GUARDIAN	CONSENT OF PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
Chair of Ladiana	State of Indiana
State of Indiana) County of HENDRICKS ss:	State of Indiana) County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19 Clerk
Cierx	
	A marriage license having been refused to the above named parties, the
	Court, by written order issuedetes and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl dated October 24, 1996, authorizing the marriage of	erk of the Circuit Court of HENDRICKS County, Indiana, John Clay Richards
	I further certify that the following marriage certificate was filed in my office:
I, Dr. Darrel Riley	(name), certify that on October 26, 1996
(date), atGreenwood	inJohnsonCounty, Indiana,
John Clay Richards of Hendricks	County Indiana (state), and Indiana (state) were married by me as authorized
Susan Elaine Hadley of Hendricks Counder a marriage license that was issued by the Clerk of the Circuit Court of	(State) were married by the as a more than
Signed by: /s/ Dr. Darrel Riley	,Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	11-1-96 (date).
	Signed Connie Lawson Clark
The state of the s	Signed Clerk HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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

Female Applicant 50 No DY Yes I If No, Medical Examination or Report Dated 9-Name of Physician Dy . Jeta

MALE APPLICANT	FEMALE APPLICANT
Names First Ausenh Lenner	Jammy Rence Model Mountastle
Date of Birth Month 1 - 1/2 - 1/2 - 1/2	Date of Birth Mofeth 12 . 3 2 - 6 9 Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign gountry)
Besidence Address State of R.R. St. County State IV	Residence Address Street, or R.B. City County State 44
264 Thornburg Parkway Brownshing HIVE	204 Thomburgh Purhway, Birbry HAN In
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date 1993
Date of birth verified by: Birth Certificate Cher (Specify) Pennsylvania	Date of birth verified by: Birth Certificate Dither (Specify) Drivers License
Drivers License	
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐	2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the Influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes	Are you now under the influence of an aicoholic beverage? 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. Publica Lynn fur
Rebecca Lynn Tenney	David allen, Mounteagthe for
6. (a) Full name of applicant's father Storge Robert Lemmes 3	6. (a) Full name of applicant's tether Apriles Ruy mond Now
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state). Florida,	Residence of father (if deceased, so state).
Birthplace of father (State or foreign country) Pennsyfrania	Birthplace of father (State or foreign country) Sestucky
(b) Full maiden name of applicant's mother Juyce Murie Cruss	(b) Full maiden name of applicant's mother Landra Command Comm
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country) pennsylvania	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome).
Signature of Applicant & Mances Messery Date 10-24-96	Signature of Applicant Sammy Council Date 10-24-9
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above
Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given County of HENDRICKS / SS:
County of RENDRICKS in this application is true and correct. Signed Meaning Meaning in this application is true and correct.	County of HENDRICAS in this application is true and correct.
New Address X 264 About burg 14,607	New Address X 564 Thornburg Pluny
Subscribed and sworn to before me this	Supercribed and sworn to before me this 24 day of October, 19 90
Convie Generality the HENDRICKS Circuit Court	Conque Securio the HENDRICKS Confount Count
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS ss:	State of Indiana) HENDRICKS SS:
Father ID #	County of
Mother	MotherID #
Subscribed and sworn to before me thisday of	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	marriage license having been refused to the above named parties the
County	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
DETURN OF MARRIAGE LICENS	E AND MADDIAGE CERTIFICATE
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cle	
dated 10-24-96 , authorizing the marriage of and Tammy Renee' Mountcastle	Francis Joseph Lennex
I, James H. Fierek	(name), certify that on November 29, 1996
	in Hendricks County, Indiana, (state) and
Mammer Dancal Mauntanetles Handwicker	County Indiana (state), and unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 10-24-96.
Signed by: /s/ James H. Fierek J	udge Pro-Tem (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	12-10-96 (date).
The second of th	Signed Connie Lawson Clerk
	DEMODIANCE.
BOYCE FORMS + SYSTEMS 1-800-382-8702 1477	— — Circuit Court

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 536 File 59

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

MALE APPLICANT	FEMALE APPLICANT
MATTHEN MACON MAYES	Name STACY DAWN HALCOMB
Date of Birth Month Day	STACY DAWN HALCOMB
Place of Birth (State or toreign country)	Place of the strong countries
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
105 WATERCREST LANG MORESULUE MORERAN IN 4458	Recidence Actives Street or R.R. CLAYDIN HENDRICKS IN
Previous Marital Status: Never Married CR No. of Previous Marriages	Previous Marital Status: Never Married 💥 CR No. of Previous Marriages
Last Marriage Ended By Death Divorce Annuirment Date	Last Marriage Ended By: Death Divorce Annuiment Date
Oute of birth verified by: Sirin Certificate Constraints TOI AND TRIVERS LICENSE	Date of Birth weilled by Birth Certificate Dother (Specify) Figure Drivers Livers Livers
Are you now or have you ever been adjudged to be of unsound mind? No E Yes	Are you now or have you ever been adjudged to be of unsound mind? No S Yes
If answer is "yes," has the adjudication been removed? No. 19 Yes	If answer is "yes," has the adjudication been removed? No 🐧 Yes 🗆
2. Are you related to the female applicant closer than second cousin? No 🖾 Yes 🗌	Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No 20 Yes	3. Are you now under the influence of an alcoholic beverage? No let Yes
4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. A No No No No No No N	4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
a. List the full harries of any dependent children. "Set 1.3.	a. List the full names of any dependent childrenf=1.F1
	A STATE OF THE PERSON NAMED IN COLUMN 1991
8 (a) Full name of applicant's tener (ARRY WILLIAM MAYES	6. (a) Full name of applicant's father EDWARD CUCKNE HALCONB
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) THDIALA	Birthplace of father (State or foreign country). Birthplace of father (State or foreign country). BRKA-SAS
Birthplace of father (State or foreign country) Idiplanta (b) Full maiden name of applicant's mother VICTURIA KATHERNE CHUTTICK	thirthplace of tather (State or foreign country). FIRE SAS (t) Full maiden name of applicant's mother Suc CARDL STUKES
(if adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) TAOLANA	Residence of mother (if deceased, so state). THOLOWA
Birthplace of mother (State or foreign country). Tet St. AJA	Birthplace of mother (State or foreign country). ZerVO 1 AwA
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndromes, Watthew M. Margus Date 10-25-96	Immune deficiency syndrome).
Signature of Applicant & Maulew M. Margus Dane 10-15-96	Signature of Applicant X Story Holcomb Date 10:2594
The about continue the about to continue to the continue to th	
The above applicant has objected to verifying by eath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swearlaffirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS In this application is true and correct.	County of . HENDRICKS 98. In this application is true and correct.
Now Address SAME AS ABOVE	New AGORSE OS LATTERCAST LAND MICHOSOME TO 465
Subscribed and secre to before me this 25 day of OCTUBER to 9 C	Specified and sworm to before me this 25 day of OF 186K 19 96
many Remoderation HERDRICKS Constituted	Conne Recessor in HENDRICKS Comit Coun
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. It only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana	State of Indiana
County of HENDRICKS 88:	County of HENDRICKS 88:
Father	Father ID #
Mother	MotherID #
Subscribed and sworn to before me thisdey of	Subscribed and sworn to before me thisday of
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties the
County	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
DETURN OF MARRIAGE MOTIO	E AND MADDIAGE CERTIFICATE
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cle	
	Matthew Maconn Mayes County, Indiana,
and Stacy Dawn Halcomb	I further certify that the following marriage certificate was filed in my office:
I,C. Glen Burnside	(name), certify that on October 26, 1996
(date), at Plainfield	in Hendricks County, Indiana,
	County Indiana (state), and
	unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/C. Glen Burnside	
Filed and recorded in accordance with the laws of the State of Indiana on	
included in the laws of the state of matana on	(mile).
	Signed Connie Lecuson Clerk
영국의 경찰이 그 아이를 보다면 하는 사람이 되었다면 하는 것이 없는 것이다.	Signed Clerk

_Circuit Court

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County

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

Female Applicant 50 No Yes I If No, Medical Examination or Report Dated 10-28-96 Name of Physician

MALE APPLICANT	FEMALE APPLICANT
Mame M: Charl Lynn FARMER	Name JENNIFER LYNN CALDWELL
Date of Birth Day Vear 4	Date of Birth Month Day Day Car Car Car Day Day Day Day Day Day Day D
Place of Birth (State or foreign country) INDIANA	Place of Birth (State or foreign country) Indian ANA
Presidence Address S. Street of R.R. & CLAUTON HUDRES TN	Residence Address E. Street or R.R. City County State F. MORR'S INDIANAPOLIS MARION 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 1994	Last Marriage Ended By: Death Divorce Annulment Date 1991
Date of birth verified by: Sirth Certificate Street (Specify) DRIVERS LICENSE	Date of birth verified by: Birth Certificate Gother (Specify) DRNERS LICENSE
	22149 2 11698 2
1. Are you now or have you ever been adjudged to be of unsound mind? No 🗹 Yes 🗆	Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes Yes	2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children. KOBERT NICHOLAS FARMER	5. List the full names of any dependent children. COLORTNEY IV CONSTRUCTION CONTROL CALLOWS
	MEGAN ASHLIN CAINER
6. (a) Full name of applicant's father KOBERT LEW S FARMER	6. (a) Full name of applicant's father LEON August Childels
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) DECEASEN	(If adopted, list adoptive parents only) Residence of father (if deceased, so state) TNDIANA
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) TNd: ANA
(b) Full maiden name of applicant's mother MARY JUANA DUNN (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother GEORGIA ANN XWINETON (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) TNO: ANA	Residence of mother (if deceased, so state) Ludian A
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases
immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Affichile function Date 10/25/96	Signature of Applicant Sexuefur D. Collecte 10-25-9
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court	acknowledgment because of religious beliefs.
Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given County of HENDRICKS ss: in this application is true and correct	State of Indiana) I swear/affirm that the information given
Signed X Mullar & Harning	County of HENDARCAS in this application is true and correct. Signed Sensulus A. CalQuelle
New Address 9583 S CRO Clayten TW 96118 Subscribed and sworn to before me this 25 day of OCT 19 96	New Address 9583 S. C.R. O Clay fon Sn. 46118 Subscribed and sworn to before me this 25 day of Dick 1996
Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this day of HENDRICKS Circuit Court
	white Openison
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID # Mother ID #	Father
Subscribed and sworn to before me thisday of, 19	MotherID #
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	
I certify that there was filed in my office a marriage license issued by the Cledated, authorizing the marriage of, authorizing the marriage of	erk of the Circuit Court of HENDRICKS County, Indiana,
andJennifer Lynn Caldwell	I further certify that the following marriage certificate was filed in my office:
I, Frnest D. Phillips (date), dlazelwood	
Michael Lynn Farmer of Hendricks	County Indiana (state) and
Jennifer Lynn Caldwell of Hendricks Con	unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ Ernest D. Phillips	
Filed and recorded in accordance with the laws of the State of Indiana on	12-10-96 (date).
	Signed Connie Lawson
	Signed Oryce Organic Clerk HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No 🗆 Yes 🕽 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Never Married OR No. of Pre No Yes Yes 🗌 Are you now or have you ever been adjudged to be of unsound mind? Are you now or have you ever been adjudged to be of unsound mind? No 🗆 Yes 🔲 No Yes No Yes No Yes Yes 🔲 No No No Yes 🗆 Birthplace of mother (State or foreign country) Indiana **ACKNOWLEDGMENT ACKNOWLEDGMENT** wledge that I have received information regarding dangerous communicable diseases Christon Wear Lyon Date 19/28/96 above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature acknowledgment because of religious beliefs. Clerk of Court Clerk of Court State of Indiana HENDRICKS L' Circuit Court _ Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marri HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County _ Court, by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated ____October 28, 1996 , authorizing the marriage of ___Anthony Dean Higbee HENDRICKS . I further certify that the following marriage certificate was filed in my office: and Roberta Rae McCracken John P. Roof (name), certify that on _ in Hendricks (date), at __ Brownsburg County, Indiana, County _Indiana Anthony Dean Higbee Hendricks _(state), and Roberta Rae McCracken of Hendricks County_Indiana (state) were married by me as authorized

County, Indiana, dated ___10/28/96

Circuit Court

Episcopal Priest (official designation)

(date).

Connie Receson

12/18/96

Signed .

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

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

Signed by: /s/ John P. Roof

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59

10-28-96
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 Nov Yes II

If No, Medical Examination or Report Dated 10-25-96

Name of Physician 94, Bootellee

HENDRICKS

_Circuit Court

MALE APPLICANT	FEMALE APPLICANT
David Robert Rodeback	Name First Aboth Last
Date of Britis No. Of the Colors New Year	Date of Birth Month Day New
7-15-66	12-15-71
penneuhvania	Place of Birth (State or foreign country) Velsaska
Regularica Address Street or B.R. City County State 44113	Presidence features Street or R.R. City County State 4461.
1165 E. 400N Brownshing HALKS IN	7165 E. 400 N Blownship Node: IN
Previous Martal Status Never Marriag C OR No. of Previous Marriages	Previous Merital Status. Never Married CR No. of Previous Marriages
Last Marriage Ended By: Cesth Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of Sirth verified by: Sirth Certificate March Daile Livers	Date of birth verified by: Diffirth Certificate (Cotter (Specify))
She. See #	- Lavera greens
360.	
Are you now or have you ever been adjudged to be of unaound mind? Not Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed? No Yes No Yes No Yes No Yes	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No No Yes Yes Yes
3. Are you now under the influence of an alcoholic beverage? No D Yes	2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? No N Yes
4. Are you now under the influence of a narcotic drug? No Yes	4. Are you now under the influence of a narcotic drug? No No Nes 🗆
5. List the full names of any dependent children. JOS XIII aggs L: 1716	5. List the full names of any dependent children. JOLYA Ann 2177/
	A STATE OF THE PARTY OF THE PAR
01 1 2 11 1	4 2 - 1 - 1 - 1
8. (a) Full name of applicant's father Charles Radiback	6. (a) Full name of applicant's father Jay POITET L: 171/e
(If adopted, list adoptive parents only) Pasidence of father (if deceased, so state)	(If adopted, list adoptive parents only). Residence of lather 21 deceased, so state: SISIOSIA
Birtholiace of father (State or foreign country)	Residence of father (if deceased, so state) SUSCASION TEVSEY Birthplace of father (State or toreign country) VEW TEVSEY
(b) Full maiden name of applicant's mother Covial Plan	(ti) Full maiden name of applicant's mother 19111119 Ann MP
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if decreased, so state) -/Ori'VQ	Residence of mother (if deceased, so state) 01/0
Birthplace of mother (State or foreign country). I//:/n 0:5	Birthplace of mother (State or toreign country) REATUCKY
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the Chap that causes ADS (acquired	I acknowledge that I have received information regarding dangerous communicable disease
Immune deficiency syndromes C	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (apquire immune deficiency syndrome)
signature of Applicant X Con Volunt Con offer 10/20	Franciscon of Accidence of Acci
Control of the contro	10 11010
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clierk of Court Date	Clerk of Court Date
State of Indiana) I suspetation that the information reuse	
State of incluence I swearfaffern that the information given	State of Indiana) I swear/affirm that the information give
some Dicens Colon Kadelles	County of PENDRICKS In this application is true and correct
New Address X Sauce	New Address X Sum
Aperican and there is sugar me one 38 any of October 10 96	Subscribed and sworn to before me this 38 day of O Lelis 1996
CONTRACTOR OF THE HENDRICKS CHOUNCOUNT	Committee Charles Short the HENDRICKS CHOUN Cour
	corne o james
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage, if only one parent signs, state facts which make the consent of the other parent unnecessary.	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
and the second of the second s	state facts which make the consent of the other parent unnecessary
State of Indiana	State of Indiana)
Coursy of HENDRICKS 88:	County of HENDRICKS 98:
Father 10 #	FatherID #
Mother	MotherID #
Subscribed and sworn to before me thisday of	Subscribed and sworn to before me thisday of
Clerk	Cleri
COMPLETE IE MARRIAGE LICENSE ISSUED BY ORDER OF COURT	
County	A marriage license having been refused to the above named parties, the
	court, by written order issued res and directs the issuance of a marriage license to the above named parties.
	and directs the issuance of a marriage incense to the above married parties.
	SE AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the Cl	erk of the Circuit Court of HENDRICKS County, Indiana,
dated 10-28-96 authorizing the marriage of	David Robert Rodeback
and Sara Ann Little	I further certify that the following marriage certificate was filed in my office.
Donald F.P. Wilson	(name), certify that on November 2, 1996
(date), at Indianapolis	in Marion County, Indiana,
David Robert Rodeback of Hendricks Sara Ann Little of Hendricks Co	County Indiana (state), and
Sara Ann Little of Hendricks Co under a marriage license that was issued by the Clerk of the Circuit Court of	
Signed by: /s/ Donald F.P. Wilson	
Filed and recorded in accordance with the laws of the State of Indiana on_	11-27-96 (date).
of manual or	
	Sund Consie Lawson

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 540

File 59

//0 - 29 - 9/

Date of Application

Applying for license.

Female Applicant 50

No. 540

Yes 59

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

MALE APPLICANT

If No, Medical Examination or Report Dated 10-7-96
Name of Physician Dy, Jauch

FEMALE APPLICANT

Name Physician Alice Stanley
Date of Birth Month Date of Birth Month

HENDRICKS

Circuit Court

David Michael Kozyra	Name hannon alesia Stanley
Bate of Birth Month Day Year	Date of Birth Month 2 - 9 Day 17/1 Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. Sity County State 4(1)	Residence Address Street or R.R. Sity County State 4/1/12
609 Nelson Dr. Brywnshang Holles IN	609 Nelson Dr. Brownshing Anoko IV
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of, birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Dother (Specify)
- www granze	- Divor giens
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? No. 1. Yes 1. Y	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of a narcotic drug? No Yes	3. Are you now under the influence of an alcoholic beverage?
5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. Yes
6. (a) Full name of applicant's father Maymillion Oscar Kozylo	6. (a) Full name of applicant's father Walser James Hanley
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of father (State or foreign country)	Residence of father (if deceased, so state) 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4
(b) Full maiden name of applicant's mother Sinda dow Smith	(b) Full maiden name of applicant's mother Davin Diane Ewis
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Indiana	Residence of mother (if deceased, so state) Andyana
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT
that are sexually transmitted, and a light of that test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome)	immune deficiency syndrome).
Signature of Applicant Date Date	Signature of Applicant X Mannon Haully Date 10-29-96
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I sweatlaffirm that the information gives	
State of Indiana I swear/affirm that the information given in this application is true and correct.	State of Indiana) I swear/affirm that the information given Ss: (I is this confliction in the property of
Signed A Signed	County of HENDRICKS Signed X MANNON Standing in this application is true and correct.
New Address X SAME	New Address X CAMPL
Subscribed and sworn to before me this	Subscribed and sworn to before me this
Paralel Reversions the HENDRICKS Circuit Court	Consult General the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN
state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
CALL CONTRACTOR OF STREET OF STREET	and the control partin dispersion y
State of Indiana) NEWDRICKE SS:	State of Indiana)
County of HENDRICKS SS:	County of
Father ID #	Father ID #
Mother ID # Subscribed and sworn to before me this day of 19	Mother ID #
Clerk	Subscribed and sworn to before me thisday of, 19
	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and mod in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County Indiana
dated, authorizing the marriage of	David Michael Kozyra
andShannon Alesia Stanley I,Ronald Storms	I further certify that the following marriage certificate was filed in my office: (name), certify that on November 30, 1996
I, Ronald Storms (date), at Rensselaer	
	T- 1:
	(Diesec/) terres
under a marriage license that was issued by the Clerk of the Circuit Court of	
Signed by: /s/ Ronald Storms	
Filed and recorded in accordance with the laws of the State of Indiana on	12-10-96 (date).
	Signed Connie Lawson Clerk
	Signed Clerk

Clerk

Circuit Court

HENDRICKS

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

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

MALE APPLICANT	FEMALE APPLICANT
Name Croug S. Edurards	Name Brenda L. Skirum
Date of Birth Month Day Year	Date of Dieth Month Day
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or B.R. City County State
1123 Pinewood Dr. HPtc. Yaintield	Residence Address Street of R.P. Act 210 Plaintield
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages Z
Last Marriage Ended By: Death Divorce Annulment Date 1994	Last Marriage Ended By: Death Divorce Annulment Date 990
Date of birth verified by: Birth Certificate Other (Specify) Drivers License	Date of birth verified by: Birth Certificate Other (Specify) Drivers License
A Bridery acense	- A Driversciterise
· · · · · · · · · · · · · · · · · · ·	4 -
Are you now or have you ever been adjudged to be of unsound mind? No Yes No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. Tren+ Edwards Yes□ Yes□	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children. Barley Alexander
6. (a) Full name of applicant's father Harry E. Edwards	6. (a) Full name of applicant's father Michael Stevens.
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother wanda G. Fisher	(b) Full maiden name of applicant's mother Sandra Fruits
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country) TN	Birthplace of mother (State or foreign country) Two
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test siles for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant APIG & during Date 10-3096	V Signature of Applicant Storage Date 10.30.
	X organical of Applicant
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana I swear/affirm that the information given
County of HENDRICKS in this application is true and correct.	County of HENDRICKS in this application is true and correct.
New Address	New Address
Subscribed and sworn to before me this 30 day of 00 to 19 9 (p	Subscribed and sworn to before me this 30 day of CCT 19 96
Consult Court the HENDRICKS Circuit Court	Consult Court Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	
County of HENDRICKS SS:	State of Indiana) County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
	A marriage license having been refused to the above named parties, the
and filed in, authorize	Court, by written order issued
	and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	
I certify that there was filed in my office a marriage license issued by the Cle dated10-28-96 authorizing the marriage of	erk of the Circuit Court of HENDRICKS County, Indiana,
I, Danny L. Caulkins	I further certify that the following marriage certificate was filed in my office: (name), certify that onNovember 2, 1996
(date), at Stilesville	in Hendricks County, Indiana,
The state of the s	County Indiana (state), and
Brenda Louise Skirvin of Hendricks Con	unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ Danny L. Caulkins	
Filed and recorded in accordance with the laws of the State of Indiana on	11-8-96 (date)
	Signed Connie Lawson
	Signed Clark

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59

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

Female Applicant 50 No Yes
If No, Medical Examination or Report Dated //-/- 94

Name of Physician D. Julian for the second of t

MALE APPLICANT	FEMALE APPLICANT
Name Edward Wayne Risley	Name First arie Middle Last
Date of Birth Month S - 2 - 1 7 Year -	Date of Birth Month / - 2 4 - 76
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State 40112	Residence Address Street or R.R. City County State 40337
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
- 1 0 1 P.	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Cher (Specify) Wives Dicense	Date of birth verified by: Defirth Certificate Other (Specify) Drivers Jicense
Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes	Are you now or have you ever been adjudged to be of unsound mind? No. Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? Not Yes Are you now under the influence of a narcotic drug? Not Yes Yes	3. Are you now under the influence of an alcoholic beverage? No. Yes Are you never under the influence of a necessite days?
5. List the full names of any dependent children. Kyle Edward C. Pooks Zakari Edward Rissly	4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. 2
Tilette ptil Rich	
(If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Sary Fugure Philippen (If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother of asie Jane Commor	(b) Full maiden name of applicant's mother Jenny ann West
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country) Kentucky	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome)
Signature of Applicant Date Date	Signature of Applicant XXXIII Date 111140
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS Signed Signed New Address A William Dr. Alt M. Subscribed and sworn to before me this day of Menual State of the HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed New Address Subscribed and sworn to before me this HENDRICKS HENDRICKS Aday of HENDRICKS HENDRICKS Licrosit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS PARENT OR CURROUN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
	Company of the state of the second se
State of Indiana) Country of HENDRICKS SS:	State of Indiana) Country of HENDRICKS ss:
Father ID #	County of
Mother ID #	Father ID # Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
and filed in county	Court, by written order issued tes and directs the issuance of a marriage license to the above named parties.
, authoriz	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cla	erk of the Circuit Court of HENDRICKS County, Indiana,
dated, authorizing the marriage of	Edward Wayne Risley
Amie Marie Miller I, Karen M. Love	I further certify that the following marriage certificate was filed in my office:
	in Hendricks County, Indiana,
Edward Wayne Risley of Hendricks	County Indiana (state) and
Amie Marie Miller of Marion Con	untyIndiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 11-1-96
Signed by: /s/ Karen M. Jove	,
Filed and recorded in accordance with the laws of the State of Indiana on	
	Signed Connie Raceson
	UENDRICKE Clerk
	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59

| 11-1-96
| 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 | 0-19-96
Name of Physician A. Jandanson

MALE APPLICANT	FEMALE APPLICANT
Lands Michael Simmons N.	Name of First Middle Last
Qare of Birth Month Lay Year	Odle of Birth Month 1-11-1
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street of R.R. City County State (30/1	Residence Address Street or R.R. City County State 1/2
1003 Pawtuckette M. Balluin Misseus	1003 fantuchettion Ballin Missini
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Sother (Specify)	Date of birth verified by: Birth Certificate Copther (Specify)
- June gianse	- Frans greense
-	
Are you now or have you ever been adjudged to be of unsound mind? Wo Yes If answer is "yes," has the adjudication been removed? No Yes	Are you now or have you ever been adjudged to be of unsound mind? Yes If answer is "yes," has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father fame Michael Simmons	6. (a) Full name of applicant's father fourt along Bunge
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother Lila fue Camuchael	(b) Full maiden name of applicant's mother Wandow Shorton Yo
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)
Shappace of motor foliate of foreign country).	Birthplace of mother (State or foreign country) Judiana
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases
immune deficiency syndromes and the second s	that are sexually transmitted, and a list of the lest sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Date 1 Nov 96.	Signature of Applicant According to the Date 1 Nov 46
	, , , , , , , , , , , , , , , , , , ,
The above applicant has objected to verifying by alth or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above
Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Se: Lower and Correct.	State of Indiana County of HENDRICKS ss: I swear/affirm that the information given on this application is true and correct.
Signed Signed Signed	Signed & She Dane Day
New Address 1003 Pawtuckette Dr. Ballwin, MO 6301 Superibed and sworn to before me-this day of November 19 96	11011 11001000
Specified and sworn to being me-this day of	Subscribed and sworn to before me this day of Angelights, 19 94
	Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state data which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) SS:	State of Indiana)
County of HENDRICKS	County of
Father ID # Mother ID #	Father ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties the
County	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana.
dated, authorizing the marriage of	James Michael Simmons, Jr.
andLeslie Lane Benge I, Larry L. Bellville	
(date), atBrownsburg	in Hendricks County, Indiana,
ames Michael Simmons, Jr. of St. Louis	County Missouri (state), and
under a marriage license that was issued by the Clark of the Circle Const.	
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ Larry L. Bellville	
Filed and recorded in accordance with the laws of the State of Indiana on	
	Signed Connie Louison Clerk
	HENDRICKS

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59

HENDRICKS County File 59

Date of Application

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

Female Applicant 50 No X Yes
If No, Medical Examination or Report Dated 10.31-96

Name of Physician D. Whittaber

MALE APPLICANT	FEMALE APPLICANT
Namey Horry First Roant Floman	Name First Alms Middle Last
Day of Byfrift Oay Year	Dave of Birth Month / O 7 7 3
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street of R.R. City Gounty State 441/68	Residence Address Street or R.R. City County State 4616
1141 Pinewood Dr. Apr B Plainfield NINKS IN	Residence Address Street or R.R. City County State 4466
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Dother (Specify)	Date of birth verified by: Birth Certificate Nother (Specify)
- Towers quense	Towers greens
Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes □
If answer is "yes," has the adjudication been removed?	1. Are you now or have you ever been adjudged to be of unsound mind? 1. Yes 1. Yes 1. Yes 1. Yes 1. Yes
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No □ Yes □
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Lary Brent Elman	6. (a) Full name of applicant's father Steven Douglas Harm
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Jundely Sue Hunkle	(b) Full maiden name of applicant's mother HVVI Communication Kay
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
V The state of the	J. Commercial Commerci
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, afid a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Date 11.4.9 6	Signature of Applicant Stacle L. Parmon Date 11/4/16
743/11/	1,500
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana I swear/affirm that the information given	State of Indiana) J swear/affirm that the information given
County of HENDRICKS in this application is true and correct.	County of HENDRICKS ss: // in this application is true and correct.
Signed Signed	Signed A Statel & Thuman
New Address A A Same	New Address \ Same
Aubscribed and sworn to before me this	Subscribed and sworn to before me this
Circuit Court	Consul Gaues Clerk of the HENDRINGS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
Ctata of Indiana	
State of Indiana) County of HENDRICKS) S\$:	State of Indiana) SS: SS:
Father ID #	County of
Mother ID #	MotherID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	A marriage license begins have refused to the characteristics
County	A marriage license having been refused to the above named parties, the Court, by written order issued
	tes and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cla	erk of the Circuit Court of HENDRICKS County, Indiana,
dated, authorizing the marriage of andStacee_Lynn_Harmon	
	I further certify that the following marriage certificate was filed in my office: (name), certify that on December 28, 1996
I, D. Mark Anderson (date), at Brownsburg	Handricks
7 66	in
Stacee Lynn Harmon of Hendricks Con	nunty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 11-4-96
Signed by: /s/ D. Mark Anderson	, (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	1-7-97 (date).
	Conne Lawson
	Signed Clerk
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	HENDRICKS Circuit Court

STATE OF INDIANA

Indiana State Board of Health under Authority of IC 31-7-3 APPLICATION FOR	MARRIAGE LICENSE
HEND.	ORICKS County File 59
	11-4-96 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 10-1-96 Name of Physician The Benninger
MALE APPLICANT	FEMALE APPLICANT
Name / First / Middle / Last	Nagmer A First A Middle 1 Last
Place of Birth (State or foreign country) Place of Birth (State or foreign country) Place of Birth (State or foreign country) Regidence Address Street or R.R. (9ty County State ()	Place of Birth (State or foreign country) Place address Street or R.R. City County State Figure 1 City County County
Previous Marital Status: Never Married OR No. of Previous Marriages	13) W. Kintucky St. Clayton NNIKS Ty Previous Marital Status: 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 Specify	Last Marriage Ended By: Death Divorce Annulment Date Date of birth verified by: Date Divorce Annulment Date
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. ✓
6. (a) Full name of applicant's father Advision Tripletti (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 Fathistic American Young (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)	6. (a) Full name of applicant's father Jevy Wayne Williams (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 Bhonda Lee W (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 ACKNOWLEDGMENT Date 11-8-96	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diserthat are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquimmune deficiency syndrome). Signature of Applicant Andrea Wilson Date 11/4/9
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the all acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed Purposed in this application is true and correct. New Address BOX BS ACCOM IV 46706 Superribed and severn to before me this day of Armshaps 46 HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed Andrea Wilson New Address X Box 855 Jubury las 46706 Subscribed and sworn to before me this day of Mountain 19 The HENDRICKS Circuit County of HENDRICKS
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent si state facts which make the consent of the other parent unnecessary Applicant.
State of Indiana) County of	State of Indiana)
Subscribed and sworn to before me thisday of	Subscribed and sworn to before me this day of, 19
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	
	Court, by written order issuedees and directs the issuance of a marriage license to the above named partie
I certify that there was filed in my office a marriage license issued by the Cl	SE AND MARRIAGE CERTIFICATE erk of the Circuit Court of HENDRICKS County, Indiana
dated 11-4-96, authorizing the marriage of	Michael Wade Triplett I further certify that the following marriage certificate was filed in my office.
(date), at Clayton Michael Wade Triplett of Dekalb	
Signed by: _/s/ Robert E. Tillery Filed and recorded in accordance with the laws of the State of Indiana on	, Minister (official designation)

Signed .

Clerk Circuit Court

Connie Lawson

Clerk Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County Female Applicant 50 No Yes ☐
If No, Medical Examination or Report Dated /0-1-96 IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the Name of Physician _ D, Benninger circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Death Death No Yes NOTE Yes 🗌 No Yes No 🗆 Yes 🗌 No X No Yes Yes 🔲 Nota Yes 🗌 Yes 🗌 No Yes Yes 🗌 (b) Full 1, Shonda L. O'llelfgive my consent for andrew Michelle Wilson Name & Relationship daughte to marry Muchail Wade Oripletok that are The abov acknowled State of In County of CLERK DATE CONSENT State of Ir County of COMP and file I certij dated and _ I, ___ (date), Mic And under ... /s/ Robert E. Tillery Minister Signed by: __ (official designation) 11-14-96 Filed and recorded in accordance with the laws of the State of Indiana on. (date). Consie Lawson

Signed

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No. A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician _ IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** 46732 ried OR No. of Pr Divorce Annulment Death 🗌 No Yes No. No 🗆 Yes 🗌 No 🗌 Yes 🔲 No A Yes No Z Yes 🔲 No No Yes Yes 🔲 No A No Yes No DK Doretta fue Mundell other (State or foreign country) ACKNOWLEDGMENT **ACKNOWLEDGMENT** The above applicant has objected to verifying by oath or affirmation or signature The above applicant has objected to verifying by oath or affirmation or acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court Clerk of Court HENDRICKS HENDRICKS day of Novembers 96 day of November, 19 96 · HENDRICKS CONSENT OF PARENTS, PARENT, OR QUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN the parents of this applicant, hereby give consent for this marriage. We, the parents of this applicant, hereby give consent for this marriage. If only COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued. and filed in_ , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of _ dated _____11-6-96 , authorizing the marriage of Paul Victor Thompson II Melissa Ann Sieg . I further certify that the following marriage certificate was filed in my office: Myron Barnard (name), certify that on November 9, 1996 (date), at Indianapolis in Marion County, Indiana,_ Paul Victor Thompson II of Hendricks County __ Indiana _(state), and _

Indiana

Judge

Hendricks

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

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

___ County_

11-14-96

(state) were married by me as authorized

Clerk

Circuit Court

County, Indiana, dated 11-6-96

(official designation)

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

Melissa Ann Sieg

Signed by: /s/ Myron Barnard

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 NO If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician _ IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Never Married Annulment No Yes Yes 🗌 No 🗌 Yes 🔲 No 🗆 Yes 🔲 NOR Yes 🗌 No D Yes 🗌 Yes 🗌 Yes 🗌 Yes 🔲 ACKNOWLEDGMENT information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ County _ Court, by written order issued _ and filed in , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 11-6-96 Douglas Brian Henry , authorizing the marriage of ___ and ___ Donna Lucille Miller . I further certify that the following marriage certificate was filed in my office:
____ (name), certify that on ___ November 9, 1996 I, Roy L. Norville (date), at ___Indianapolis Marion County, Indiana, Douglas Brian Henry Indiana County _ _(state), and _

Indiana

(date).

Minister

____ (state) were married by me as authorized _______County, Indiana, dated _______11-6-96_______

Clerk

Circuit Court

(official designation)

Hendricks

County_

11-14-96

Donna Lucille Miller

Signed by: /s/ Roy L. Norville

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

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County Yes No 🗆 Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. Name of Physician **FEMALE APPLICANT** MALE APPLICANT Annulment Annulment Divorce Date of birth verified by: Birth Certificate Other (Specify) Yes 🗌 Ne Yes No Yes Yes 🗌 No Yes Yes 🔲 Yes 🗌 Yes 🔲 Yes 🗌 of applicant's father William Lester England Birthplace of mother (State or foreign country) **ACKNOWLEDGMENT** ACKNOWLEDGMENT viedge that I have received information regarding dangerous communicable diseases I swear/affirm that the information given State of Indiana CONSENT OF PARENTS, PARENT, OR GUARDIAN ents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued County_ , authorizes and directs the issuance of a marriage license to the above named parties. and filed in_ RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of _ County, Indiana, , authorizing the marriage of ____Gregory Keith England dated 11-6-96 . I further certify that the following marriage certificate was filed in my office: and ___ Elise Marie Loviscek _ (name), certify that on _ December 14, 1996 James A. Jones ____ County, Indiana,_ in Hendricks (date), at ____ Brownsburg County Indiana _(state), and _ Gregory Keith England Indiana (state) were married by me as authorized Hendricks County_ Elise Marie Loviscek of County, Indiana, dated __11-6-96_ under a marriage license that was issued by the Clerk of the Circuit Court of .

(official designation)

Circuit Court

HENDRICKS

Minister

12-27-96

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

Signed by: /s/ James A. Jones

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59
11-7-96

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

Female Applicant 50 No R Yes
If No, Medical Examination or Report Dated 10-11 96
Name of Physician 1. 11

MALE APPLICANT	FEMALE APPLICANT
Name First Casarowe Casarowe	Last First Marie Froudl Last
Solution of Birth Month 4-6-71	Date of Birth Month 9-10-70 Year
Place of Birth (State or foreign country) England (Guanga)	Place of Birth (State or fgreign country)
Residence Address Street or R.R. City County State 44172	Residence Address Street or R.R. City County State (0.05 W Mill Passallo Hadbs In 40122
Previous Marital Status: Never Marrieg 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 State (Specify) Drivers Signal	Date of birth verified by: Birth Certificate Dother (Specify) Diwers Lineage
- During grant	granz granz
1. Are you now or have you ever been adjudged to be of unsound mind? No. Yes	Are you now or have you ever been adjudged to be of unsound mind? No. Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin? No. Yes 3. Are you now under the influence of an alcoholic beverage? No. Yes Ye	2. Are you related to the male applicant closer than second cousin? No Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No. R. Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
	0.000
6. (a) Full name of applicant's father fame and applicant father father fame and applicant father fathe	6. (a) Full name of applicant's father Sichard Jouis Savuel
Residence of father (if deceased, so state)	(If adopted, list adoptive parents only)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) plest Virginia
(b) Full maiden name of applicant's mother fuel Side both own	(b) Full maiden name of applicant's mother Susan Milliant Conv. (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Andiana	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country) England (Sugar)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome)	immune deficiency syndrome)
Signature of Applicant Alpha Congrare Date 11/7/96	Signature of Applicant Applicant Date 11/7/96
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given County of HENDRICKS ss: in this application is true and correct	State of Indiana) I swear/affirm that the information given County of HENDRICKS) ss: in-this-modification is true and correct.
Signed X Coopar Coopar	Signed Si
New Address Subsymbol and sworp to before rige this To day of Novembers 91,	New Address X SAME
HENDRICKS Circuit Court	Subspribed and sworn to before me this day of Working 9 9 Circuit Court
CONSENT OF PARENTS, PARENT, OR GUADDIAN	S Renderingan
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage, if only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID #	Father ID # ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	
and filed in, authorize	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cle	
dated 11-7-96, authorizing the marriage of	Jason Richard Cosgrove
andLeah Marie Farrell	I further certify that the following marriage certificate was filed in my office: (name), certify that on November 23, 1996
(date), at Rockville	in Parke County, Indiana.
	County Indiana (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	inty (state) were married by me as aumorized
Signed by: /s/ Roger Fisher Clerk Parket	e Circuit Court (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	12-10-96 (date).
	Signed Sharon Dugan Clerk
	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

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

MALE APPLICANT	FEMALE APPLICANT
First Middle Last	Name First Middle Last
tie of Birth Month 20 Day Year	Date of Birth Month Day Year
7-30-60 ce of Birth (State or foreign country)	Place of Birth (State or foreign country)
Ohio	Tennesse
sidence Address Street or R.R. City County State 46334	Residence Address Street or R.R. City County State 4603.
Towning gane Judge. Anna In	DIT MANAGE STUDE
ious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date 1995	Last Marriage Ended By: Death Divorce Annulment Date
of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify) Private License
- Terrera gicense	A part section
	1. Are you now or have you ever been adjudged to be of unsound mind?
Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "ves." has the adjudication been removed? No Yes	Are you now or have you ever been adjudged to be of unsound mind? Yes Yes Yes No Yes Yes No Yes □ Yes □
If answer is "yes," has the adjudication been removed? Are you related to the female applicant closer than second cousin? No Yes	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
Are you now under the influence of a narcotic drug? No Yes ☐	4. Are you now under the influence of a narcotic drug? No Yes
List the full names of any dependent children.	5. List the full names of any dependent children
Michael Holden callett	
anthony Matthew Collette	0 1 51
(a) Full name of applicant's father Hickoria Jerald Collell	6. (a) Full name of applicant's father David Elmer Suny
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Hermanian Agriculture	(b) Full maiden name of applicant's mother Visita Vivola Owen
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Indiana	Residence of mother (if deceased, so state) Tempesce
Birthplace of mother (State or foreign country) Kentucky	Birthplace of mother (State or foreign country) Virginia
	ADMINISTRATIVE
ACKNOWLEDGMENT acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
at are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
mune deficiency syndrome).	immune deficiency syndrome).
gnature of Applicant X Date 1/8/96	Signature of Applicant X Joure Yung Date 11-8-415
ne above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
knowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
erk of Court Date	Clerk of Court Date
tate of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
ounty of HENDRICKS ss:	County of HENDRICKS ss:
Signed & Jony Collett	Signed A Jane Jung
No Address X SAME	New Address X
bscribed and worn to belore me time day of A ovenus, 19 96	Subgribed and from to before methis day of fraemich 19 76
ect of the RENDRICKS Circuit Court	HENDRICKS Circuit Court
DISENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
e, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
ate facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
ate of Indiana	State of Indiana)
ounty of <u>HENDRICKS</u> ss:	County of HENDRICKS SS:
ther ID #	Father ID #
other ID #	Mother ID #
bscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
nd filed in, authoriz	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the Cl	
ated, authorizing the marriage of	Tony Eric Collett
nd Donna Kaye Sumpter	I further certify that the following marriage certificate was filed in my office:
	(name), certify that on November 8, 1996
	_inHendricksCounty, Indiana,
Tony Eric Collett of Hendricks	
nder a marriage ligered that we involve the Classic Co	runty Indiana (state) were married by me as authorized HENDRICKS County, Indiana, dated 11-8-96
	County, Indiana, dated 11-8-96 (lerk-Treasurer (official designation)
iled and recorded in accordance with the laws of the State of Indiana on_	
	Jan and hope and
	Signed Clerk
	Signed Clerk HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE HENDRICKS County Female Applicant 50 No X Yes If No, Medical Examination or Report Dated IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician _ IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Annulment Date of birth verified by: Birth Certificate Other (Specify) No Yes Yes 🔲 No 🗆 No 🗆 Yes 🗌 er is "yes," has the adjudication been removed? Yes 🔲 No. No X Yes 🔲 Yes 🔲 No. Yes 🗌 No Yes 🗌 No. Yes 🗌 ACKNOWLEDGMENT ACKNOWLEDGMENT I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court State of Indiana HENDRICKS Ci 94 CONSENT OF PARENTS, PARENT, OR GUARDIAN COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County _ Court, by written order issued _ and filed in. authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of County, Indiana, dated November 8, 1996 ___, authorizing the marriage of ____ William Robert Jackson and __ Linda Marie Walls . I further certify that the following marriage certificate was filed in my office:
____ (name), certify that offorember 15, 1996 William Henry Strother II (date), at ____ Danville Hendricks County, Indiana, Indiana

County _

County_

Hendricks

Indiana

HENDRICKS Minister

menosports in me

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

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

Signed by: /s/ William Henry Strother II

William Robert Jackson

Linda Marie Walls

Circuit Court

(date).

_(state), and .

(official designation)

___ (state) were married by me as authorized .County, Indiana, dated ______11-8-96_____

Clerk

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

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

MALE APPLICANT **FEMALE APPLICANT** 44165 46168 ried 🔲 Death Divorce Death Divorce Date of birth verified by: Birth Certificate Other (Specify) Date of birth verified by: Birth Certificate Other (Specify) Yes 🗌 Are you now or have you ever been adjudged to be of unsound mind? Yes 🔲 No 🗆 Yes 🗌 No 🗌 Yes 🔲 Yes 🗌 Note Yes 🗌 Yes 🔲 Yes 🗌 mother (State or foreign country) Andiana ther (State or foreign country) ACKNOWLEDGMENT **ACKNOWLEDGMENT** edge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases Clerk of Court I swear/affirm that the information given State of Indiana HENDRICKS HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued. and filed in_ , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated 11-8-96 , authorizing the marriage of ____ Darin Kent Rader . I further certify that the following marriage certificate was filed in my office: (name), certify that on 11-8-96Shelley Angelina Wright Karen M. Love (name), certify that on . Hendricks (date), at _____ Danville County, Indiana, of_ Hendricks Indiana Darin Kent Rader County (state), and Shelley Angelina Wright Marion Indiana County. (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of _ County, Indiana, dated _ Judge Signed by: /s/ Karen M. Love (official designation) Filed and recorded in accordance with the laws of the State of Indiana on

Signed .

Circuit Court

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

MALE APPLICANT

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County No. Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. Yes A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician FEMALE APPLICANT Death Annulment Not Yes 🗌 No 🗆 No 🗌 Yes 🗌 Yes 🗌

Date of birth verified by: Birth Certificate Other (Specify) NOR Yes 🔲 Not Yes 🗌 No D Yes 🗌 No Yes 🗌 No X Yes 🔲 Comer ACKNOWLEDGMENT that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court day of November, 19 96 HENDRICKS day of November 19 9 6 HENDRICKS Circuit Court HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County _ Court, by written order issued _ and filed in. authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of County, Indiana, dated ____11-12-96 , authorizing the marriage of _ Ben Douglas Comer and ___ Margaret Cash Tewel I further certify that the following marriage certificate was filed in my office: Ray Montgomery (name), certify that on November 16, 1996 (date), at ____ Bloomington County, Indiana, in Monroe Ben Douglas Comer Hendricks County Indiana (state), and _ Margaret Cash Tewel Indiana Monroe County_ (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of 11-12-96 County, Indiana, dated _ Minister Signed by: /s/ Ray Montgomery (official designation) Filed and recorded in accordance with the laws of the State of Indiana on. 11-27-96 (date).

Circuit Court

Clerk

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a 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/-6-96
Name of Physician Dr. Heimstein

MALE APPLICANT	FEMALE APPLICANT
Name and andrew Roark Last	Name Usan First Jane Puner
Date of Birth Month 3-17-4 Pay Year	Date of Birth Month (-3-H9 Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City Gounty State 40112	Residence Address Street or R.R. City County State HUI)
14/2 & Guen St. Brownshing Andre IN	1142 S. Guen Brownshing under Ind
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 1996	Last Marriage Ended By: Death Divorce Annulment Date 1996
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Dother (Specify)
Date of Differ verified by. Differ Certificate Active Capecity) What has Juliuse	- + privers givens
Are you now or have you ever been adjudged to be of unsound mind? Nb ✓ Yes ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓	Are you now or have you ever been adjudged to be of unsound mind? No. Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ▶ Yes □	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No Yes Ves No Yes No Yes Ves No Yes No No Yes No Yes No No No No No No No N	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. A C Yes Yes Yes The provided the influence of a narcotic drug? No S Yes Yes The provided the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. Yes
	S. List the fall flattes of any dependent officient.
6. (a) Full name of applicant's father Cistly Roach	6. (a) Full name of applicant's father lingul Anthony Fulch
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother ETher Surner	(b) Full maiden name of applicant's mother landum Aane Fro
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Acclased	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country) Bendsuky	Birthplace of mother (State or foreign country) Andiana
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
hat are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
mmune deficiency syndrome).	immune deficiency syndrome). Supplicant X Supplicant X Date 11-12-9
Date 11/12/76	Signature of Applicant Date
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	
State of Indiana) Swear/affirm that the information given in this application is true and correct.	State of Indiana) I swear/affirm that the information given County of HENDRICKS ss: in this application is true and correct
Signed & Glaf le Kear	County of in this application is true and correct.
New Address & Same	New Address X SRUME
Subscribed and sworn to before me this day of Votestiles, 19 4	Subscriber and anon proper mentise gant day of November 19 96
Staran Nilliam HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
tate facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
	CONTRACTOR AND AND AND ADDRESS OF THE ADDRESS OF TH
state of Indiana) Secretary of HENDRICKS SS:	State of Indiana) ss:
county or	County of
Aother ID #	Father ID # Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IE MARRIAGE LICENSE ISSUED BY ORDER OF COURT	marriage license having have refused to the total
County	A marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	
certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana,
, aminor territy and marriage of _	
James H. Fierek	I further certify that the following marriage certificate was filed in my office: (name), certify that on November 14, 1996
date), at Brownsburg	in Hendricks County, Indiana,
Max Andrew Roark of Hendricks	County Indiana (state), and
Susan Jane Turner of Hendricks Con	unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 11-12-96
Signed by: /s/ James H. Fierek	Judge Pro-Tem (official designation)
iled and recorded in accordance with the laws of the State of Indiana on	
Water State of the	Signed Sharan Dugan Clerk
	Signed Clerk HENDRICKS Circuit Court

Clerk

Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. No 🗆 Yes If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician _ IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** 9400. Never Married OR No. of Previous Marriages Never Married OR No. of Previous Marriages Death Divorce _ Annulment Date of birth verified by: Birth Certificate Other (Specify) Date of birth verified by: Birth Certificate Other (Specify) No. Yes 🗌 Yes 🔲 No 🗆 Yes 🗌 If answer is "yes," has the adjudication been removed? is "ves," has the adjudication been removed? No 🗌 Yes 🔲 No 🖾 Yes 🗌 No 🔯 Yes 🔲 No 🖾 Yes 🗌 No Yes 🔲 No N No D Yes 🗌 Madley (a) Full name of applicant's father Richard BOONE pupiblet (rumb) Udiano of mother (State or foreign country) RNN ACKNOWLEDGMENT ACKNOWLEDGMENT that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court State of Indiana HENDRICKS HENDRICKS Circuit Court Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ County _ Court, by written order issued _ and filed in authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of County, Indiana, dated 11-12-96 _, authorizing the marriage of _ Richard Scott Hadley Kelly Lee Boone . I further certify that the following marriage certificate was filed in my office:

_____ (name), certify that on ______ November 29, 1996 I, John P. Roof (name), certify that on _ (date), at ____ Danville Hendricks County, Indiana, County Indiana Richard Scott Hadley Hendricks (state), and Kelly Lee Boone Hendricks County_ Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of _ County, Indiana, dated Signed by: /s/ John P. Roof Priest (official designation) 12-10-96 Filed and recorded in accordance with the laws of the State of Indiana on. (date).

Signed

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDR	CKS County File 59 // -17 - 96
	Date of Application
1-7-9-1. Furnishing false information upon applying for license. erson who knowingly furnishes false information to a clerk of the uit court when the person applies for a marriage license under 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes If No, Medical Examination or Report Dated 11~12~96 Name of Physician Augustical Applicant 50 No Yes Report Dated 11~12~96
MALE APPLICANT	FEMALE APPLICANT
Middle Last	Name First Middle Basen
Stadly alan Belson Year	Gate of Birth Month 10-19-5-5
11-16-54	Place of Birth (State or foreign country)
of Birth (State or foreign country) Andiana County State 44117	Residence Address Street or R.R. Sity County State 460
ince Address Street or R.R. City County State 401/1	227 & West St. Thousan Bone IN
us Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Astriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date 1993	Last Marriage Ended By: Death Divorce Annulment Date 1994
of birth verified by: Wairth Certificate Other (Specify) Driver License	Date of birth verified by: Birth Certificate Dother (Specify) Drivers Lices
4 . 5	Are you now or have you ever been adjudged to be of unsound mind? No. Yes
Are you now or have you ever been adjudged to be of unsound mind? Yes Yes Yes	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
If answer is "yes," has the adjudication been removed? Are you related to the female applicant closer than second cousin? No. Yes Yes	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage?	Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? No Yes
Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
List the full names of any dependent children. Mg/Thew 504/73888	
. 4 1	- Lee Grains
(a) Full name of applicant's father Walter Eugene Belson	6. (a) Full name of applicant's father 70.
(If adopted, list adoptive parents only)	Residence of father (if deceased, so state)
Residence of father (if deceased, so state)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Elpsulse Twin	(b) Full maiden name of applicant's mother Dates Collection of the control collection of the collection of t
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
Birthplace of mother (State or foreign country)	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases at are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired mune deficiency syndrome). Bradley & Beeson Date 11/12/96	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above
e above applicant has objected to verifying by oath or affirmation or signature to the above knowledgment because of religious beliefs. Park of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
	State of Indices) I swear/affirm that the information given
ate of Indiana) I swear/affirm that the information given ss: in this application is true and correct.	State of Indiana County of HENDRICKS in this application is true and correct.
Bully a Beesen	- A how Cour Doler
New Address X 5812 Herwood Lane, Brownsburg 46112	Substring any sworn to below he his 12 day of Township 19 26
abscribe and worn to before to this day of November 19 96 Circuit Court	Superint and Superint HENDRICKS Circuit Court
ONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
le, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
ate facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
tota of ladiana	State of Indiana) ss:
tate of Indiana) ss:	County of HENDRICKS ID #
ather ID #	FatherID #
Nother ID #	Subscribed and sworn to before me this day of, 19
subscribed and sworn to before me thisday of, 19Clerk	Cleri
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
	Court, by written order issuedizes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICEN	ISE AND MARRIAGE CERTIFICATE HENDRICKS County, Indiana,
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of County, Indiana, Bradley Alan Beeson
dated, authorizing the marriage of _	I further certify that the following marriage certificate was filed in my office
I. Timothy A. McKaig	(name), certify that on NOVERIDEL 13, 1990
(date), at Thorntown	in Boone County, Indiana,
Bradley Alan Beeson of Hendricks	_ County _ 1: authorized
	County Indiana (state) were married by me as authorized (state) were married by me as a state (state) were married by me as a state (state) were married (

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No X Yes If No, Medical Examination or Report Dated //-1396 A person who knowingly furnishes false information to a clerk of the Name of Physician __ Dr. Aurus **FEMALE APPLICANT** Never Married OR No. of Previous Marriages 2 Death No Yes No Yes No 🔲 No Yes 🗌 No No D Yes 🗌 No Yes ACKNOWLEDGMENT State of Indiana HENDRICKS day of Vovemby, 19 94 HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN

wax

Clerk

Circuit Court

circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. MALE APPLICANT Birth Certificate Other (Specify) Yes 🔲 er is "yes," has the adjudication been removed? Yes 🔲 Yes 🗌 Yes 🔲 Y95 🔲 ner (State or foreign country). Andieuma ACKNOWLEDGMENT ed information regarding dangerous communicable diseases that I have received information regarding dangerous communicable diseases Clerk of Court State of Indiana day of Vovember 19 96 HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs State of Indiana HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ County __ Court, by written order issued _ and filed in. authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 11-12-96 Jeffrey Alan Ellis , authorizing the marriage of _ Loretta Lynn Sullivan I further certify that the following marriage certificate was filed in my office: John E. Bolin November 23, 1996 (name), certify that on . Hendricks (date), at _____Danville County, Indiana, Jeffrey Alan Ellis County Indiana (state), and . Loretta Lynn Sullivan of Indiana (state) were married by me as authorized Hendricks County_ under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated . Minister Signed by: /s/ John E. Bolin (official designation) Filed and recorded in accordance with the laws of the State of Indiana on_ (date).

Signed

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59

| 11-13-96 | 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 //- 9-96
Name of Physician Dy, Klein

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Patterson	Name Middle Last
Day Of Birth Vear Vear	Date of Birth Year
Place of Birth (State or foreign country) New Yorks	Place of Birth (State or foreign country)
Residence Address, Street or R.R. City County State 40112	Residence Address Street or R.R. City County State 46112
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Dother (Specify) Drunes Licanse	Date of birth verified by: Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes
If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? Yes Yes	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No St. Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No St. Yes ☐	2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? Yes Yes
4. Are you now under the influence of a narcotic drug? No- No- Yes □	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
+ 71: + 0-#	
6. (a) Full name of applicant's father Apple Amelian fallinger (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Manual Wells Duffally (If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Justitle Sharen Marce (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother flag (1) (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Anaimme
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Date 111196	Signature of Applicant X Date 1 1-13-90
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) second I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS in this application is true and correct.	County of HENDRICKS in this application is true and correct.
New Address X Same	New Address And Address
Subscribed and sworn to before me this	Subscribed and sworn to before methin 13 day of 19 96
Sharan Degrate The Circuit Court	- S-Yarasa Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
Sale face which made the content of the care partial minococking	State lacts which make the consent of the other patent differensisting
State of Indiana) SS:	State of Indiana) HENDRICKS ss:
FatherID #	County of
Mother ID #	MotherID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
	A marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, authorize	
RETURN OF MARRIAGE LICENS	F AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clo	erk of the Circuit Court of HENDRICKS County, Indiana.
dated 11-13-96, authorizing the marriage of	Ian James Patterson
I, James H. Fierek	I further certify that the following marriage certificate was filed in my office: (name), certify that on November 23, 1996
(date), atBrownsburg	in Hendricks County, Indiana,
	County Indiana (state), and Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 11-13-96.
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	11-27-96 (date).
	Signed Starox Nugax Clerk
	HENDRICKS Circuit Court

STATE OF INDIANA

	No. 337
HEN	DRICKS County File 59
· · · · · · · · · · · · · · · · · · ·	11-13-96 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 11-5-96 Name of Physician D. Wentweeth
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle First Last
Date of Birth Month G 2 2 / Pay Year	Date of Birth Month Day Day
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State 4/2/	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married TOR 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 Rither (Specify) Drivers License	Date of birth verified by: Birth Certificate Tother (Specify) Drivers friends
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No Kare Yes I
If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes," has the adjudication been removed? No ☐ Yes 2. Are you related to the male applicant closer than second cousin? No ☐ Yes
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No SX Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No 🗸 Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
3. (a) Full name of applicant's father Lavry Engine Thomas	6. (a) Full name of applicant's father to nothing Lee Witch
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Sentificial	Residence of father (if deceased, so state) Yesessed
Birthplace of father (State or foreign country) Indiana (b) Full maiden name of applicant's mother Han Anialia Paule	Birthplace of father (State or foreign country) Sudiana (b) Full maiden name of applicant's mother Patrician Cheryl M
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Indiaga
Birthplace of mother (State or foreign country) California	Birthplace of mother (State or foreign country) — \$\frac{1}{2} \text{Microscopic} \text{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 11-13-96	I acknowledge that I have received information regarding dangerous communicable diseath that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquimmune deficiency syndrome). Signature of Applicant Date 11-13-4
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the ab acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information g
County of HENDRICKS ss: in this application is true and correct. Signed Will J. Zhm	County of HENDRICKS, ss: in this application is true and corn Signed Kelly Britishell
New Address A 3/50 OCEANLINE E. Dr. INOPIS, IN 46214 Substribed and sworn to be pre-me this 13 day of November 19 96	New Address X 31 50 Occurline E. Dr. Inches, IN 46214 Subscribed and sylven to before men 13 day of November 96
Laran Dugarist the HENDRICKS Circuit Court	Sharan Degrave HENDRICKS Circuit C
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent significants which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS Father ID #	County of HENDRICKS ss:
ather ID # Mother ID #	Father ID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me thisday of, 19
	A marriage license having been refused to the above named parties, t
County	Court, by written order issuedizes and directs the issuance of a marriage license to the above named partie
I certify that there was filed in my office a marriage license issued by the (ISE AND MARRIAGE CERTIFICATE Clerk of the Circuit Court of HENDRICKS County, Indiana
dated11-13-96, authorizing the marriage of _ andKelly Blayre Mitchell	William James Thomas
, Dale Harner	(name), certify that on December 28, 1996
(date), at Plainfield William James Thomas of Marion	in Hendricks County, Indiana,
	County Indiana (state), and Indiana (state) were married by me as authoriz
under a marriage license that was issued by the Clerk of the Circuit Court of	

Minister

(official designation)

____ (state) were married by me as authorized ______County, Indiana, dated ______11-13-96

Clerk Circuit Court

Signed by: /s/ Dale Harner

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 560 File 59 11-14-94

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

Female Applicant 50 No Yes I

If No, Medical Examination or Report Dated

Name of Physician DR. DEBORAH Williams

MALE APPLICANT	FEMALE APPLICANT
Douglas NEIL HAMOTON	Name First Middle Last JONNA JEANNE SEARS
Date of Birth Month Day Year /	Date of Birth Month Day Year 61
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. 1913 C County, State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages /	1702 FOYT DR. Speedway MARION IN Previous Marital Status: Never Married ☐ OR No. of Previous Marriages /
Last Marriage Ended By: Death □ Divorce ☑ Annulment □ Date 1-13 -93	Last Marriage Ended By: Death Divorce Annulment Date 1996
Date of birth verified by: Birth Certificate Other (Specify) DR: YERS LICENSE	Date of birth verified by: Birth Certificate Wither (Specify) DRIVERS LICENSE
Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No ✓ Yes ☐ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No ✓ Yes ☐ 4. Are you now under the influence of a narcotic drug? No ✓ Yes ☐
5. List the full names of any dependent children. JAMIE ELLEN HAMPTON JEFFREY NEIL HAMPTON	5. List the full names of any dependent children. John DAVID SEARS
Day Class May 1	6. (a) Full name of applicant's father John EARL JONES
6. (a) Full name of applicant's father DALE CAWARD NAMPTON (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father JONN CHRC JONES (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) DECEASED	Residence of father (if deceased, so state) INd: ANA
Birthplace of father (State or foreign country) Indiana	Birthplace of father (State or foreign country) Tandi ANA
(b) Full maiden name of applicant's mother Theuma Ruth Tow (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother PATRICIA MARY NEHOW (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) INDIANA	Residence of mother (if deceased, so state) FlokiDA
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) South DAKOTA
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant X Douglas M. Tampton Date 11-14-96	Signature of Applicant X Johns J. Sears Date 11-14-9
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given ss:
County of HENDRICAS M. Harmy Signed & Douglas M. Harmy Signed & Dougla	Signed X Johns Q. Sears in this application is true and correct.
New Address 66190 E. C.R. 151 N. Plainfield IN 46168	New Address 16619 E. CR 151 N. Plainfield IN 4616
Subsorbed hd sworn to beforem this 14 day of NoV , 19 940	Subscripted and sworn to before me this 14 day of NOV , 19 94
A ACCURATE AND A Circuit Court	The Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID # Mother ID #	Father ID #
Subscribed and sworn to before me this	MotherID #
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authoriz	res and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	erk 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: (name), certify that on
(date), at	_ in County, Indiana,
of	County(state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	tunty (state) were married by me as authorized County, Indiana, dated
Signed by:	, (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	(date).
	Similar Maran Dugan
	Signed Clerk HENDRICKS Circuit Court

(state) were married by me as authorized

Clerk

Circuit Court

County, Indiana, dated _ (official designation)

HENDRICKS

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No d Yes A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Divorce 🗆 No Yes No D No 🗆 Yes 🗌 No 🗆 Yes 🗌 No Yes 🔲 No Yes 🔲 No K Yes 🔲 No D Yes 🔲 No Yes 🗆 No 🗵 ACKNOWLEDGMENT information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court xhond HENDRICKS 19 94 _ Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ County _ Court, by written order issued _ and filed in authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of County, Indiana, _, authorizing the marriage of _ and . . I further certify that the following marriage certificate was filed in my office: I, _ _ (name), certify that on _ (date), at_ County, Indiana, County (state), and

County_

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

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

HENDRICKS

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 562
File 59

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

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

Name of Physician Double Chs Wills

MALE APPLICANT	FEMALE APPLICANT
Name DAVID JEFFERY DRAFE	Name First Middle CROOKE
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
1562 WINDING CRK TRL B'Durg IN	1562 WINDING CRETEL B'DING 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 2-95	Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date ¬ ς Ч 1
Date of birth verified by: Birth Certificate Sother (Specify) DR, LIC.	Date of birth verified by: Birth Certificate (Specify) DR.LIZ.
Are you now or have you ever been adjudged to be of unsound mind? No Yes	Are you now or have you ever been adjudged to be of unsound mind? No ✓ Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children. YNRTIS L. DRAKE	4. Are you now under the influence of a narcotic drug? No Yes 1. List the full names of any dependent children. No Yes Yes No No No No No No No N
5. List the full names of any dependent children.	KEVIN PRODICE, PETER PRODICE
6. (a) Full name of applicant's father BLANE KELLY DRAKE	6. (a) Full name of applicant's father FRED NAPIER
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state) TNDPLS TN
Residence of father (if deceased, so state)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother LENOR ANN BORNES	(b) Full maiden name of applicant's mother REBECCA ELIZABITH BROW
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Aven In	Residence of mother (if deceased, so state) DECEASED
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Daniel Duke Date 11/15/96	immune deficiency syndrome). Signature of Applicant 2 mac Rubble Date 11-15-96
Signature of Applicant	Signature of Applicant Date //-/3 1/2
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS see in this application is true and correct.
Signed X Varil - Viale	Signed of Mana (MYWE)
New Address 4562 Winding Crack TIAII Brunning Substraction and swort and swo	New Address 1562 thinding CREK TUAII BROWN Du Subscribe and sworn to before the this 15 day of Nov 19 94
day of HENDRICKS Circuit Court	Subscribed and sworm to before the this day of 19 HENDRICKS Circuit Court
Sound the Country of	Olich State
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana,
dated, authorizing the marriage of	
	I further certify that the following marriage certificate was filed in my office:
	(name), certify that on County, Indiana,
of	County(state), and
ofCo	unty (state) were married by me as authorized County, Indiana, dated
under a marriage license that was issued by the Clerk of the Circuit Court of	
Signed by:	
	Jana Nugari
The contract of the contract o	Signed Clerk
	HENDRICKS Circuit Court

STATE OF INDIANA

Indiana State Board of Health under Authority of IC 31-7-3 APPLICATION FOR N	MARRIAGE L	ICENSE	
			No
<u>HENDI</u>	RICKS	County	File
			11-18-96
			Date of Application
C 31-7-9-1. Furnishing false information upon applying for license.	Female Applic	ant 50 No	Yes 🗆 . , a a
A person who knowingly furnishes false information to a clerk of the	If No, Medica	I Examination or	Report Dated 1/-18-96
circuit court when the person applies for a marriage license under	Name of Phys	cician	Haak
C 31-7-3 commits a Class D felony.	Manual Property and		
MALE APPLICANT		FEMALE A	APPLICANT
larger First Middle Lasty	Name / /	First	Middle Last
Jajor of Birth Month Day Year	Date of Birth	Month	Jones Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign	4-14-	74
Indiana	Place of Diffit (State of Toreign	- In	diana
desidence Address Street or R.R. City County State 46/68	Residence Address	Street or R.R.	city County State +
Continue Maried Chaire Name Maried TC OR No of Designar Maried	VAS OPPERA	Manual Ma	
revious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Ne	ever Married OR No. of Previo	ous marriages
ast Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By:	Death Divo	orce Annulment Date
Date of birth verified by: "Mainth Certificate Other (Specify)	Date of birth verified by:	Birth Certificate Cher (S	Specify) Danie
	ELECTION OF SECTION		purers sucen
	To the second	THE RESIDENCE OF	
. Are you now or have you ever been adjudged to be of unsound mind?		ve you ever been adjudged t	
If answer is "yes," has the adjudication been removed? No Yes Are your related to the temple applicant aleger than accord equals?		has the adjudication been re	
Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? Not Yes		the male applicant closer the the influence of an alcoholic	
Are you now under the influence of an alcoholic beverage? Noth Yes Yes Yes Yes Yes Yes		the influence of a narcotic	
5. List the full names of any dependent children.		of any dependent children.	+ 1 1 0 00
The state of the s	K-(
	THE BUILDING		
(a) Full name of applicant's father Marvin Dean Campbell 9	6. (a) Full name	of applicant's father	enny Ray Honey
(If adopted, list adoptive parents only)	AND REAL PROPERTY AND REAL PRO	d, list adoptive parents only	1
Birthplace of father (State or foreign country)		of father (if deceased, so	
(b) Full maiden name of applicant's mother Dawn Flaine Hander		of father (State or foreign of en name of applicant's moth	12
(If adopted, list adoptive parents only)		d, list adoptive parents only	cold o - contract to
Residence of mother (if deceased, so state) Andiana		of mother (if deceased, so	17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Birthplace of mother (State or foreign country) Kentucky	Birthplace	of mother (State or foreign	country) Kentucky
			7
ACKNOWLEDGMENT		ACKNO	WLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases			ition regarding dangerous communicable diseas
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired minume deficiency syndrome).	immune deficiency syndro	THE RESERVE THE PARTY AND PARTY AND PARTY.	test sites for the virus that causes AIDS (acqui
Signature of Applicant X 1 Wal (amplot) Date	Signature of Applicant		olley Date 11-18
		70	8
he above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant h	has objected to verifying	by oath or affirmation or signature to the abo
acknowledgment because of religious beliefs.	acknowledgment because	of religious beliefs.	
Clerk of Court Date	Clerk of Court		Date
Note of Indian			
county of HENDRICKS Section 1 Swear/affirm that the information given Section 2 An this application is true and correct.	State of Indiana County of HENDR	RICKS) ss	I swear/affirm that the information gives:
Signed & Maul P Campbell in this application is true and correct.	County of Signed	Quois -	in this application is true and corre
New Address X Same	New Address	9 sam	ne
described and sworn to befole me this 8 day of November , 19 96	Subscribed Indewyrn	proper methis or of	8) day of November 19 96
HENDRICKS Circuit Court	7	Clerk of th	HENDRICKS Circuit Co
The state of the s	Approximation of the second		
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS,		
Ve, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary			consent for this marriage. If only one parent sig
and the consent of the other parent unnecessary	state facts which make the	e consent of the other paren	unnecessary
State of Indiana)	State of Indiana		
ounty ofss:	County of HENDR	RICKS	
ather ID #	Father		ID #
lother ID #	Mother		ID #
ubscribed and sworn to before me thisday of, 19	Subscribed and sworn to I	before me this	day of, 19
Clerk			CI
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license	having been refus	sed to the above named parties. H
The state of the s		ritten order issued	to the above flamed parties, the
County	Court, by w		
County	Court, by w		ge license to the above named partie
and filed in, authorize	Court, by we and directs the iss	suance of a marria	ge license to the above named partie
county, authorize RETURN OF MARRIAGE LICENSE	Court, by we sand directs the iss	suance of a marria	
County, authorize RETURN OF MARRIAGE LICENSI certify that there was filed in my office a marriage license issued by the Clei	Court, by we sand directs the issue E AND MARRIAGE erk of the Circuit Co	Suance of a marria	HENDRICKS County, Indiana
County, authorize RETURN OF MARRIAGE LICENSE certify that there was filed in my office a marriage license issued by the Cleated, authorizing the marriage of	Court, by we sand directs the issue and direct the	E CERTIFICATE ourt of aul Campbel	HENDRICKS County, Indiana
County, authorize RETURN OF MARRIAGE LICENSE certify that there was filed in my office a marriage license issued by the Cleicated, authorizing the marriage of ndJulie Marie Honey	Court, by we sand directs the issue and directs an	E CERTIFICATE ourt of aul Campbel hat the following ma	HENDRICKS County, Indiana 1 arriage certificate was filed in my office
County	Court, by we sand directs the issue and directs the issue and directs the issue are and directs the issue are are are are are are are are are ar	E CERTIFICATE ourt of aul Campbel that the following mu fy that onNo	HENDRICKS County, Indiana 1 arriage certificate was filed in my officeovember 22, 1996
County	Court, by we sand directs the issue and directs the issue and directs the issue are and directs the issue are are and directs to a sum of the court	E CERTIFICATE ourt of aul Campbel that the following mu fy that onNo	HENDRICKS County, Indiana 1 arriage certificate was filed in my office

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

Signed by: ___/s/ Hubert Greer
Filed and recorded in accordance with the laws of the State of Indiana on__

Signed .

11-27-96

Minister

Clerk

Circuit Court

_County, Indiana, dated ___11-18-96

_ (official designation)

Staron Dugan

HENDRICKS

Jimmy Leon Brooks

Signed by: /s/ Robert F. Wyrick

Dana Rae Wood

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

564 **HENDRICKS** County Female Applicant 50 No No Yes I If No, Medical Examination or Report Dated IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Never Married OR No. of Previous Mar Annulment Divorce Death Death Last Marriage Ended By: Last Marriage Ended By: river No Yes No Yes No 🗌 Yes 🔲 No 🗌 No 🗆 Yes 🔲 No Yes 🗌 No K No 🗌 Yes 🔲 Yes 🗌 Yes 🗌 No 🗆 Danielde Wood Brooks nt's father Kaymond ndiana Rosemany Lucas mother (State or foreign country) Indiana **ACKNOWLEDGMENT ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Clerk of Court HENDRICKS HENDRICKS HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN the parents of this applicant, hereby give consent for this marriage. If only HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in_ authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Jimmy Leon Brooks dated ____11-19-96 _, authorizing the marriage of _ . I further certify that the following marriage certificate was filed in my office:
_____ (name), certify that on ______ November 30, 1996 and ____ Dana Ray Wood I, __ Robert F. Wyrick (name), certify that on _ Hendricks (date), at _____ Danville County, Indiana,_

Indiana

Indiana

Minister

(state), and _

_ (official designation)

County, Indiana, dated _

(state) were married by me as authorized

Clerk Circuit Court

Owen

Hendricks

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

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

__ County_

Signed

Form Prescribed By

STATE OF INDIANA

Health under Authority of IC 31-7-3 APPLICATION FOR I	MARRIAGE LICENSE
HEND	No. <u>565</u> RICKS County File <u>59</u>
	1/2 2 D - 9/
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the	Female Applicant 50 No If No, Medical Examination or Report Dated
circuit court when the person applies for a marriage license under	Name of Physician
IC 31-7-3 commits a Class D felony.	
MALE APPLICANT	FEMALE APPLICANT
Name Middle Middle Last	Name Retty Presilla Pressul
Date of Birth Month One Year	Dale of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.B. Apr. City County State 41/68	Regidence Address Street of R.R. City County State 4416
04 Country Jane" A plainfuld then IN	304 Country dans Apt /4 fla Made In
Previous Marital Status: Nevde Married ☐ OR No. of Previous Marriages ☐	Previous Marital Status: Newer Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 1986	Last Marriage Ended By: Death Divorce Annulment Date 1996
Date of birth verified by: Birth Certificate Sother (Specify) Designes License	Date of birth verified by: Sirth Certificate Other (Specify)
	- Division grantes
Are you now or have you ever been adjudged to be of unsound mind? No Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes
If answer is "yes," has the adjudication been removed? No Yes	If answer is "yes," has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? No Yes Yes No Yes Yes	Are you now under the influence of an alcoholic beverage? No. Yes Are you now under the influence of a narcotic drug? No. Yes Yes Yes
5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. No. See 1. No
Ma-11 Thiles	7 Deall Bull
6. (a) Full name of applicant's father World Vayers (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father for the first father for the father for th
Residence of father (if deceased, so state) Alchard	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) Cafifognia	Birthplace of father (State or foreign country) Kentlensky
(b) Full maiden name of applicant's mother for the control of the desire applicant and the control of the contr	(b) Full maiden name of applicant's mother Mary Thirian Century
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country) Oklahoma	Birthplace of mother (State or foreign country)
	V V
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome). R ARR R R	immune deficiency syndrome).
Signature of Applicant Date 11-20-79	Signature of Applicant & Manuel & Cery Boate
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS SS: in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed And F. Trusley	Signed & Masson E. Ugla
New Address Subscribed and sworn to before this 20 day of November 19 94	New Address 12 304 contry 112 14 pt A - Subscribed and sworn to before me this 20 day of November 19 96
Subscribed and sworn to before me this	Subscribed and sworn to before me this day of 19 96 Clerk of the HENDRICKS Circuit Court
S Renormy ax	Sfarassugar
CONSENT OF PARENTS, PARENT, ON GUARDIAN	CONSENT OF PARENTS, PARENT, OF GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
	state lates which make the consent of the other parent unnecessary
State of Indiana) HENDRICKS SS:	State of Indiana) SS:
County of HENDRICKS	County of HENDRICKS SS:
Father ID # Mother ID #	Father ID # Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT A	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
	CITY TO THE PROPERTY OF THE PR
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cle	
dated 11-20-96, authorizing the marriage of	Maurice Eugene Voyles
andBetty Priscilla Presley	I further certify that the following marriage certificate was filed in my office:
I, <u>Charles Linhart</u>	(name), certify that on November 30, 1996
<u>Maurice Eugene Voyles</u> of Hendricks	_ inMarion County, Indiana, County _ Indiana (state), and
Betty Priscilla Presley of Hendricks Con	unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	

Minister

12-10-96

Signed .

Staron &

HENDRICKS.

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

Clerk

_Circuit Court

_ (official designation)

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59

| 1 - 21 - 9 4 | Date of Application |

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

Female Applicant 50 No 🕅 Yes 🗆 If No, Medical Examination or Report Dated 11-20-94 Name of Physician North Dykk

MALE APPLICANT	FEMALE APPLICANT
Name JOSEPH First RUBERT ROCERS	Name MELISSA MARIE MALICOAT
Date of Birth August August Le 1973	Date of Birth — Month O2 1975
Place of Birth (State or foreign country)	Place of Birth (State or foreign country) [NDIANA
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
2383 E MAINST LT 59 PLANKIEW HEND IDIANA	1803 DUTCH COURT PLAINFIELD HENDRICKS ID 46168
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 Tother (Specify) TWO IN TO INCIDENCE LINES LI	Date of birth verified by: Birth Certificate Other (Specify) Tabuan Deluges UCENSE
	W. W. D.
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "ves." has the adjudication been removed? No Yes □	Are you now or have you ever been adjudged to be of unsound mind? Yes ☐ If answer is "yes," has the adjudication been removed? Yes ☐ Yes ☐
If answer is "yes," has the adjudication been removed? No 🔄 Yes 🗌 2. Are you related to the female applicant closer than second cousin? No 🖒 Yes 🗍	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No.♣3 Yes ☐
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
S. List the full names of any dependent officials.	
Cha 150 P. 2 1-50	Down Too May 1
6. (a) Full name of applicant's father CHARLES RAY ROLERS	6. (a) Full name of applicant's father DANNY JOE MALICUAT
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) To DIADA	Residence of father (if deceased, so state) TADIDAD
Birthplace of father (State or foreign country) Thomas A A A A A A A A A A A A A A A A A A A	Birthplace of father (State or foreign country) INDIANA (b) Full maiden name of applicant's mother SALLY TO CAROEN
(b) Full maiden name of applicant's mother JEAN ETTA MEADORS	
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Liniana	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) DIADA
ACKNOWLEDGMENT	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Sasah Ko Karas Date 11-21-96	Signature of Applicant Sylvin Melicoat Date 11-21-
Signature of Applicant	Signature of Applicant / - 174 Class - 1 - 1
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS In this application is true and correct.	County of HENDRICKS in this application is true and correct.
Signed Casely 1 08mg	Signed The Manchat
New Address Same AS ABOUR	New Address 2383 6 MAINST PLAINTIELD TO YULGS Subscribed and sworn to before Markis One of the state of the
Subscribed and sworn to before that this 21, day of NOV , 19 9 4	HENDRICKS
Haran Nigarithe RENDRICKS Circuit Court	Starantique Hendricks Circuit Court
CONSENT OF PADENTS PADENT OF GUADRIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
CONSENT OF PARENTS, PARENT, OR GUARDIAN	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State lacts which make the consent of the other parent unitecessary	State lays which make the consent of the only parent dimesossary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS ss:
FatherID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COLIRT	A marriage license having been refused to the above named parties, the
	Court, by written order issued
	zes and directs the issuance of a marriage license to the above named parties.
THE PARTY OF THE P	
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	
dated 11-21-96, authorizing the marriage of	Joseph Robert Rogers
and Melissa Marie Malicoat	I further certify that the following marriage certificate was filed in my office:
I, Anthony M. Benedict	(name), certify that on November 23, 1996
	inMarionCounty, Indiana,
oseph Robert Rogers of Hendricks	
erissa M. Malicoat of Hendricks Co	ounty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	f HENDRICKS County, Indiana, dated 11-21-96
Signed by: /s/ Anthony M. Benedict Filed and recorded in accordance with the laws of the State of Indiana on_	
Then that recorded in accordance with the taws of the state of matana on_	(unic).
A CONTRACTOR OF THE PARTY OF TH	Same Maranhugan
	Signed Clerk
	HENDRICKS Circuit Court

_Circuit Court

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

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County

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

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

MALE APPLICANT	FEMALE APPLICANT
Name Donald Middle Kiser	Name Top, First Middle CASAREANTE
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County Spinsfield Henry I
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 1996	Last Marriage Ended By: Death Divorce Annulment Date 95
Date of birth verified by: Birth Certificate Mother (Specify) Drivers License	Date of Dirth Verified by: Definition Certificate Dottner (Specify) 150 N. 1.0.0050
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? No Yes Yes Yes	2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. HSN1ey, Hbby, Amanda hiser	5. List the full names of any dependent children. Brighting Gino
6. (a) Full name of applicant's father Hebert Kiser	6. (a) Full name of applicant's father Tames H. Harkness
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state)
Residence of father (if deceased, so state) ONIO Birthplace of father (State or foreign country) KY	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Phyllis Tackett	(b) Full maiden name of applicant's mother Lewis have with
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)
ACIAICHI EDOUENT	
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Date 2-3-96	Signature of Applicant Sou S. Casagrande Date 12-396
Date 6 310	Signature of Applicant Date 165
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS sst in this application is true and correct.	County of HENDRICKS in this application is true and correct.
Signed New Address	Signed Sou J. Casagrande New Address
Subscribed and eworn to before the this day of, 19	Subscribed and sworn to before me this day of, 19
Analogo HENDRICKS Circuit Court	HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OF GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID # ID #	Father ID # Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	
and filed in, authorize	Court, by written order issued
, autilorize	s and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	
I certify that there was filed in my office a marriage license issued by the Cle dated, authorizing the marriage of	rk of the Circuit Court of HENDRICKS County, Indiana, Donald L. Kiser
and Toni L. Casagrande	I further certify that the following marriage certificate was filed in my office:
I, Hubert Greer	(name), certify that on December 21, 1996
D - 12 T W	in Hendricks County, Indiana, County Indiana (state), and
Toni L. Casagrande of Hendricks Cou	inty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ Hubert Greer	HENDRICKS County, Indiana, dated 11-21-96
Filed and recorded in accordance with the laws of the State of Indiana on	12-27-96 (date).
	. Saran Lugar
	Signed Clerk
والمراجع والم	——————————————————————————————————————

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59

| Jack of Application | Date of Application |

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

Female Applicant 50 No No Yes I Yes I If No, Medical Examination or Report Dated 16-3-91

MALE APPLICANT	FEMALE APPLICANT
Name A First Middle Last	Name 1 First Common Middle Manual Last
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Regidence Address Street or R.R. Scity County State 46034	Residence Address Street or R.R. City County State 46334
57 Covottoman ct. Inpls Ander IN	57 Coviationanct. Indes HAVES 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 1994	Last Marriage Ended By: Death Divorce Annulment Date 1996
Date of birth verified by: Birth Certificate State (Specify)	Date of birth verified by: Birth Certificate Sother (Specify) Privers License
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? Note: Yes:
If answer is "yes," has the adjudication been removed? No Yes	If 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 ☐
Are you now under the influence of an alcoholic beverage? No Yes No Yes No Yes No Yes No No Yes No No	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes Yes Yes
5. List the full names of any dependent children. How Townson	5. List the full names of any dependent children. There Irwian
	amber Gray
6. (a) Full name of applicant's father Romand Frank Pruvian	6. (a) Full name of applicant's father Thomas Sement While
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Allinois	Residence of father (if deceased, so state) Wisconsin
Birthplace of father (State or foreign country) Dannay vaniou	Birthplace of father (State or foreign country) Wisconsin
(b) Full maiden name of applicant's mother flashing to the control of the control	(b) Full maiden name of applicant's mother Bully fame who will be dealed the execute and
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) This conduct
Birthplace of mother (State or foreign country) Pennsylvania	Birthplace of mother (State or foreign country) Wisconson
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome). Signature of Applicant X AUIII Page 11-21-96
Signature of Applicant Y Dury Oguro Date 1/16	Signature of Applicant Date 1 7 7 9
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS in this application is true and correct.	County of HENDRICKS in this application is true and correct.
New Address X	Signed A fulli thruly New Address Aame
Subscribed and sworn to before meriting 21 day of 11-21-94, 19	Specified and sworn to before me, this 21 day of November 96
HENDRICKS Circuit Court	O D Slerk of the HENDRICKS Circuit Court
a new ringer	S Yaran Sugar
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana) ss:
County of HENDRICKS	County of
Father ID # Mother ID #	Father ID # Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IE MARRIAGE LICENSE ISSUED BY ORDER OF COURT	A marriage license having been refused to the above named parties, the
County	
	es and directs the issuance of a marriage license to the above named parties.
DETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	
dated 11-21-96, authorizing the marriage of	Brian Evan Truran
andJulie Ann Gray	I further certify that the following marriage certificate was filed in my office:
I, James H. Fierek	(name), certify that on November 29, 1996
(date), at Brownsburg Brian Evan Truran of Hendricks	
Julie Ann Gray of Hendricks Co	unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 11-21-96
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_	12-10-96 (date)
The Country of the Co	Signed O. D. and Dugger
	Signed Clerk HENDRICKS Circuit Court
BOYCE FORMS + SYSTEMS 1-800-383-8702 1477	Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** County Female Applicant 50 No A IC 31-7-9-1. Furnishing false information upon applying for license. If No, Medical Examination or Report Dated // A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician Pripale IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** 7501 W45 Date of birth verified by: Birth Certificate Other (Specify) Date of birth verified by: Birth Certificate Other (Specify) Note Yes Are you now or have you ever been adjudged to be of unsound mind? No DK No Yes No 🗆 If answer is "yes," has the adjudication been removed? "yes," has the adjudication been removed? Yes 🔲 No Yes No Yes 🗌 No Yes Yes 🔲 No Yes Yes 🗌 (a) Full name of applicant's father John ed, so state) naiana mother (State or foreign country) Unizona ACKNOWLEDGMENT that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to Clerk of Court State of Indiana State of Indiana 1 Christina M. Like DOGWOOD LAN day of November 19 96 HENDRICKS day of Veresalis, 19 90 HENDRICKS haran lugare _ Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued _ and filed in authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of County, Indiana, dated ____11-21-96 Christopher Daniel Benge , authorizing the marriage of _ and __ Christina Marie Like I further certify that the following marriage certificate was filed in my office: I, Anthony M. Benedict November 22 (name), certify that on _

in Marion

CountyIndiana

Judge

11-27-97

Hendricks

County, Indiana,

County, Indiana, dated _

HENDRICKS

(date).

(official designation)

(state), and

(state) were married by me as authorized

Clerk

Circuit Court

(date), at __Indianapolis

Christina Marie Like

Christopher Daniel Benge of_

Signed by: /s/ Anthony M. Benedict

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

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59

11-21-94

Date of Application

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

Female Applicant 50 No

If No, Medical Examination or Report Dated

Name of Physician

MALE APPLICANT	FEMALE APPLICANT
Name Ser I SFirst Lest Middle Last	Name Wan how Kay Luder
Date of Birth Month Day Year	Date of Birth Month 17-20-41
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State 1634	Residence Address Street or R.R. City County State 4 6241
1140 Birch Dr. Indpla Andles For HU234	Previous Marital Status: Never Married OR No. of Previous Marriages
Previous Marital Status: Never Married OR No. of Previous Marriages	1 1000
Last Marriage Ended By: Death Divorce Annulment Date 1993	Last Marriage Ended By: Death Divorce Annulment Date 1981
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify) Private dicluse
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes Y
If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin?	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? Yes
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. 1. Are you now under the influence of a narcotic drug? No. Yes No
5. List the full names of any dependent children.	5. List the full finances of any dependent difficient, 2
	to de la lance Chamble
6. (a) Full name of applicant's father family full fluid flu	6. (a) Full name of applicant's father have the father for the father fa
Residence of father (if deceased, so state) Indiana	Residence of father (if deceased, so state) declaryay
Birthplace of father (State or foreign country) Andiana (b) Full majden game of applicant's mother Delay and M. Downald	Birthplace of father (State or foreign country) Suntucting (b) Full maiden name of applicant's mother Jelen Kartherine Wegrup
(b) Full maiden name of applicant's mother Jetowa J. In Johnson (If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) — Judition
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Skralof 1 Price Date	Signature of Applicant Marsha Hay Suelle Date 11-27-96
The share applicant has objected to varifying by eath or offirmation or signature to the share	The above applicant has objected to verifying by oath or affirmation or signature to the above
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed X Secold I - True New Address \ SAME	New Address X 1/40 Bush Du, Indolo In.
Subscribed and swent to before me his 2 day of freshold 19 9 4	Subscribed and sworn to before me this 21 day of November 19 96
Laran Hendricks Circuit Court	Sarah Clark Charles HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of
Father ID #	Father ID # Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT A	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authoriz	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cla	erk of the Circuit Court of HENDRICKS County, Indiana,
dated	I further certify that the following marriage certificate was filed in my office:
I,Shirley Williams	(name), certify that on November 29, 1996
(date), atIndianapolis	_ in Hendricks County, Indiana,
Gerald Lee Price of Hendricks Marsha Kay Grider of Hendricks Company	
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 11-21-96
Signed by: /s/ Shirley Williams	, (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	12-10-96 (date).
The file of the second test of the second	Signed Sharanduga Clerk
	HENDRICKS / Circuit Court

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE HENDRICKS** County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No 🌣 Yes If No, Medical Examination or Report Dated //- 20-96 A person who knowingly furnishes false information to a clerk of the Name of Physician pr. pizatto circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Divorce Annulment Date of birth verified by: Birth Certificate Other (Specify) No Yes No DK No 🗆 Yes 🗌 No 🗆 wer is "yes," has the adjudication been removed? is "ves." has the adjudication been removed? Yes 🗌 No Yes Are you related to the female applicant closer than second cous Not Yes 🔲 related to the male applicant closer than second cousin? No Yes 🗌 Nod Yes 🔲 No Yes 🔲 Yes 🗌 ruce MARCIA nother PANACIOTA ACKNOWLEDGMENT ACKNOWLEDGMENT that I have received information regarding dangerous communicable diseases edge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or Clerk of Court State of Indiana HENDRICKS day of Novembers _ day of Novemby 19 HENDRICKS _Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN the parents of this applicant, hereby give consent for this marriage. If only one parent signs, State of Indiana HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County _ Court, by written order issued _ and filed in , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of County, Indiana, dated ____11-22-96 Peter Avgerinos _, authorizing the marriage of _ . I further certify that the following marriage certificate was filed in my office:

November 24, 1996 Debora Joyce Gaetano I, William R. Mickler (name), certify that on Tippecanoe (date), at Lafayette County, Indiana, Indiana Peter Avgerinos County (state), and

Indiana

HENDRICKS

12-10-96

Minister

(date).

(state) were married by me as authorized

Clerk Circuit Court

County, Indiana, dated _

(official designation)

Hendricks

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

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

County.

Debora Joyce Gaetano

Signed by: /s/ William R. Mickler

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 577

HENDRICKS County File 59

11-22-96

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

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

Name of Physician DR. PAYNE

MALE APPLICANT	FEMALE APPLICANT Name First Middle Last
CHRISTIAN NATHANIEL GIEIGER	SHANNON DAWN TRETTER
Date of Birth Day Os 744	Date of Birth Day Year 74
Place of Birth (State or foreign country)	Place of Birth (State or foreign country) INd; ANA
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County / State
2575 D. C.K. 1030 & INDIANAPOLIS HNORKS IN	2575 D.CK. 1050 E. IndiANApolis HADRES 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 1994
Date of birth verified by: Birth Certificate Dother (Specify) DRIVERS LICEUSE	Date of birth verified by: Birth Certificate Dother (Specify) I. J STATE
	BIRTH CERTIFICATE
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes Yes Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? No Yes Yes No Yes	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes Yes Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children,
BRIGANNA NOELLE GEIGER	BRIEANNA NOELLE GEIGE
6. (a) Full name of applicant's father LOUIS LEONARD GEIGER	6. (a) Full name of applicant's father CRAIGN LEE MEEK
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) DECEASED
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother DINAN BETH LOOKABILL	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother PATRICIA JOANN GIERRAS
(b) Full maiden name of applicant's mother DINAN DETN LOOKHBICC (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother PHTRICIA JOHNN (STEARGE (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) INA;
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) TNO.
ACKNOWLEDGMENT	ACKNOWLEDGMENT
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	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 11/23/92 The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS Signed Frust New Address Superibed and swom to before me this 22 day of 100 me HENDRICKS Superibed and swom to before me this 22 day of 100 me HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed Mannon Signed In this application is true and correct Signed Address 25 75 5 . Co Rd . 1050 E . Trudy Subscribed and aftern to before methis 22 day of MOV , 19 96 HENDRICKS Circuit Cour
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS	County of HENDRICKS
Father ID #	Father ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana,
dated	
I,Charles W. Heavelin	(name), certify that on December 7, 1996
(date) at Camby	in Hendricks County Indiana
Christian Nathaniel Geiger of Hendricks Shannon Dawn Treater of Hendricks	County Indiana (state), and
Shannon Dawn Tretter of Hendricks Con under a marriage license that was issued by the Clerk of the Circuit Court of	(State) were married by me as authorized
Signed by: /s/ Charles W. Heavelin	Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	12-11-96 (date).
	Saran Dugan
	Signed Clerk

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** County Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. No A Yes If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Never Married OR No. Of Previous Marriages Previous Marital Status: Never Married OR No. of Previous Marriages Previous Marital Status: Last Marriage Ended By: Annulment Birth Certificate Other (Specify) ulno No Yes 🗌 Yes 🗌 No No 🗆 Yes 🗌 Yes 🔲 No D Yes 🔲 No Yes 🗌 Yes 🔲 Yes 🗌 Yes 🗌 mother Harbara Cinn Indiana Indiana (State or foreign country) Andiana ACKNOWLEDGMENT **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases Do Jeuman Date 11.2676 The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court Clerk of Court State of Indiana Dyperinan New Address: \$10542-Cornell St Indok, 46250 d swern to the methis ... 2 (4 day of November 19 96

HENDRICKS Circuit Court X10542 Cornul St. Inaple 46280 _ day of Normalis 19_ HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign: State of Indiana HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued. and filed in_ , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of _ County, Indiana, dated 11-26-96 , authorizing the marriage of ___ James Randal Haggard and ___ Starla Dawnelle Newman . I further certify that the following marriage certificate was filed in my office: Robert F. Gammon _ (name), certify that on November 26, 1996

Marion

Judge

Indiana

County Indiana

County_

Hendricks

Hamilton

_ County, Indiana,_

County, Indiana, dated _

(state), and

(official designation)

(state) were married by me as authorized

Circuit Court

(date), at ____Indianapolis

James Randal Haggard

Starla Dawnelle Newman of

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

/s/ Robert F. Gammon

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59

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

MALE APPLICANT	FEMALE APPLICANT
Name O . + girst Middle Last	Name First Middle Last
Date of Birth Month Day Gear	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Indiana	malana
Residence Address Street or R.R. City County State 46331	Residence Address Street or R.R. City County State H173 State Cruek Hung Daniells Hinder 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 Souther (Specify) Drivers Jicense	Date of birth verified by: Birth Certificate Other (Specify) Privates Trains
1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No- Yes Yes
3. Are you now under the influence of an alcoholic beverage?	2. Are you related to the male applicant closer than second cousin? Notice 1 Notice 1 Yes 1 3. Are you now under the influence of an alcoholic beverage? Notice 1 Yes 1
4. Are you now under the influence of a narcotic drug? No	4. Are you now under the influence of a narcotic drug? No No Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
Contract Liverships and Constitution of the Contract Constitution of the Contract Constitution of the Contract	
6. (a) Full name of applicant's father Lay Lee Havington	6. (a) Full name of applicant's father Michael Lie Reise
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Dicigsed	Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother January Jul While (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother family Nune (b)
Residence of mother (if deceased, so state) Andsana	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome)
Signature of Applicant Andrew Souther Lee Harring Levolte W.2-96	Signature of Applicant & Share & Reese Date 1212196
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	
State of Indiana I swear/affirm that the information given ss: ### Mit his application is true and correct.	State of Indiana) I swear/affirm that the information given County of HENDRICKS ss: in this application is true and correct.
Signed & hystopher Loe Samue for	X Alices O Posts
New Address X 108 Hickorywood of Barreshing.	New Address X 108 Hickorywood Ct Brownsturg 4
Subscribed and sworn to before me this 2 day of December, 19 96	Subscribed and sworn to before methis day of
Circuit Court	HENDRICKS Circuit Court
- A Maran Rougan	S hawkinger
CONSENT OF PARENTS, PARENT, OR GUANDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana
County of HENDRICKS SS:	County of HENDRICKS ss:
Father ID #	Father1D #
Mother	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authoriz	zes and directs the issuance of a marriage license to the above named parties.
DETURN OF MARRIAGE LIGHTS	SE AND MADDIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	SE AND MARRIAGE CERTIFICATE HENDRICKS County Indiana
dated, authorizing the marriage of	derk of the Circuit Court of HENDRICKS County, Indiana, Christopher Lee Harrington
and Shara Dawn Reese	I further certify that the following marriage certificate was filed in my office:
	(name), certify that on December 7, 1996
(date), atDanville	in Hendricks County, Indiana,
Christopher Lee Harrington of Hendricks	County Indiana (state) and
hara Dawn Reese of Hendricks Co	ounty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 12-2-96
Signed by: /s/ P. Michael Thornburg	Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	12-11-96 (date).
	110
	Signed Staran Ligan Clerk
BOYCE FORMS + SYSTEMS 1-800-382-8702 1477	HENDRICKS Circuit Court

Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59

| Ja- 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 11-20-96
Name of Physician Day Kintley

MALE APPLICANT	FEMALE APPLICANT
Remin Last Walkins	Aillie First Louise Bowman
Date of Birth Month D - 29 - 57 Year	Date of Birth Month 9-21-59 Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State 7/032	Residence Address Street or R.R. City County State #6/6
113 S. Belmond ave. Inaple. Mardon In	873 N. 800 E. plfd Andles Ind
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date 1989
Date of birth verified by: Birth Certificate Dother (Specify) Drives Jicense	Date of birth verified by: Birth Certificate Steer (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes ✓
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? Note Yes □ Yes □	Are you now under the influence of an alcoholic beverage? No Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children. Delw Start Bowns
	Rass Etward Bowman
6 (a) Full same of applicable father Alle as any firm Tilethe	The Carrier
6. (a) Full name of applicant's father Jenn James Walke. (If adopted, list adoptive parents only)	(a) Full name of applicant's father (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Analysis	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Beverly for Kelly	(b) Full maiden name of applicant's mother Vivian Jourse Jone
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Analizamou	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
	Entered by the control of the contro
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome). At the less sites to the less sites t	immune deficiency syndrome).
Signature of Applicant X Hour town Now No 12/02/96	Signature of Applicant & Selle Fourse Sowmon Date 12/2/96
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court	Clerk of Court Date
State of Indiana) I swear/affirm that the information given ss:	State of Indiana) I swear/affirm that the information given ss:
County of HENDRICAS Signed X Playin Lower Mathematical in this application is true and correct.	County of HENDRICKS in this application is true and correct. Signed X Julie Rouse Bournan
New Address X 873 N. 800 E. AUON 46168	New Address \$873 N 800 E A von, 46168
Subscribed and sworn to before me this day of	Subscribed and sworn to before me this day of December 19 96
- Clerk of the HENDRICKS Circuit Court	HAION LEGICUM HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR COMPIDIAN	CONCENT OF PURENTS PURENTS OF CHARGINA
We, the parents of this applicant, thereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) South of HENDRICKS ss:	State of Indiana) State of HENDRICKS SS:
FatherID #	County or
Mother ID #	Father ID # Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	
I certify that there was filed in my office a marriage license issued by the Cledated 12/2/96, authorizing the marriage of	rk of the Circuit Court of HENDRICKS County, Indiana, Kevin Louis Watkins
and Lillie Louise Bowman	I further certify that the following marriage certificate was filed in my office:
I, John Caldwell	(name), certify that on December 14, 1996
(date), at Avon	in Hendricks County, Indiana,
Tillio Tourigo Dorman Hondariales	County Indiana (state), and Indiana (state) were married by me as authorized
Lillie Louise Bowman of Hendricks Cou under a marriage license that was issued by the Clerk of the Circuit Court of	(state) were married by me as authorized
Signed by: /s/ John Caldwell	Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	12/18/96 (date).
The Company of the Co	Signed I far an Dugan Clerk

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59

Date of Application

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

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

Name of Physician

Name Date of Birth Date of Birth (State or topeign country) Place of Birth (State or topeign country) Previous Marital Status: Never Married OR No. of Previous Marriages Last Marriage Ended By: Death Divorce Annulment Date Date of birth verified by: Birth Certificate Other (Specify) Death Divorce Annulment Date 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes 2. Are you related to the female applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the influence of an arcotic drug? No Yes 5. List the full names of any dependent children. Are you now under the influence of a pylicant's father 11 12 12 13 14 15 15 15 15 15 15 15	on been removed? No Yes I closer than second cousin? In alcoholic beverage? In anarcotic drug? I children. No Yes I children. No Yes I children. No Yes I children.
Date of Birth Date of Birth Day Date of Birth Day Deate of Birth Date of Birth Date of Birth Date of Birth State or R.R. City County County Previous Marriage Date of Birth Status: Never Married OR No. of Previous Marriages	Day Year City County State 34 No. of Previous Marriages Divorce Annulment Date Mother (Specify) DY 10075 License adjudged to be of unsound mind? No Yes on been removed? No Yes an alcoholic beverage? No Yes an alcoholic beverage? No Yes children. No Yes children. No Yes narcotic drug? children.
Place of Birth (State or topign' country) Place of Birth (State or topign' country)	Trips County State In City County State In County St
Residence Address Street or R.R. City County Frevious Marital Status: Never Married OR No. of Previous Marriages Previous Marital Status: Never Married OR No. of Previous Marriages Previous Marital Status: Never Married OR No. of Previous Marriages Previous Marital Status: Never Married OR No. of Previous Marriages Previous Marital Status: Never Married OR No. of Previous Marriages Previous Marital Status: Never Married OR No. of Previous Marriages Previous Marital Status: Never Married OR No. of Previous Marriages Previous Marital Status: Never Married OR No. of Previous Marriages Previous Marital Status: Never Married OR No. of Previous Marriages Previous Marital Status: Never Married OR No. of Previous Marriages Previous Marital Status: Never Married OR No. of Previous Marriages Previous Marital Status: Never Married OR No. of Previous Marriages Previous Marriages Date of birth verified by: Birth Certificate 1. Are you now or have you ever been a fit answer is "yes," has the adjudication been removed? No. of Yes If answer is "yes," has the adjudication been removed? No. of Yes Are you now under the influence of an alcoholic beverage? No. of Yes No. of	Tops In 4634 No. of Previous Marriages Divorce Annulment Date Mother (Specify) DY 10075 License adjudged to be of unsound mind? No Yes on been removed? No Yes an alcoholic beverage? No Yes on an alcoholic beverage? No Yes on an arcotic drug? No Yes on a children.
Residence address Street or R.R. City County Frevious Marital Status: Never Marriad OR No. of Previous Marital Status: No. Date Last Marriage Ended By: Date of birth verified by: Date of birth verified by: Birth Certificate Date of birth verified by: Date of birth verified by: Birth Certificate Date of birth verified by: Date of birth verified by: Birth Certificate Date of birth verified by: Date o	Tops In 4634 No. of Previous Marriages Divorce Annulment Date Mother (Specify) DY 10075 License adjudged to be of unsound mind? No Yes on been removed? No Yes an alcoholic beverage? No Yes on an alcoholic beverage? No Yes on an arcotic drug? No Yes on a children.
Previous Marital Status: Never Married OR No. of Previous Marriages Death Divorce Annulment Date	Divorce Annulment Date Divorce Annulment Date
Last Marriage Ended By: Death Divorce Annulment Date Date of birth verified by: Birth Certificate Other (Specify) Date of birth verified by: Birth Certificate 1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of an arcotic drug? 5. List the full names of any dependent children. Are you now under the influence of a narcotic drug? 6. (a) Full name of applicant's father (if deceased, so state) Residence of father (if deceased, so state) Residence of father (State or foreign country) Residence of father (State or foreign country) Last Marriage Ended By: Date of birth verified by: Birth Certificate 1. Are you now or have you ever been of lift answer is "yes," has the adjudication of a lift answer is "yes," has the adjudication of	Divorce Annulment Date Date Date Date Date
Date of birth verified by: Birth Certificate Other (Specify) Decicion Science Science Science of father (State or foreign country) Date of birth verified by: Birth Certificate 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	adjudged to be of unsound mind? on been removed? closer than second cousin? nalcoholic beverage? narcotic drug? children. Notice Same
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? List the full names of any dependent children. Are you now under the influence of a fare you now under the influence of a	adjudged to be of unsound mind? No Yes on been removed? No Yes ves nalcoholic beverage? narcotic drug? children. No Yes ves ves ves ves ves ves ves v
If answer is "yes," has the adjudication been removed? 2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. 6. (a) Full name of applicant's father with the full name of applicant's father (if deceased, so state) 7. Residence of father (if deceased, so state) 8. Residence of father (if deceased, so state)	on been removed? No Yes I closer than second cousin? In alcoholic beverage? In anarcotic drug? I children. No Yes No Yes
2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. 6. (a) Full name of applicant's father with the full name of applicant's father (If adopted, list adoptive parents only) Residence of father (If deceased, so state) Residence of father (State or foreign country) 8. Are you related to the male applicant 3. Are you now under the influence of a Are you now under the influen	closer than second cousin? In alcoholic beverage? In anacotic drug? In children. No Yes Yes
3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. Now Yes 5. (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Residence of father (State or foreign country) Rithplace of father (State or foreign country)	an alcoholic beverage? In narcotic drug? In narco
4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. You will be full names of any dependent. 6. (a) Full name of applicant's father will be kindly for the full name of applicant's father (if adopted, list adoptive parents only) Residence of father (if deceased, so state) Residence of father (State or foreign country) Rithplace of father (State or foreign country)	a narcotic drug? Not Yes children. Same ner James Jones
5. List the full names of any dependent children. Nayla hirby 6. (a) Full name of applicant's father will know the full name of applicant's father (if adopted, list adoptive parents only) Residence of father (if deceased, so state) Residence of father (State or foreign country) Rithplace of father (State or foreign country)	children. Same
6. (a) Full name of applicant's father will be kirby Tr. (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Residence of father (State or foreign country) Rithplace of father (State or foreign country)	or James Jones
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Residence of father (State or foreign country) Rithplace of father (State or foreign country)	
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Residence of father (State or foreign country) Rithplace of father (State or foreign country)	
Residence of father (if deceased, so state) Residence of father (if dece	rents only)
Rightholage of father (State or foreign country) T-V	and the second s
Diffinition of latter (State of Internal Country)	4.1
(b) Full maiden name of applicant's mother Dana Jackson (b) Full maiden name of applic	cant's mother Heideldre Gerlach
(b) Full maiden name of applicant's mother (c) Full maiden name of applicant smother (d) (lif adopted, list adoptive parents only) (If adopted, list adoptive parents only)	
Residence of mother (if deceased, so state) TN Residence of mother (if de	TI
Birthplace of mother (State or foreign country) IN Birthplace of mother (State	or foreign country). Genmany
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received	d information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired that are sexually transmitted, and a list of the test sites for the virus that are sexually transmitted, and a list of the test sites for the virus that are sexually transmitted that ar	st of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	1. D - 12-2-9
Signature of Applicant John Date 12/2/96 Signature of Applicant Will	the Dones Date 12-2-9
	verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date Clerk of Court Clerk of Court	S. Date
Old No Court	TO AT HOUSE AND A SHOW THE REAL PROPERTY.
State of Indiana) I swear/affirm that the information given State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct. County of HENDRICKS	ss: in this application is true and correct.
Signed Joffen A Royal Signed Michael	
New Address 196 HACIGNON DR DANTHIE, IN 46/22 New Address 1196 H	
Subjectibed and shorn to believe the his day of Dec. , 19 94 Subscribed and sword to before me this	LA COMPANDE CVC
Terk of the MENDALES Circuit Court AND N	Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENTS, PARENT, OR GUARDIAN	APPIAN
state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary	eby give consent for this marriage. If only one parent signs,
State lactor which make the consent of the consent	The part of the pa
State of Indiana) State of Indiana	
County of HENDRICKS ss: County of HENDRICKS	
Father ID # Father	ID #
Mother ID # Mother	ID #
Subscribed and sworn to before me this	day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having bee	n refused to the above named parties, the
CountyCourt, by written order	issued
and filed in, authorizes and directs the issuance of a	
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFIC	
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana,
dated 12-2-96 , authorizing the marriage of Jeffrey A. Kirby	ujua wawigaa a wifa at 61.11
and Christine D. Jones I further certify that the following in the certify that the following in the certify that on I further certify that the following in the certify that on I further certify that the following in the certify that the following in the certify that on I further certify that the following in the certify that the certification in the cer	December 28. 1996
	County, Indiana,
	(state), and
Christine D. 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 12-2-96
Signed by: /s/ Dr. Donald R. Durrett , Minister	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 1-2-97 (date of Indiana on 1-2-97)	
Signed \ \X	
ROWS FORMS + SYSTEMS 1-800-382-8702 1477	araxiliaax Clerk

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. $\frac{577}{12-4-96}$

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

Female Applicant 50 No Yes If No, Medical Examination or Report Dated 9-5-96

Name of Physician DR. BAIN

HENDRICKS

Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name JAMES WESLEY COY	Name STEPHANIE JOEL STANKLY
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country) South DAKOTA
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State /
Previous Marital Status: Never Married OR No. of Previous Marriages 2	15 BRENDA CT. DANVITE NADRKS IN Previous Marital Status: Never Married OR No. of Previous Marriages
14/3	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Dother (Specify) DRIVERS LICENSE	Date of birth verified by: Birth Certificate Dother (Specify) DRINERS LICENSE
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No ✓ Yes □
If answer is "yes," has the adjudication been removed? No ☑ Yes ☐	If answer is "yes," has the adjudication been removed? No ☑ Yes ☐
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? No Yes Yes No Yes No Yes	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes Yes Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
JAMES WESLEY COY IT	- Kimberhey Stankey
6. (a) Full name of applicant's father ARTHUR RICHARD Coy SR.	6. (a) Full name of applicant's father KENNETH EUGENE STANLEY
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) DECEASED	(If adopted, list adoptive parents only)
Birthplace of father (State or foreign country) IndiaNA	Birthplace of father (State or foreign country) TNdiANA Birthplace of father (State or foreign country) TNdiANA
(b) Full maiden name of applicant's mother ALICE Louise Smith	(b) Full maiden name of applicant's mother VIOLA MAY ENGSTROM
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) TNdiANA	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) INDIANA
Birthplace of mother (State or foreign country) Twd; ANA	Birthplace of mother (State or foreign country) South DAKOTA
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Date 12-4-9	Signature of Applicant & Stephanie J. Stanley Date 12-4-9
Date 1	Signature of Applicant / Stephier g. Salining Date
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given County of HENDRICKS ss: in this application is true and correct.	State of Indiana I swear/affirm that the information given County of HENDRICKS in this application is true and correct.
Signed & Dan in Con	signed X texhanie & Stanley
New Address 15 BRend 12 C+ DANVITTO Ind Subscribed and sylpin 4 day of DEC , 19 96	New Address 15 Branda CA Danville IN 46122 Subscribed and swyn to before me his 4 day of Dec 1996
- Staranie HENDRICKS Circuit Court	HENDRICKS Circuit Court
CONCENT OF PREFIX OF PREFI	~~~
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	
County of HENDRICKS ss:	State of Indiana) County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID # Subscribed and sworn to before me this day of 19	Mother ID # Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage licenses having here refused to the above around antice the
County	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana,
dated 12-4-96, authorizing the marriage of	James Wesley Coy
and Stephanie Joel Stanley I, James A. Jones	(name), certify that on December 15, 1996
(date), at Brownsburg	_in _ Hendricks County, Indiana,
	County Indiana (state), and Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 12-4-96
Signed by: /s/ James A. Jones	Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	12-27-96 (date).
	Signed Sharax Dugax

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59

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

Female Applicant 50 No Ves If No, Medical Examination or Report Dated 11-12-96

Name of Physician TAN Johnston

MALE APPLICANT	FEMALE APPLICANT
Name / First Middle Last	Name / First / (Middle Last
Date of Birth Month Deskey SANTORD Year	Date of Birth Month Day / Year
04 04 74	Date of Birth Month Day Year 75
Place of Birth (State or foreign country) NURNBERG, GERMAN	Place of Birth (State or foreign country) Tadi ANA
Residence Address Street or R.R. City County State	Residence Address & CR 600 S COATSVILLE PUTNAM IN
Previous Marrial 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 Pother (Specify) DRIVERS LICENSE	Date of birth verified by: Birth Certificate Wother (Specify) DRIVERS LICENSE
Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☑ Yes ☐
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? No ✓ Yes ☐ Are you now under the influence of a narcotic drug? No ✓ Yes ☐	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No ✓ Yes ✓
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father William Aseph Santors	6. (a) Full name of applicant's father Roy LEON FRENCH
6. (a) Full name of applicant's father William Aseph Santors (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Roy LEON FRENCH (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) IndiANA	Residence of father (if deceased, so state) TNATANA
Birthplace of father (State or foreign country) IndiANA	Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother PAMELA SUE DOWNER	(b) Full maiden name of applicant's mother Ju Awi HA To Wh:TT
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) INDITAL A	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) TrdiAnA
Birthplace of mother (State or foreign country) Ind. AN A	Birthplace of mother (State or foreign country) Indiana
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome):
Signature of Applicant & William W. Sanford Date 12-4-94	Signature of Applicant Thereof Pate (2-4-9)
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of	State of Indiana) I swear/affirm that the information given County of HENDRICKS ss: in this application is true and correct.
signed & William W. Sanford	Signed & Sharron French
New Address 2198 E. CO. RD. 600 S.	New Address \$198 £. Co. Pd. 600.5.
Specified and swarm to be me his 4 day of DEC 19 96 HENDRICKS Circuit Court	Subscribed and worn to before me this day of day of
	Sa receive some
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS SS:
Father ID #	Father ID #
Mother ID # Subscribed and sworn to before me this day of, 19	Mother ID # Subscribed and sworn to before me this day of, 19
Clerk	Clerk
	A marriage license having been refused to the above named parties, the
and filed in, authorize	
BOOK THE REPORT OF THE PARTY OF	
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cledated, authorizing the marriage of, authorizing the marriage of,	william Wasley Sanford County, Indiana,
	. I further certify that the following marriage certificate was filed in my office:
I, Russell G. Wilson	(name), certify that on December 14, 1996
(date), at Belle Union	_inPutnam County, Indiana,
Shannon Dog French of Butnam	CountyIndiana(state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	unty Indiana (state) were married by me as authorized HENDRICKS County Indiana dated 12-4-96
Signed by: /s/ Russell G. Wilson	HENDRICKS County, Indiana, dated 12-4-96 Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	12-17-96 (date).
	Signed Signed Clerk
BOYCE FORMS * SYSTEMS 1-800-382-8702 1477	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59

12-4-96

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, 11-19-96
Name of Physician 11. REEdin

MALE APPLICANT	FEMALE APPLICANT
STEVEN WAYNE KEEFER	Name BARBARA ANN KALNAJS
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. A City County State	Residence Address Street or R.R. City County State
155 STERLING QT HOT A. VITTS BORD FINDERS IN	155 A. STERLING CT Apt A VITISBORD, LINDRES, IN
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date 1993
Date of birth verified by: Birth Certificate Hother (Specify) STATE T \(\).	Date of birth verified by: Birth Certificate Dother (Specify)
Date of birth verified by: Birth Certificate Generally STATE J. D.	Date of birth verified by: Birth Certificate Dither (Specify) DRIVERS LICENSE
1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No ✓ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ✓ Yes ☐	2. Are you related to the male applicant closer than second cousin? No Yes Are you now under the influence of an electric because?
3. Are you now under the influence of an alcoholic beverage? No ✓ Yes ☐ 4. Are you now under the influence of a narcotic drug? No ✓ Yes ☐	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes Yes Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
Dillow WAYNE SOURLING	DY MAN GIREGORY KALNATS
KAVEN LYNN-ABARE KEETER	
6. (a) Full name of applicant's father LARRY EIGENE KEETER	6. (a) Full name of applicant's father DAVID LEE DILLON
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) TND ANA	Residence of father (if deceased, so state) Tudi ANA
liekie I il I I and I	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother AROUN JUNE CARM
(b) Full maiden name of applicant's mother VICKIE KYNN WAKKEN (If adopted, list adoptive parents only)	
Residence of mother (if deceased, so state) IndiANA	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) TudiAuA
Birthplace of mother (State or foreign country) TudiANA	Birthplace of mother (State or foreign country) Tudi ANA
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable disease
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome)
Signature of Applicant X Steven W Reefer Date 12-4-96	Signature of Applicant & Barbara & Kalnays Date 13.4-9
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I sweat/affirm that the information given	
State of Indiana) I swear/affirm that the information given County of HENDRICKS Ss: in this application is true and correct.	State of Indiana) I swear/affirm that the information give County of HENDRICKS ss: in this application is true and correct
Signed X Steven W Keeper	Signed & Balbara A Kalnais 4
New Address 155-A Sterling CV pitts boro \$167	New Address 155-A Sterling Court, Pittsb
Sposcribed and sworn to be green this day of 19 96	Subscribed and sworn to believe me this 4, day of DEC, 19 96
HENDRICKS Circuit Court	- Haran HENDRICKS Circuit Cour
CONSENT OF PARENTS PARENTS OF CHARGON	
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
	The state which make the solution of the state parent directorary
State of Indiana)	State of Indiana)
County of HENDRICKS SS:	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Cler
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authoriz	tes and directs the issuance of a marriage license to the above named parties.
DETUDN OF MADDIAGE MODIA	
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clated, authorizing the marriage of,	derk of the Circuit Court of HENDRICKS County, Indiana, Steven Wayne Keefer
and Barbara Ann Kalnajs	I further certify that the following marriage certificate was filed in my office
I, John E. Gaus	(name), certify that on December 10, 1996
(date), atIndianapolis	in Marion County, Indiana,
Steven Wayne Keefer of Hendricks	County Indiana (state), and
Barbara Ann Kalnajs of Hendricks Co	ounty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	
Signed by: /s/ John E. Gaus	, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	12-27-96 (date).
	Salani Vica
	Signed Natoring Clerk
BOYCE FORMS * SYSTEMS 1-800-382-8702 1477	HENDRICHS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59

No. <u>580</u>
File <u>59</u>
12 - 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 P Yes 9-3096

If No, Medical Examination or Report Dated 9-3096

Name of Physician W: Warm Edwards

MALE APPLICANT	FEMALE APPLICANT
Name MATTHEW CHARLES GIRFLLER	Name NICOLE LEIGH ROBINSON
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Flosidence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
587 BRENTWOOD DR. EAST PLANFIELD HADES IN	Residence Address Street or R.R. Street or R.R. State R.A. #302 BURKE FAIRSAX VA
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Dother (Specify) VIRCLUSA DRAIGNS & ICEASS	Date of birth verified by: Birth Certificate Other (Specify)
Date of Dirth Vertified by: Birth Certificate Other (Specify) VIRGINIA DRNERS LICENSE	Date of birth verified by: Birth Certificate Dother (Specify) VIRGINIA DRNEAS & ICHNSE
1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ / Yes ☐ If answer is "yes," has the adjudication been removed? No ☑ / Yes ☐	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes □	3. Are you now under the influence of an alcoholic beverage? No ✓ Yes ☐
4. Are you now under the influence of a narcotic drug? No Yes	4. Are you now under the influence of a narcotic drug? No 🗹 Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
	The territory of the second se
6. (a) Full name of applicant's father Charles CAIN GRELLER	6. (a) Full name of applicant's father CHARLES ALLEN ROBINSON
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) TudiAvA	(If adopted, list adoptive parents only)
Birthplace of father (State or foreign country) TNd i ANA	Residence of father (if deceased, so state) Birthplace of father (State or foreign country) TCLiNOiS
(b) Full maiden name of applicant's mother DiANA JEAN SEELY	(b) Full maiden name of applicant's mother Cheryh Lee Spacy
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) TAIA ANA
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Watthew C. Speller Date 15/96	Signature of Applicant X / COS South As Date 45/96
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS in this application is true and correct. Signed Matthew (. Sullin	County of HENDRICKS. ss. in this application is true and correct.
New Address 5 809 Cove Landing Rd *302 Burker, VA 22015	New Address 5809 Cove Landing Rol # 302 Burke, VA 220
Subscribed and sworn to before me this day of, 19	Subscribed and swaper to before me this day of, 19
Haran States HENDRICKS Circuit Court	- Laid William HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS PARENTS OF CAUSINA
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs.
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) Country of HENDRICKS SS:	State of Indiana) Country of HENDRICKS ss:
FatherID #	County of
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authoriz	tes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	
dated, authorizing the marriage of	Matthew Charles Greller
and Nicole Leigh Robinson	I further certify that the following marriage certificate was filed in my office:
I,Dale Harner	(name), certify that on _December 7, 1996
(date), atPlainfieldMatthew Charles Grelleof Hendricks	inHendricksCounty, Indiana,
	county Indiana (state), and Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 12-5-96.
Signed by: /s/ Dale Harner	, (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	12-11-96 (date).
The surface of the su	Saran Sugar
	Signed Clerk
BOYCE FORMS + SYSTEMS 1-800-382-8702 1477	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59

Date of Application

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

Female Applicant 50 No Yes

If No, Medical Examination or Report Dated

Name of Physician

HENDRICKS

_Circuit Court

MALE APPLICANT	FEMALE APPLICANT
John W. Cotte	Name First unthia G. Horradau
te of Birth Month Day Year	Date of Birth Month Day Year
Sice of Birth (State or foreign-bountry)	Place of Birth (State or foreign country)
Local Carlos	TO XQS
sidence Address Street or B.R. City County Danville	Residence Address 5 tennessee St Danville In
vious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Marriage Ended By: Death . Divorce . Annulment . Date	Last Marriage Ended By: Death Divorce Annulment Date 1990
e of birth verified by: Birth Certificate Nother (Specify) Drivers Wense	Date of birth verified by: Birth Certificate Other (Specify)
The Dilong rice is	Date of birth verified by: LiBirth Certificate Author (Specify) Dens Libert Specify
Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? No. Yes Yes	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes Yes
List the full names of any dependent children.	5. List the full names of any dependent children. Crystal, Tyson, Ryc
1010-40-10	1 - 2 1 6 26 10 6
(a) Full name of applicant's father WILLORD COLE	6. (a) Full name of applicant's father Les Buh Mester
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) DCCQ SCC	Residence of father (if deceased, so state) 10 , Birthplace of father (State or foreign country) 1110015
Birthplace of father (State or foreign country) Texas (b) Full maiden name of applicant's mother Mary Horn	Birthplace of father (State or foreign country) + 1111 PUS (b) Full maiden name of applicant's mother Croce Bubneste
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Florida	Residence of mother (if deceased, so state) IN
Birthplace of mother (State or foreign country) M1551551 PDL	Birthplace of mother (State or foreign country) M 195155 Ppc
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable disease
t are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired nune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquir immune deficiency syndrome).
gnature of Applicant John W. Lale Date 12-5-96	Signature of Applicant Civily Hounday Date 12-5-0
e above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
knowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
ork of Court Date	Clerk of Court Date
te of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information give
ounty of HENDRICKS ss: / in this application is true and correct.	County of HENDRICKS ss: in this application is true and corre
Signed Jahn W. Nall	X signed Circly Hornaday
New Address	New Address
bscribed and sworn to before me this	Subscribed and sworn to before this day of DC 19 40
Sharan Suggest of the HENDRICAS Circuit Court	Laron Seguite HENDRICKS Circuit Con
NSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign
e facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
te of Indiana) ss:	State of Indiana) Country of HENDRICKS ss:
ner ID #	County of
her ID #	MotherID #
oscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	C
MINISTE IS MARRIAGE LIGHTING TOWNER BY COLUMN	
County	A marriage license having been refused to the above named parties, the
nd filed in authoriz	zes and directs the issuance of a marriage license to the above named partie
	os and directs the issuance of a marriage license to the above named partie
	SE AND MARRIAGE CERTIFICATE
	lerk of the Circuit Court of HENDRICKS County, Indiana
certify that there was filed in my office a marriage license issued by the Cl.	
tted 12-7-96, authorizing the marriage of	
ted12-7-96 , authorizing the marriage of dCynthia G. Hornaday	
ted 12-7-96, authorizing the marriage of d Cynthia G. Hornaday George F. Kehler	(name), certify that on December 7, 1996
ted	(name), certify that on December 7, 1996in Hendricks County, Indiana,
ted 12-7-96 , authorizing the marriage of Cynthia G. Hornaday George F. Kehler date), at New Winchester John W. Cole of Hendricks	inHendricksCounty, Indiana,
George F. Kehler Late), at New Winchester Lohn W. Cole of Hendricks Lynthia G. Hornaday of Hendricks Co	(name), certify that on December 7, 1996in Hendricks County, Indiana, County Indiana (state), and ounty Indiana (state) were married by me as authorize
ted 12-7-96 , authorizing the marriage of Cynthia G. Hornaday George F. Kehler date), at New Winchester John W. Cole of Hendricks	(name), certify that on December 7, 1996in Hendricks County, Indiana, County Indiana (state), and nunty Indiana (state) were married by me as authorize

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59

Date of Application

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

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

_Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name BRANDY 11 ShzANE PARIS SE
Date of Birth Month Day HUTCHERS DR. Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
INDIAN A	Residence Address Street or R.R. City County State
Residence Address Street or R.R. City County State 1236 Raymord St. Planticup Inches To 4068	1236 RAYMOND ST PLANTIGLD HEND IN 46168
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Sirth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind? No Yes	Are you now or have you ever been adjudged to be of unsound mind? No
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ☑ Yes ☐
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No ☐ 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 1. List the full names of any dependent children. No Yes Yes No Yes No No Yes No No Yes No No No No No No No N	4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. DONNIE MARIE PARIS
S. List the full names of any dependent difficient.	a List to the mande of any depondent smallers
may aux H = uz s Se	6. (a) Full name of applicant's father BRADLEY DAYNE PARIS
6. (a) Full name of applicant's father MAY ALLES NATCHERS SK. (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father DRADIES DAYEL PARIS (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Thomas A	Residence of father (if deceased, so state) Thomas A
Birthplace of father (State or foreign country) Toping A	Birthplace of father (State or foreign country) This DIAJA
(b) Full maiden name of applicant's mother VICTOR, a DIANE MCHDENHALL	(b) Full maiden name of applicant's mother_TERESA MAE BUTTON
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) THO ATA	Residence of mother (if deceased, so state) Thomas A
Birthplace of mother (State or foreign country) 2001 A	Birthplace of mother (State or foreign country) TNDIA, 20
Signature of Applicant Mhv a Mutch Tr. Date 12-6-96 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	Signature of Applicant Broady & Fow Date 12-6-9 The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given ss: County of HENDRICKS in this application is true and correct.	State of Indiana) I swear/affirm that the information given County of HENDRICKS) in this application is true and correct.
Signed & Map a North 51.	Signed & Branally S. Paris
New Address And AS ABOUE	New Address SAME AS ABOVE
Subscribed and sworn to before me this day of DE , 19 Grant Cart	Subscribed and sworn to before me this day of DEC 19 9 6
I farancial Circuit Court	- Sharaw Signer HENDRICKS Circuit Cour
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
	A marriage license having been refused to the above named parties, the
	Court, by written order issuedetcense to the above named parties.
, authorized the control of the cont	parties.
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	
dated December 6, 1996 , authorizing the marriage of	I further certify that the following marriage certificate and first the firs
	I further certify that the following marriage certificate was filed in my office: (name), certify that on December 14, 1996
	in Hendricks County, Indiana,
Max Allen Hutchens, Jr. of Hendricks	County Indiana (state), and
Brandy Suzanne Paris of Putnam Co	ounty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	
Signed by: /s/ Norman C. Hill	(o)ficial designation)
Filed and recorded in accordance with the laws of the State of Indiana on	12-17-96 (date).
the state of the s	Signed Saran Sugar Clerk

Signed by: /s/ Ed Skiles

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. No D If No, Medical Examination or Report Dated Name of Physician A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Linda Tolan Arvist Ford I Residence Address W. County Rd 2505 Danville Hendricks IN OR No. of Previous Marriages Death Divorce Date of birth verified by: Birth Certificate Other (Specify) Date of birth verified by: Birth Certificate Other (Specify) No Yes No 🗆 Yes 🔲 ver is "ves." has the adjudication been removed? No 🗌 Yes 🔲 Are you related to the female applicant closer than second cousin? No 🗹 Yes 🔲 No D Yes 🗌 No 🗹 Yes 🗌 No 🗹 Yes 🔲 No Yes 🗌 No D List the full names of any dependent children. Tracy J. Tolan 6. (a) Full name of applicant's father Arvist R. Ford I John E. Tolan of father (State or foreign country) Arkansas In name of applicant's mother Brenda S. Morris ate or foreign country) Ind nt's mother Wanda J. Ewel mother (State or foreign country) Kentucky ACKNOWLEDGMENT ACKNOWLEDGMENT information regarding dangerous com I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court Clerk of Court State of Indiana State of Indiana Address 1139 Apt D Pinewood Dr. PIFId. 46168 HENDRICKS HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN State of Indiana HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County _ Court, by written order issued _ and filed in authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated ____12-5-96 Arvist R. Ford II _, authorizing the marriage of ___ and Linda L. Tolan . I further certify that the following marriage certificate was filed in my office: I, Ed Skiles December 8, 1996 (name), certify that on _ (date), at __Indianapolis in Marion County, Indiana, Arvist R. Ford II Indiana County ___ _(state), and . Linda Louise Tolan (state) were married by me as authorized nty, Indiana, dated 12-5-96 Hendricks Indiana County_ under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated _

Minister

(date).

12-27-96

(official designation)

Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 584 File 59

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

Female Applicant 50 No P Yes I If No, Medical Examination or Report Dated 12-5-96 Name of Physician D1. Weeger

MALE APPLICANT	FEMALE APPLICANT
Name Michael Share Stay Least Day Yeary Leave Day	Date of Birth Month Month Doty - Vaggues
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State 44/23	Residence Address Street or R.R. City County State 44777
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 1996	Last Marriage Ended By: Death Divorce Annulment Date 1995
Date of birth verified by: Birth Certificate Other (Specify) Viving Jichnee	Date of birth verified by: Birth Certificate Scher (Specify) Drivers Julies
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed? No Yes Yes Yes Yes	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? Yes
3. Are you now under the influence of an alcoholic beverage? No ✓ Yes ☐	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children. Joan Russlyn Snyll	5. List the full names of any dependent children. Victoria Jynn Van Ques
gathanies wrong Anyder	Henrich Wayne Verguez
6. (a) Full name of applicant's father Emest Souther	6. (a) Full name of applicant's father Donald Tehrelme Dites
(If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Jonald Muyne Wy. (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) alclased	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) Bentucky	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Muse Suyder	(b) Full maiden name of applicant's mother Katie Virginia Whale
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Gorgia
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) — Jouisana
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant \ Michael & Soughe Date 12-9-96	signature of Applicant * Tone Wasques Date 12-9-96
	The transfer of the second of
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss. in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed Muchael & Snyder New Aridress Same	Signed A Tone Wasques
Superibad angleworn to before this 9 day of December 19 9/6	Subscribed and sworn to before menting 9 day of December, 19 96
Sharaw HENDRICKS Circuit Court	HENDRICKS Circuit Court
CONSTITUTE OF PURPOSE OF CONSTITUTE OF CONST	- Recursion of the second
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN
state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) Courts of HENDRICKS SS:	State of Indiana) HENDRICKS SS:
County of	County of
Father ID # ID #	Father ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	
	Court, by written order issueds and directs the issuance of a marriage license to the above named parties.
AMILE SEE PARTY OF THE PROPERTY OF THE PARTY	o and directed the isodatice of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSI	
I certify that there was filed in my office a marriage license issued by the Cledated, authorizing the marriage of	rk of the Circuit Court of HENDRICKS County, Indiana,
	I further certify that the following marriage certificate was filed in my office:
I, _Gerald L. Land, Jr.	(name), certify that on December 20, 1996
(date), atDanville	in Hendricks County, Indiana,
	County Indiana (state), and
Toni Arnette Doty-Vaz@fez Hendricks Cou	TIPLIPATORIA TO THE TOTAL TOTAL TO THE TOTAL TOTAL TOTAL TO THE TOTAL TO THE TOTAL TOTAL TOTAL TO THE TOTAL T
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: _/s/ Gerald L. Land, Jr.	
Filed and recorded in accordance with the laws of the State of Indiana on	_ ,Minister (official designation) 1-2-97 (date).
S Comment Comment	ignedSharawingan Clark
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No X Yes If No, Medical Examination or Report Dated 10-17-96 A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician Dr. Klein IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Never Married Date of birth verified by: Birth Certificate Other (Specify) Date of birth verified by: Birth Certificate Other (Specify) Not Are you now or have you ever been adjudged to be of unsound mind? Yes 🔲 No 🔲 Yes 🗌 ver is "ves." has the adjudication been removed? No 🗌 s "yes," has the adjudication been removed? Yes 🗌 No X Yes 🗌 No Yes 🗌 Not Yes 🗌 Yes 🗌 Not ✓ Yes ☐ Yes 🗌 so state) Indiama ACKNOWLEDGMENT received information regarding dangerous communicable diseases that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court State of Indiana I swear/affirm that the information given Decembers _ Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ County Court, by written order issued _ and filed in , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 12-10-96 _ , authorizing the marriage of _____Jeffery Curtis Davis and Teresa Lynn Stage . I further certify that the following marriage certificate was filed in my office:

_ (name), certify that on _____ December 20, 1996

in <u>Marion</u>

County Indiana

Indiana

Judge

County____

Signed .

Hendricks

Marion

of_

of_

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

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

County, Indiana,

_(state), and _

County, Indiana, dated ____

(official designation)

(state) were married by me as authorized

12-10-96

Circuit Court

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

I, Myron Barnard

Teresa Lynn Stage

(date), at ___Indianapolis

Signed by: /s/ Myron Barnard

Jeffery Curtis Davis

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE 586 **HENDRICKS** County Yes Female Applicant 50 No 🔯 IC 31-7-9-1. Furnishing false information upon applying for license. If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Never Married OR No. of Previous Marriages Death Divorce D Last Marriage Ended By: Date of birth verified by: Birth Certificate Other (Specify) Yes 🗌 No No Yes Are you now or have you ever been adjudged to be of unsound mind? No 🗆 Yes 🗌 No Yes No Yes 🗌 No Yes 🗌 related to the female applicant closer than second cousin? Yes 🗌 No No Yes Are you now under the influence of an alcoholic beverage? Yes 🗌 No Yes Are you now under the influence of a narcotic drug? Full name of applicant's father Clarence Buege Bonifacius Ingiana of applicant's mother Butha Flourne Jim ACKNOWLEDGMENT ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases ed information regarding dangerous communicable diseases Date 12/10/96 The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Clerk of Court I swear/affirm that the information given day of December 19 76 CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued County _ , authorizes and directs the issuance of a marriage license to the above named parties. and filed in_ RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of County, Indiana, _, authorizing the marriage of ____Harold Royce Vangundy dated _____12-20-96 . I further certify that the following marriage certificate was filed in my office: Mary Ellen Long December 21, I, __ John F. Strifler (name), certify that on _ Hendricks County, Indiana,_ North Salem (date), at _ Indiana Hendricks _(state), and . Harold Royce Vangundy County _ Indiana Hendricks (state) were married by me as authorized Mary Ellen Long County .

HENDRICKS

Signed.

Minister

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

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

Signed by: /s/ John F. Stifler

.County, Indiana, dated _

HENDRICKS

_ (official designation)

Clerk

Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated // A person who knowingly furnishes false information to a clerk of the Name of Physician D. Wills circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Date of birth verified by: Birth Certificate Other (Specify) Date of birth verified by: Birth Certificate Other (Specify) No ▼ Yes □ No Yes 🗌 No 🗆 Yes 🗌 No 🗌 Yes 🗌 er is "yes," has the adjudication been removed? NOR Yes 🗌 No Yes 🗌 Ne Yes 🗌 Yes 🗌 Yes 🗌 Yes 🗌 ACKNOWLEDGMENT I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court State of Indiana State of Indiana Signed Xkandall Stuart New Address X 3170 Tinkersfield CONSENT OF PARENTS, PARENT, OR GUARDIAN COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ County _ Court, by written order issued _ and filed in , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated ___December ___, authorizing the marriage of ___ Randall Stuart Saxton and ___ Amy Jane Clegg . I further certify that the following marriage certificate was filed in my office: I, Fr. Leopole R. Keffler _ (name), certify that on _ 12/14/96 (date), at ___ Marion College Chapel in Marion County, Indiana,

County ___ Indiana

Priest

County Indiana

12/18/96

_(state), and _

(official designation)

(date).

(state) were married by me as authorized

Clerk

Circuit Court

County, Indiana, dated 12/10/96

Amy Jane Clegg

Randall Stuart Saxton of Hendricks

Signed by: /s/ Fr. Leopole R. Keffler

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

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

_ of _ Marion

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** County Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. No A A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated / Name of Physician _ circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. FEMALE APPLICANT MALE APPLICANT NNS Never Married OR No. of Previous Marriages Death Death Last Marriage Ended By: Date of birth verified by: Date of birth verified by: Birth Certificate Other (Specify) Yes 🔲 No D Yes 🗌 No 🗌 Yes 🗌 No 🗆 Yes 🗌 No Yes 🗌 No 🗌 Yes 🗌 Nat Yes 🗌 Yes No 🗌 Yes 🔽 No 🔲 List the full names of any dependent children. TQCDb Daniel Thomas (a) Full name of applicant's father, (If adopted, list adoptive parents only)_ mother (if deceased, so state) Invigng Birthplace of mother (State or foreign country) Indiana Birthplace of mother (State or foreign country)_ **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency synd The above applicant has objected to verifying by oath or affirmation or signature to the ab The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. I swear/affirm that the information given State of Indiana HENDRICKS Cheryl Parthenia Ave. Blows Ind. 46/12 day of December 9 16 alex CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued. County and filed in , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE County, Indiana, I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of , authorizing the marriage of . I further certify that the following marriage certificate was filed in my office: (name), certify that on . (date), at County, Indiana, (state), and County (state) were married by me as authorized HENDRICKS County, Indiana, dated under a marriage license that was ssued by the Clerk of the Circuit Court of (official designation) Filed and recorded in accordance with the laws of the State of Indiana on

Signed

HENDRICKS

Clerk

Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No 🛛 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician _ IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** No Yes Not No 🗆 Yes 🔲 No 🗆 Yes 🗌 No 🗵 Yes 🗌 No M Yes 🗌 No ₩ Yes □ Not Yes 🗌 Victor Kuh Yes 🔲 ACKNOWLEDGMENT The above applicant has objected to verifying by oath or affirmation or signature to the above signed A Hathryn n. Car HENDRICKS 19 94 Decembers 96 COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ County . Court, by written order issued_ authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated _______, authorizing the marriage of ______ Steven Allen Kuhn, County, Indiana, Jr. and Kathryn Nichole Caudi . I further certify that the following marriage certificate was filed in my office:

(name), certify that on December 21, 1996

(name), certify that on _

Indiana

Indiana

HENDRICKS

Minister

(date).

County, Indiana,

County, Indiana, dated _

(state), and

_ (official designation)

(state) were married by me as authorized nty Indiana, dated 12-13-96

Clerk

Circuit Court

Hendricks

12-27-96

County

Signed

Hendricks

Hendricks

I, Wayne D. Shoulders

Steven Allen Kuhn, Jr

Kathryn Nichole Caudill of_

Signed by: /s/ Wayne D. Shoulders

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

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

(date), at Plainfield

and filed in

Clerk of Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. <u>590</u> File <u>59</u> 12-13-96

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

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Kast	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State 46/12	Residence Address Street or R.R. City County State 44/1/2
10372 N CO Rd 1025E Brownsbyrg HAVES IN	10372 NCO. Rd 1035E Brownsburg Hoves IN
Previous Marital Status: Never Married OR No. of Previous Marriages 2	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 1994	Last Marriage Ended By: Death Divorce Annulment Date 1991
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Cother (Specify) Dr., Vers L. Cense
Date of birth verified by: Birth Certificate Cother (Specify) Dr., Vers L. Cense	Date of Dirth settings by Don't Cartificate Across (Spacing)
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	Are you now or have you ever been adjudged to be of unsound mind? No Sk Yes
If answer is "yes," has the adjudication been removed? No Yes	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No □ Yes □ S. List the full names of any dependent children. K: Naber Clien Karnes	4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. James Editor Kelley Ber
Justin Michael Karnes	Jacob Kelley - Ashley ELizabeth Kelley
David Matthew Karnes	Dexter Allen Keller
6. (a) Full name of applicant's father Pay Exwart Karnes	6. (a) Full name of applicant's father John Earl Rove
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of father (If deceased, so state)	Residence of father (If deceased, so state) Many Birthplace of father (State or foreign country) Dansta
(b) Full maiden name of applicant's mother Maryric Delk	(b) Full maiden name of applicant's mother Doubling Marie alle
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Anaigna	Residence of mother (if deceased, so state) Spidiana
Birthplace of mother (State or foreign country) Januaria	Birthplace of mother (State or foreign country) Jydiana
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the jest sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome) May 12-13-56	Signature of Applicant X Kramna 400ay Date 12-13-96
Signature of Applicant Date 1215 12	Signature of Applicant Date Date
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I sweat/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	State of Indiana) I swear/affirm that the information given County of HENDRICKS in this application is true and correct.
Signed Mubaello, Karnes	signed & Mannahollow
New Address X SAME AS ABOULT	New Address & Dame as alrower
Subscribed and sylprin to before me the day of De Cens before 94	Subscript and sworm to before my this 3 day of Decembers 96
Circuit Court	Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
$\frac{m}{j}$ We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	Clate of Indian
County of HENDRICKS ss:	State of Indiana) County of HENDRICKS ss:
Father ID #	FatherID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authoriz	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cla	
dated 12-13-96, authorizing the marriage of	Michael David Karnes
and Kianna Jayne Kelley	I further certify that the following marriage certificate was filed in my office:
I, Michael D. Keele	(name), certify that on December 20, 1996
(date), atIndianapolisMichael David KarnesofHendricks	in Marion County, Indiana,
Kianna Jayne Kelley of Hendricks Con	
under a marriage license that was issued by the Clerk of the Circuit Court of	
Signed by: /s/ Michael D. Keele	, Judge (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	12-27-96 (date).
	Starossigen
	Signed Clerk
DAVIS FARMS - CVOTTING 4 AND AND 4-197	HENDRICKS Circuit Court

Circuit Court

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County

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

Female Applicant 50 No A Yes
If No, Medical Examination or Report Dated 12-110-96
Name of Physician M. Harris

MALE APPLICANT	FEMALE APPLICANT
Named First of Middle Last	Nagra H First Q Middle Q Last)
Paye of Birth Month 7 - 0 - Day Year	Date of with Month H - H - 78 Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State 44/1/8	Residence Address Street or R.R. City County State 44
Previous Marital Status: Never Married O 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 D'Other (Specify)	W D . D .
The During gilling	Date of birth verified by: Weirth Certificate 11 Other (Specify) Junes Jichnel
Are you now or have you ever been adjudged to be of unsound mind? No Yes	Are you now or have you ever been adjudged to be of unsound mind? No. Yes
If answer is "yes," has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? Not Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Jury Lie Schafer	6. (a) Full name of applicant's father John Donald Bayo
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother wisting May	(b) Full maiden name of applicant's mother Suganne Sutter
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country) Advance Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ADVANCEM PROMPTUT	
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome).
Signature of Applicant 1000 Date 100	Signature of Applicant August Date 10/15/19
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given Ss: (in this application is true and correct.)	State of Indiana) I swear/affirm that the information given County of HENDRICKS ss: is this application is true and correct
Signed Joshua Lalagor 46214	Signed A Cypthia B. Boyo is this application is true and correct.
New Address 1 7214 Hatteras Ln Apt 2B Indionapolis IN	New Address X 7214 Hatteras & Opt, 2B undplace
Subscribed and sworn to before methis day of December 19 HENDRICKS	Subscripted and sworn to before the his day of HENDRICKS
- restablished	The Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
	State data which make the consent of the other parent unincessary
State of Indiana) County of HENDRICKS SS:	State of Indiana) ss:
County of HENDRICKS	FatherID #
Mother ID #	MotherID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	
and filed in, authorize	Court, by written order issued
RETURN OF MARRIAGE LICENS	
I certify that there was filed in my office a marriage license issued by the Cle dated12-13-96, authorizing the marriage of	Joshua Lee Schafer
and Cynthia Brooke Boyd	I further certify that the following marriage certificate was filed in my office:
I, Joseph A. Indies	(name), certify that on December 14, 1996
	_ inMarion County, Indiana, CountyIndiana(state), and
Cynthia Brooke Boyd of Marion Con	inty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 12-13-96
Signed by: /s/ Joseph A. Ingles Filed and recorded in accordance with the laws of the State of Indiana on	12-17-96 (date).
The state of manual on	0.0.0
S	Signed Sharos Sugar Clerk
	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File $\frac{372}{59}$

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

Female Applicant 50 No X Yes
If No, Medical Examination or Report Dated 12-13-96
Name of Physician 14. Fletcher

MALE APPLICANT	FEMALE APPLICANT
Name Michael First David Middle anderson	Name Pelecca First ann Blankanhorn
Date of Birth (State or foreign country)	Date of Birth Month 10 - 13 - 49 Place of Birth (State or foreign country)
Residence Address Strept or R.R. Sity County State 403%	Whine
3621 Beasly Dr. Judges Marion In	Residence Address Street or R.R. City County State 46/133
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages 3
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date 1995
Date of birth verified by: Birth Certificate Other (Specify) Drivers Jicense	Date of birth verified by: Birth Certificate Other (Specify) Drivers Jicense
Are you now or have you ever been adjudged to be of unsound mind? No	Are you now or have you ever been adjudged to be of unsound mind? Yes Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? No Yes Yes	2. Are you related to the male applicant closer than second cousin? No. Yes 3. Are you now under the influence of an alcoholic beverage? No. Yes Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No ★ Yes □
5. List the full names of any dependent children.	5. List the full names of any dependent children.
7.14 0 10 1	
6. (a) Full name of applicant's father Walter Havid Cindenson	6. (a) Full name of applicant's father Elmin C. Snow
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	(If adopted, list adoptive parents only) Residence of father (If deceased, so state) Floridae
Birthplace of father (State or foreign country).	Birthplace of father (State or foreign country) Maine
(b) Full maiden name of applicant's mother Jurginia Buth Cuntt	(b) Full maiden name of applicant's mother Glosia Faulbinghi
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Flori La
Birthplace of mother (State or foreign country) Indiana	Birthplace of mother (State or foreign country).
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Date 12/13/96	immune deficiency syndrome). Signature of Applicant A Secol 3 Secolar Date 12-13-86
Date -	Signature of Applicant Date 12-15-16
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date,
	Daily
State of Indiana County of HENDRICKS I swear/affirm that the information given in this application is true and correct.	State of Indiana) I swear/affirm that the information given SS:
Signed X	Signed Beck Blankal spirication is true and correct.
New Address X 2360 N-600 5- Vanville, W.	New Address \$2360 N. GOO E. Danville IN 461.
Subscribed and sworn to before me this day of MCLIMICAN Girebit Court	Subscribed and sworm to before the this
- Tester State Court	A Raion Sugarkat the mountains . Directle Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
	- Constitution of the Guide partition of the
State of Indiana) County of HENDRICKS SS:	State of Indiana) ss:
County of HENDALCAS) Father ID #	County of HENDRICAS. FatherID #
MotherID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
and filed in authoriz	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
, authoriz	os and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cladated, authorizing the marriage of, authorizing the marriage of,	
	I further certify that the following marriage certificate was filed in my office:
I, David Eric Adams	(name), certify that on December 22, 1996
(date), at Stinesville Michael David Anderson of Marion	Turking
	CountyIndiana (state), and untyIndiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 12-13-96
Signed by: /s/ David Eric Adams	Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	1-2-9/ (date).
A SERVICE MANAGEMENT A	Signed Clerk
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	HENDRICKS Circuit Court

(state) were married by me as authorized

Clerk

Circuit Court

County, Indiana, dated 12-16-96

(official designation)

(date).

Shelly Lee Cleveland

Hendricks

Judge Pro-Tem

Signed

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

Filed and recorded in accordance with the laws of the State of Indiana on 1-31-97

Signed by: /s/ Maureen H. Ferguson

of the second of the second

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** County Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. No D Yes If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the Name of Physician _ circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Previous Marital Status: Never Married Previous Marital Status: Never Married OR No. of Previous Marriag Divorce 🔯 Date of birth verified by: Birth Certificate Other (Specify) Jucense No Yes No Yes wer is "yes." has the adjudication been removed? No 🗌 Yes 🗌 No-__ Yes 🔲 No Yes 🔲 lated to the male applicant closer than second cousin? No D Yes 🗌 Not Yes 🗌 No Yes ther (State or foreign country) Indiana ACKNOWLEDGMENT ACKNOWLEDGMENT that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court _ Clerk of Court State of Indiana HENDRICKS day of December, 19 96
HENDRICKS Cit __ Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ County _ Court, by written order issued _ and filed in , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of County, Indiana, 12-16-96 , authorizing the marriage of ____ Fred Leo Hellmann and Shelly Lee Cleveland . I further certify that the following marriage certificate was filed in my office: Maureen H. Gerguson _ (name), certify that on ____ December 27, 1996 (date), at Brownsburg in Hendricks County, Indiana, Fred Leo Hellmann County _ Indiana of__Hendricks _(state), and _

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

	594
No.	
File	59
1	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 12-14-96
Name of Physician Date 12-14-96

Name First Middle Last	FEMALE APPLICANT Name A First Middle A Last
James Lee Brown	Bethanne K. Lyler
Date of Birth Month 8 - 27 - 71/	Deté of Birth Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State 4786	Residence Address Street or R.R. City County State 407
Previous Marital Status: Never Marriage OR No. of Previous Marriages	The state of the s
	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 A Other (Specify) Drivers Juinse	Date of birth verified by: Birth Certificate Other (Specify) Drivbus Jicense
Are you now or have you ever been adjudged to be of unsound mind? Note: Yes:	Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No Yes ☐	2. Are you related to the male applicant closer than second cousin? No. Yes 3. Are you now under the influence of an alcoholic beverage? No. Yes Yes Yes Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children
a summer English English British	Veith El and Saile
6. (a) Full name of applicant's father Trans Tougent Drawn (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father fully Full of Olyston Olyston (If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) Indiana.	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Marilyn Davis	(b) Full maiden name of applicant's mother Carriel Sue Briguen
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)
- State of Intelligit Country) Country	Birthplace of mother (State or foreign country) Indiana
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant X Bullagure Steple Date 12-16-96	immune deficiency syndrome). Signature of Applicant X James Lee Brow Date 12-16-96
Signature of Applicant Date 1 2 1 0 1 0	Signature of Applicant Date 12-16-76
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	
State of Indiana) I swear/affirm that the information given county of HENDRICKS ss: in this application is true and correct.	State of Indiana) I swear/affirm that the information given County of HENDRICKS in this application is true and correct.
signed x Bethanne ayler	Signed & James Lee Row
New Address X 704 woodbern for Panulle In	New Address X 704 Woodberry Drive Danville IN
Subsciped did swore to before this day of HENDRICKS Circuit Court	Subscribed and sworn to before the his day of December 19 9 6
Circuit Court	HENDRICKS . Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) Countries HENDRICKS ss:	State of Indiana) HENDRICKS SS:
County of	County of
Mother ID #	MotherID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IE MARRIAGE LICENSE ISSUED DY ORDER OF COURT	A marriage Barnes having have
County	A marriage license having been refused to the above named parties, the
and filed in authorize	es and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana,
dated 12-16-96, authorizing the marriage of	James Lee Brown
I. Ron Roffynnia	I further certify that the following marriage certificate was filed in my office: (name), certify that onany 4, 1997
(date), atWaynetown	in Montgomery County, Indiana,
James Lee Brown of Sullivan	County Indiana (state), and
Bethanne K. Sayler of Hendricks Con	unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 12-16-96
Signed by: /s/ Ron Raffynnie	
Filed and recorded in accordance with the laws of the State of Indiana on	1-13-97 (date).
	- Haranligan
	SignedClerk
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 595

HENDRICKS

County

Date of Application

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

Female Applicant 50 No

If No, Medical Examination or Report Dated

Name of Physician

HENDRICKS

Circuit Court

MALE APPLICANT	FEMALE APPLICANT
ame Pirst Middle Last	Name First & Middle toll Last
le of Birth Day Year	Date of Birth Month Day Year
ce of Birth (State or foreign country)	Place of Birth (State or foreign country)
Indiana	Indiana
257 Westing Dure Brown County State 4(1)2	Hesidence Address Carya Way County State 4770 County State 4770
vious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
vious marital status: Never marited \(\text{Or No. or Frevious maritages} \)	
t Marriage Ended By: Death Divorce ☐ Annulment ☐ Date 1992	Last Marriage Ended By: Death Divorce Annulment Date 1985
e of birth verified by: Birth Certificate Sother (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
pull your	- Warren

Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? Yes If answer is "yes," has the adjudication been removed? No Yes
Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin? Yes Yes
Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
Are you now under the influence of a narcotic drug? No ☐ Yes ☐	4. Are you now under the influence of a narcotic drug? No X Yes
List the full names of any dependent children.	5. List the full names of any dependent children.
(a) Full name of applicant's father Pary ton Steamy! Kissley	6. (a) Full name of applicant's father Taysbur Willed Wilson
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state). Accessed	Residence of father (if deceased, so state) andiana
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country). Illinois
(b) Full maiden name of applicant's mother Jouise of all Hill	(b) Full maiden name of applicant's mother magine Chalive
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)
Distribute of mother (state of loreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
cknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
t are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
nature of Applicant X	immune deficiency syndrome). Signature of Applicant ** Lower Lower Lover Later Date 12-14-916
nature of Applicant Date / 2-10-76	Signature of Applicant \\ \(\text{NNUL } \) \(\text{OUT } \) \(\text{Date} \) \(
cnowledgment because of religious beliefs. prk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
ss: I swear/affirm that the information given in this application is true and correct. Signed Kosel Resource Dr. Becombing 246/12 The scribed and sworn to before the HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed Annul Stu Alla College of the Superior of the Indiana Su
AND THE PROPERTY OF THE PROPER	
INSENT OF PARENTS, PARENT, OR GUARDIAN the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN
e facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
HENDRICKS SS:	State of Indiana) HENDRICKS \$5:
inty of HENDRICKS ss:	County of HENDRICKS ss:
unty of / ss: ID #	County of HENDRICKS SS: Father ID #
unty of	County of
inty of	County of HENDRICKS SS: Father ID #
control of	County of
ther ID #	County of
ther ID #	County of
ther	County of
county of	County of
certify that there was filed in my office a marriage license issued by the Clerk	County of
certify that there was filed in my office a marriage license issued by the Clerk RETURN OF MARRIAGE LICENSE RETURN OF MARRIAGE LICENSE Certify that there was filed in my office a marriage license issued by the Clerk County	Father
certify that there was filed in my office a marriage license issued by the Clerk RETURN OF MARRIAGE LICENSE RETURN OF MARRIAGE LICENSE Certify that there was filed in my office a marriage license issued by the Clerk County	Father
ther	County of
certify that there was filed in my office a marriage license issued by the Clerk RETURN OF MARRIAGE LICENSE Certify that there was filed in my office a marriage license issued by the Clerk County	County of
certify that there was filed in my office a marriage license issued by the Clerk RETURN OF MARRIAGE LICENSE County RETURN OF MARRIAGE LICENSE County	Father
County that there was filed in my office a marriage license issued by the Clerk The definition of the description of the descr	Father
County RETURN OF MARRIAGE LICENSE Certify that there was filed in my office a marriage license issued by the Clerated Lounty Leininger II Alter Lou Katchka Harold L. Leininger II Alter Lou Katchka Brownsburg Evan Duane Kessler County Marriage license Alter Lou Katchka Brownsburg Evan Duane Kessler County Marriage of Hendricks County Marriage of Hendricks County Marriage of Mendricks County Marriage license that was issued by the Clerk of the Circuit Court of Marriage license that was issued by the Clerk of the Circuit Court of Marriage license that was issued by the Clerk of the Circuit Court of Marriage license that was issued by the Clerk of the Circuit Court of Marriage license that was issued by the Clerk of the Circuit Court of Marriage license that was issued by the Clerk of the Circuit Court of Marriage license that was issued by the Clerk of the Circuit Court of Marriage license that was issued by the Clerk of the Circuit Court of Marriage license that was issued by the Clerk of the Circuit Court of Marriage license that was issued by the Clerk of the Circuit Court of Marriage license that was issued by the Clerk of the Circuit Court of Marriage license that was issued by the Clerk of the Circuit Court of Marriage license that was issued by the Clerk of the Circuit Court of Marriage license that was issued by the Clerk of the Circuit Court of Marriage license that was issued by the Clerk of the Circuit Court of Marriage license that was issued by the Clerk of the Circuit Court of Marriage license that was issued by the Clerk of the Circuit Court of Marriage license that was issued by the Clerk of the Circuit Court of Marriage license that was issued by the Clerk of the Circuit Court of Marriage license that was issued by the Clerk of the Circuit Court of Marriage license that was issued by the Clerk of the Circ	Father

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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

Female Applicant 50 No Ves Using If No, Medical Examination or Report Dated 12-19-96
Name of Physician

MALE APPLICANT	FEMALE APPLICANT
Name Prist Middle Chast	Name KAREN LYNN MCBEE
Date of Birth Month Day Year	No. 1 State Mark
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
IndiANA	Residence Address Street or R.R. City County State
Residence Address Street or R.R. City County State State ANDARN TN	BLG12 E.C.R. 1000S CLAYTON HENDRICKS IN 461
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date 1993
	Date of birth verified by: Birth Certificate Other (Specify) DRIJERS LICEUSE
Date of birth verified by: Birth Certificate Other (Specify) DRNELS LICEUSE	DKINERS LICENSE
Are you now or have you ever been adjudged to be of unsound mind? No ☑ / Yes ☐ If answer is "yes," has the adjudication been removed? No ☑ / Yes ☐	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin? No ☑ / Yes □	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐	4. Are you now under the influence of a narcotic drug? No 🗹 Yes 🗌
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of applicant's father CLOY CWES MAN	6. (a) Full name of applicant's father Emil Edwin Kottkamp
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of father (State or foreign country) IN d	Residence of father (if deceased, so state) Birthplace of father (State or foreign country) T A
(b) Full maiden name of applicant's mother WANEHA SUE BLOUNT	(b) Full maiden name of applicant's mother MARCIA MAE DAVIS
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) TNd
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date State of Indiana I swear/affirm that the information given in this application is true and correct.
Signed Law of Church New Address 26/2 E C. R. 600 5. CLAYTON IND Subscribed and sworn to before methis file day of DeettraBER, 19 9/4 HENDRICKS Circuit Court	Signed Karen M Bre New Address 2612 E. Co. R.D. 600 S. Clayton, In Subscribed and sworn to before the this Le day of DECEMBER, 19 90 HENDRICKS Gircuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
and had man man an object of the other parts of the object of	data lada milat milat di conditti di di olito paran di noccoda y
State of Indiana) Country of HENDRICKS ss:	State of Indiana) HENDRICKS ss:
County of HENDRICKS) Father ID #	County of
Mother ID #	Father ID # Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
	Court, by written order issued
and filed in, authoriz	zes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clated, authorizing the marriage of, authorizing the marriage of,	Nerk of the Circuit Court of HENDRICKS County, Indiana, Brian Gale Cheesman
	I further certify that the following marriage certificate was filed in my office:
I, — Darrel Miller	(name), certify that on December 31, 1996
(date), atMorgantown	inBrown County, Indiana,
Brian Gale Cheesman of Hendricks Karen Lynn McBee of Hendricks Co	County Indiana (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	(brane) mere married by me as difficulties
Signed by: /s/ Darrel Miller	,Minister(official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	1-7-97 (date).
	Larannigan
	Signed Clerk
	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59

| 12-16-94 | Date of Application |

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

Female Applicant 50 No 🖎 Yes 🗆
If No, Medical Examination or Report Dated 12-16-96
Name of Physician D. Booth

HENDRICK

Circuit Court

	FEMALE ADDITIONAL
MALE APPLICANT Name of the second of the se	FEMALE APPLICANT Name 2
Thomas Richard Kanach	Rebicca Roush Perin
Day 6 - 68	12-28-68
Place of Birth (State or foreign country)	Place of Birth (State or foreign country) West Thirding
Residence Address Street or R. City County State 46112	Residence Address Street or R.R. City County State 4//
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
1007	
Last Marriage Ended By: Death Divorce Annulment Date 1996	Last Marriage Ended By: Death Divorce Annulment Date 1990
Date of birth verified by: Birth Certificate Other (Specify) Drivers Jucins	Date of birth verified by: Birth Certificate Other (Specify) Drivers Jichael
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐	2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes
Are you now under the influence of an alcoholic beverage? Note: Are you now under the influence of a narcotic drug? Note: Yes:	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes Yes Yes
5. List the full names of any dependent children. Condrew Type Kanach	5. List the full names of any dependent children.
6 (a) Full name of analicant's father A father A father A	6 (a) Full name of analogous's father Lam', Marian Blass
6. (a) Full name of applicant's father Michaeld Stanling Ramach (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Jazing Staziur Rous (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) New Jursus	Residence of father (if deceased, so state) North Causlina
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Begitting
(b) Full maiden name of applicant's mother for the form of the for	(b) Full maiden name of applicant's mother Corolly Struct William (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) New Juran	Residence of mother (if deceased, so state) About to Roulingal
Birthplace of mother (State or foreign country) pennsylvania	Birthplace of mother (State or foreign country) Kentucker
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome).
Signature of Applicant Author The Date 2-16-16	Signature of Applicant Date 12 16 70
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS SS: In this application is true and correct.	County of HENDRICKS SS: County of HENDRICKS SS: County of HENDRICKS
Signed SRME	Signed Some
Subscribed and sworn to before the this	S-hacribed and sworn to before this day of December, 19 96
HENDRICKS Circuit Court	HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	2 hear of the
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OF GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS ss:	State of Indiana) County of HENDRICKS ss:
Father ID #	FatherID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana,
dated 12-16-96, authorizing the marriage of	Thomas Richard Kanach
and Rebecca Roush Perrin I, James H. Fierek	I further certify that the following marriage certificate was filed in my office:
	(name), certify that on December 27, 1996 in Hendricks County, Indiana,
Thomas Richard Kanach of Hendricks	County Indiana (state), and
Rebecca Roush Perrin of Hendricks Con	unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 12-16-96
Signed by: /s/ James H. Fierek Filed and recorded in accordance with the laws of the State of Indiana on	
	(unite).
	Signed Staranteger Clerk

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes I If No, Medical Examination or Report Dated 12-11-96 Name of Physician DR. B. WEB
MALE APPLICANT	FEMALE APPLICANT
Name / First / Middle Last	Name First / Middleast
Date of Birth Month Day Year	Date of Birth Month Day JoyNER
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Missouri	INDIANA
Residence Address BARBERRY DR AVON HUDRKS IN	G287 BARBERRY DR. AVON HNDRKS 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 1995	Last Marriage Ended By: Death Divorce Annulment Date 1995
Date of birth verified by: Birth Certificate Souther (Specify) DR: VEZS LICENSE	Date of birth verified by: Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes Yes
If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes," has the adjudication been removed? No Yes 2. Are you 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. SAMANUMA N: COLE HOOD
6. (a) Full name of applicant's father LAWRENCE GLENN TRAMMEL JR	
6. (a) Full name of applicant's father (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father CRKKY DRY 1.D 3.0 YNEK (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Missour:	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) ARKANSAS	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Judith Edwards	(b) Full maiden name of applicant's mother SANDRA SUE CARR
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Missouli	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country) ARKANS AS	Birthplace of mother (State or foreign country)
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date State of Indiana County of HENDRICKS Signed New Address Signed New Address Subscribed and sworn to before me this day of DEC HENDRICKS Circuit Court	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court State of Indiana County of HENDRICKS Signed HENDRICKS New Address Subscribed and sworn to before me this State of Indiana Signed And Si
- Harandijan	- Harow Sugar
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
Constitution of the Consti	
State of Indiana) County of HENDRICKS ss:	State of Indiana) County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Cleri
County	A marriage license having been refused to the above named parties, the Court, by written order issued
and med in, authoriz	tes and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cla	erk of the Circuit Court of HENDRICKS County, Indiana,
dated 12-17-96, authorizing the marriage of	Lawrence Glenn Trammel III
IJackee Mean	I further certify that the following marriage certificate was filed in my office: (name), certify that onDecember 28, 1996
(date), atPlainfield	_ in Hendricks County, Indiana.
awrence Glenn Trammel III of Hendricks	County Indiana (state), and
Sherry Lynn Joyner of Hendricks Co.	nunty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 12-17-96
Signed by:/s/ Jackee Mean Filed and recorded in accordance with the laws of the State of Indiana on	
The tart of the State of Manual on	o o cane).
	Signed Staron Clerk
BOYCE FORMS + SYSTEMS 1-800-382-8702 1477	HENDRICUS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** County Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Hanover Previous Marital Status: Never Married OR No. of Previous Marriages Divorce Date of birth verified by: Birth Certificate Other (Specify) dicense License Note No Yes Are you now or have you ever been adjudged to be of unsound mind? No 🗆 Yes 🔲 ver is "yes," has the adjudication been removed? No 🗌 Yes 🗌 is "yes," has the adjudication been removed? No Yes No Yes 🔲 No Yes 🗌 No D Yes 🗌 No No Yes No Yes 🗌 ACKNOWLEDGMENT that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the Clerk of Court State of Indiana I swear/affirm that the information given I swear/affirm that the information given State of Indiana day of December 19 HENDRICKS _ Circuit Court Circuit Court CONSENT OF PARENTS, PARENT, OF GUARDIAN HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ County _ Court, by written order issued _ and filed in authorizes and directs the issuance of a marriage license to the above named partie

		or a mamage meened to the above mamed parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CER	TIFICATE
I certify that there was filed in my office a marriage license issued by the Cle dated, authorizing the marriage of	erk of the Circuit Court of	HENDRICKS County, Indiana,
andVicki Lynn Butterfield	I further certify that the (name), certify that	following marriage certificate was filed in my office:
	_in Hendricks	County, Indiana,
	County Indiana Indiana	(state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS	(state) were married by me as authorized County, Indiana, dated 12-18-96
Signed by: /s/ Stephen White	,Min	ister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	1-22-97	(date)

Clerk Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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

Female Applicant 50 No A Yes
If No, Medical Examination or Report Dated 1/-20-96
Name of Physician D1 Kbluer

MALE APPLICANT	FEMALE APPLICANT
Name Brian First Richard Paul	Name Lovi First Middle; Last
Date of Birth Month 8-20-644	Date of Birth Month 8 - 3 - 6.2. Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State #10732	Residence Address Street or R.R. City County State 463317
40 20 = 91 N NO 2 Danville Hades IN	5429 Mislom Jun Indpla. Marion +
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 1993	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Souther (Specify) Drivers dicess	Date of birth verified by: Birth Certificate Other (Specify) Livers Juines
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 X Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes	2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No S Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children. Babba Vincent feis in
Relief Lee Pol	1- 12 December Laine
6. (a) Full name of applicant's father 1) Avenue Floring (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father James Dauglas Leisung, fro
Residence of father (if deceased, so state) Kansas	Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Kansas	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Manualy January Manualy (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother frances Jone Yummur (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Kanea	Residence of mother (if deceased, so state) Andieuma
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test ettes for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Date Date	Signature of Applicant Hour & Jewsung Date 12-18-76
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS Signed Signed	State of Indiana County of HENDRICKS Signed For Lewing I swear/affirm that the information given in this application is true and correct.
Subscribed and sworn to before me into 8 day of Pechaline 96 HENDRICKS Circuit Court	Subscribed and sworn to before me this 8 day of December 19 94 **RENDRICKS Circuit Court
Short shortan	S Rock of
CONSENT OF PARENTS, PARENT, OR GUÃRDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN
state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana)	
County of	State of Indiana) County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID # Subscribed and sworn to before me this day of19	Mother ID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me this day of, 19Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle dated, authorizing the marriage of	rk of the Circuit Court of HENDRICKS County, Indiana, Brian Richard Paul
and Lori Lee Leisring	I further certify that the following marriage certificate was filed in my office:
I, James H. Fierek (date), at Brownsburg	(name), certify that onDecember 20, 1996 in Hendricks County, Indiana,
Brian Richard Paul of Hendricks	County Indiana (state), and
Lori Lee Leisring of Marion Cou	inty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ James H. Fierek Ju	HENDRICKS County, Indiana, dated 12-18-96 adge Pro-Tem (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	12-27-96 (date). (official designation)
S	Signed State Sugar Clerk
	HENDRICKS / Circuit Court

Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

File

J9-20-96

Date of Application

Female Applicant 50 No Yes
If No, Medical Examination or Report Dated 12-20-96

Name of Physician

P4. Headre

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

FEMALE APPLICANT MALE APPLICANT Death Death Divorce 🗌 Annulment Date of birth verified by: Birth Certificate Other (Specify) Date of birth verified by: Specify Certificate Other (Specify) No Yes Are you now or have you ever been adjudged to be of unsound mind? Are you now or have you ever been adjudged to be of unsound mind? No 🔲 No 🗆 Yes 🔲 Yes 🗌 DON Yes 🗌 No D Yes 🔲 ou related to the female applicant closer than second cousin? No DA Yes 🗌 Yes 🔲 Nor Yes □ Yes 🔲 Levie Diane Mous ed, so state) Andiana mother (State or foreign country) New Yorks ACKNOWLEDGMENT ACKNOWLEDGMENT that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court Clerk of Court State of Indiana HENDRICK: HENDRICKS day of December 96
HENDRICKS a O _ day of December . 19 96
HENDRICKS HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County . Court, by written order issued _ and filed in_ authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, Ryan Cunningham Mast dated 12-20-96 , authorizing the marriage of _ and Renee Diane Tromble . I further certify that the following marriage certificate was filed in my office: December 25, I, Robert F. Gammon _ (name), certify that on _ (date), at Indianapolis Marion County, Indiana, County _ Indiana Ryan Cunningham Mast Hendricks _(state), and _ Indiana Renee Diane Tromble Hendricks (state) were married by me as authorized of_ _ County_ under a marriage license that was issued by the Clerk of the Circuit Court of County, Indiana, dated Signed by: /s/ Robert F. Gammon Judge (official designation) Filed and recorded in accordance with the laws of the State of Indiana on. (date). Clerk

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

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59

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

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

Name of Physician ______

MALE APPLICANT	FEMALE APPLICANT
Edward First anthony Paker	Name Brenda First Sue Ward Last
Date of Birth Month 8 - 22 - 52	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County, A State 4(01(07)	Residence Address Street or R.R. City County State 44/16
5271 All Vally M. pettsbook Arks Ind	5271 Hill Vally Dr. pittsbow He she. Incl
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OP No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 1992.	Last Marriage Ended By: Death Divorce Annulment Date 1970
Date of birth verified by: Birth Certificate Sother (Specify) Drivers diverse	Date of birth verified by: Birth Certificate State (Specify) Daivers License
A CONTRACTOR OF THE PARTY OF TH	- prove green
Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? Not Yes □ Are you now under the influence of a narcotic drug? Not Yes □	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? Not ✓ Yes ☐ Yes ☐
5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? No Yes 5. List, the full names of any dependent children.
	Jason Eugene Ward
- Bohing	
6. (a) Full name of applicant's father Sward Sable (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Hamby Tuesdey Burns (If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) A negative
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Kentucky
(b) Full maiden name of applicant's mother faula Moals	(b) Full maiden name of applicant's mother Livinginia (athyn
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Andiana	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country) Renductory	Birthplace of mother (State or foreign country) Kentucky
9	Brown dry
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome).
Signature of Applicant A Calward & Oder Date 12:70-96	Signature of Applicant & Brancha Sue Ward Date 12-20-9
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above configure has objected to varifying by each as afficulties as a second to the second to th
acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swearfaffirm that the information gives	
State of Indiana I swear/affirm that the information given ss: in this application is true and correct.	State of Indiana) I swear/affirm that the information given County of HENDRICKS ss: in this application is true and correct.
Signed A Calibara & Gaker	signed & Brenda Sur Ward
New Address day of Dacameter, 19 96	New Address X Same
day of United All Swings of the HENDRICKS Circuit Court	Subscribed and sworn to before me this day of
N now sugar	Track Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state lacts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID # Subscribed and sworn to before me this day of, 19	MotherID #
Clerk	Subscribed and sworn to before me thisday of, 19Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, the
and filed in, authorize	es and directs the issuance of a marriage license to the choice named parties
	그리아 아이들 아이들 때문에 가장 그들은 소리를 되었다. 그 나는 사람들이 되었다면 그렇게 되었다면 하는데 그렇게 되었다.
	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana,
dated, authorizing the marriage of andBrenda Sue Ward	I further certify that the following marriage configurations Cl. 1:
I, Sharon Dugan	(name), certify that on January 4, 1997
(date), atDanville	in_Hendricks County Indiana
Edward Anthony Baker of Hendricks	County Indiana (state) and
Brenda Sue Ward of Hendricks Counder a marriage license that was issued by the Clerk of the Circuit Court of	unty Indiana (state) were married by me as authorized
Signed by:/s/ Sharon Dugan He	endricks County Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	1-7-97 (date).
	J. C. A. X. L. C.
and the second second	SignedClerk
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59
12-20-94

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

Female Applicant 50 No Yes I Yes I If No, Medical Examination or Report Dated 12-17-96
Name of Physician C. TRIPPE

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last /	Name First Middle Last
	STEPHANIE JO SMILEY Date of Birth Mogth Day Year
Date of Birth Month Day Year 57	Place of Birth (State or foreign country)
I NdiANA	INDIANA
Residence Address A. P. NEWOOD DR PLAINTIELD HADRKS IN	Residence Address Street or R.A. Plainfield HNDRVS 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 1990	Last Marriage Ended By: Death Divorce Annulment Date 1993
Date of birth verified by: Birth Certificate Dother (Specify) DRIVERS LICENSE	Date of birth verified by: Birth Certificate Dother (Specify) DRNERS LICENS &
Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin? No 🖸 Yes 🗆
3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No ✓ Yes ☐ No ✓ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No Yes
5. List the full names of any dependent children. AARON Michael Brown	4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children.
MEGAN JO BROWN	Timothy Steven Smiley
ZACHARY DAVID BROWN	
6. (a) Full name of applicant's father KOBERT LINCOLN BROWN	6. (a) Full name of applicant's father ALFRED GUSTAF LINDAHL
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) TudiANA	(If adopted, list adoptive parents only)
Birthplace of father (State or foreign country) KENTUCKY	Birthplace of father (State or foreign country) TLLiNOIS
(b) Full maiden name of applicant's mother MILDRED TO CLINE	(b) Full maiden name of applicant's mother JANET YVONNE DEARDUR
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Tudi ANA	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country) Tindian A	Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Tand TANA
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome	immune deficiency syndrome).
Signature of Applicant X // Velland fel 13/15/10 Date 12/20/96	Signature of Applicant XI Stephanu Jo Smiley Date 12/20/9,
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	State of Indiana) I swear/affirm that the information given County of HENDRICKS, ss: // this application is true and correct.
Signed Manay of Brown	Signed X tephane to Smiles
New Address 645 BEACH DRIVE WEST Plaintiell IN HOUSE Subscribed and sworn to before me this day of	New Address Lett Beach It W Placinfield In 46
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this
- Harandigan	: Staron Victor
CONSENT OF PARENTS, PARENT, A GUARDIAN	CONSENT OF PARENTS, PARENT, OR GARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
one was made the constitute of the other parent differences any	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS ss;
Father ID # Mother ID #	FatherID #
Subscribed and sworn to before me thisday of, 19	Mother ID # Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authoriz	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	
dated 12-20-96, authorizing the marriage of	Michael Joe Brown
and _ Stephanie Jo Smiley	I further certify that the following marriage certificate was filed in my office:
I, John C. Parsley (date), at Plainfield	(name), certify that on January 18, 1997
Michael Joe Brown of Hendricks	in Hendricks County, Indiana, CountyIndiana (state), and
Stephanie Jo Smiley of Hendricks Co	unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 12-20-96
Signed by: /s/ John C. Parsley	
Filed and recorded in accordance with the laws of the State of Indiana on_	1-31-97 (date).
Conney December 1	Signed Staron Sugar Clerk
	Signed Clerk HENDRICKS Circuit Court
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59

| 12-23-96 |
| 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 12 f 9/96
Name of Physician Algnies

MALE APPLICANT	FEMALE APPLICANT
Name First 4 Middle 0 + Last	Name Stanhania Kau Middle Adden
Date of Birth Month Day Year	Date of Birth Mogth 10 75 Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Indiana 44121	Residence Address A Street or R.R.A. City County State #4/1
Residence Address Street or R.R. City County State The Main Street Coatsault Houles In	7891 Main St. Conteside Under IV
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date 1996
- 1 5 5	Date of birth verified by: Birth Certificate Nother (Specify)
Date of birth verified by: Birth Certificate Sther (Specify) Drivers Julius	Date of birth verified by: Birth Certificate Other (Specify) Privers Licens
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "ves." has the adjudication been removed? No Yes
If answer is "yes," has the adjudication been removed? No	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes
2. Are you related to the female applicant closer than second cousin? No. Yes 3. Are you now under the influence of an alcoholic beverage? No. Yes Yes	3. Are you now under the influence of an alcoholic beverage?
t. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children. A PEXANDER Melachic
	Joan
6. (a) Full name of applicant's father Robert otis Stewart	6. (a) Full name of applicant's father Tuilburn fee Sellner
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Judiana	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) Indiana	Birthplace of father (State or foreign country) Runnie, Lie Marke
(b) Full maiden name of applicant's mother to the things of the state	(b) Full maiden name of applicant's mother symbol. Full factors (If adopted, list adoptive parents only)
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country) Indiana	Birthplace of mother (State or foreign country) Kentucky
ACKNOWLEDGMENT	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
mmune deficiency syndrome).	immune deficiency syndrome).
Signature of Applicant A Jacon Awar Date 12-23-90	Signature of Applicant & Sephaneel Widen Date 12-23
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given ss:	State of Indiana) I swear/affirm that the information given State of Indiana) I swear/affirm that the information given State of Indiana) I swear/affirm that the information given
County of HENDRICKS in this application is true and correct. Signed X Pason Men Signed X Pason	County of HENDRICAS in this application is true and correct. Signed X To Blanke Colden
New Address & SAME	New Address & Council
Subscribed and sworn to before the this 33. day of December 19 96 HENDRICKS Circuit Court	Subscribed and sworn to before me this
Haraz Sugarthe HENDRICKS Circuit Court	Staron Sugar HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OF GUARDIAN
Ve. the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
tate facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) HENDRICKS SS:	State of Indiana)
County of HENDRICKS Father Robert Stewart 10 # 313-46-2353	County of RENDRICKS) Father ID #
Mother Jo Com Stewart 10 # 309-68-4263	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of , 19
Clerk	Clerk
COMPLETE IE MARRIAGE LICENSE ISSUED BY OPDER OF COURT	A marriage license having been refused to the above named parties, the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	
	tes and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE HENDRICKS County Indiana
certify that there was filed in my office a marriage license issued by the Clated, authorizing the marriage of	
	I further certify that the following marriage certificate was filed in my office:
, James H. Fierek	(name), certify that on December 27, 1996
(date), atBrownsburg	inHendricks County, Indiana,
Robert Jason Stewart of Hendricks	County Indiana (state), and
Stephanie Kay Golden of Hendricks Co	ounty Indiana (state) were married by me as authorized County, Indiana, dated 12-23-96
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ James H. Fierek J	Tudge Pro-Tem (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	
	Signed Star Sugar Clerk
	HENDRICKS Circuit Court

Last Marriage Ended By:

State of Indiana

and filed in_

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County Female Applicant 50 No X Yes
If No, Medical Examination or Report Dated 12 20-96
Name of Physician D. Kustus IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT 1239 5 Previous Marital Status: Death Divorce Death Birth Certificate Other (Specify) No Yes No Yes 🗌 No Yes Yes 🔲 ver is "yes," has the adjudication been removed? No 🗆 No - Yes -No D Yes 🔲 No Yes No D Yes 🗌 Ne Yes No A Tondes Zambrano Indiana or foreign country) Indiana ACKNOWLEDGMENT ACKNOWLEDGMENT viedge that I have received information regarding dangerous communicable diseases edge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court I swear/affirm that the information given I swear/affirm that the information given State of Indiana Lengas Least long medov et Indpl. HENDRICKS 96 _ Circuit Court _ Circuit Court HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the

- County	, authorizes and directs the issuance of a marriage	e license to the	above named parties.
RETURN OF MARRIAGI	LICENSE AND MARRIAGE CERTIFICATE		
office a marriage license issued	by the Clerk of the Circuit Court of	HENDRICKS	County, Indiana,
	nee of Derek Joseph Hamilton		

RETURN OF MARRIAGE LICEN I certify that there was filed in my office a marriage license issued by the C	SE AND MARRIAGE CERTIFICATE Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated 12-23-96 , authorizing the marriage of _	Derek Joseph Hamilton
	I further certify that the following marriage certificate was filed in my office:
I, _Joel R. Vogel	(name), certify that on December 27, 1996
(date), atAvon	in Hendricks County, Indiana,
	County Indiana (state), and
Melissa Michelle Montes of Marion Co	ounty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	f HENDRICKS County, Indiana, dated 12-23-96
Signed by: /s/ Joel R. Vogel	, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	1-2-97 (date).
	Marga Dugan

Clerk Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59

12-23-96

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 /2-17-96
Name of Physician A. Phys.

MALE APPLICANT	FEMALE APPLICANT
armes A First A Middle Little Last	Name / la First fi
Morelle Man John Filhe	Date of Birth Month Q 10 - Day Year
6-5-74	Place of Birth (State or foreign country)
lace of Birth (State or foreign country)	Indiana State 44/12
esidence Address Street or R.R. City County State	Residence Address E. 300 N. Paragraphica Andres In
(03 Delliny Blud Apt 301 Kississime 12	Previous Marital Status: Never Married OR No. of Previous Marriages
evious Marital Status: Never Married OR No. of Previous Marriages	□ □ Andread □ Date
st Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
te of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify) Drivers Juense
Town Julia	
	1. Are you now or have you ever been adjudged to be of unsound mind?
Are you now or have you ever been adjudged to be of unsound mind? No Yes No Yes No Yes	If answer is "yes," has the adjudication been removed?
If answer is "yes," has the adjudication been removed? Are you related to the female applicant closer than second cousin? No. Yes Yes	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
List the full names of any dependent children.	5. List the full names of any dependent children.
R. 11 Walter Lither	6. (a) Full name of applicant's father David Earl Earhart
(a) Full name of applicant's father Nonald Waller Fulke	(If adopted, list adoptive parents only)
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Personal functions of the property of the parents of	Residence of father (if deceased, so state) Andropala
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Karien Marie Dunian
(b) Full maiden name of applicant's mother Delouis Soltis	
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) penneysvania	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country) Penneysvanta	Bittiplace of motion (state of foreign costs)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
mmune deficiency syndrome). A lands	immune deficiency syndrome). Signature of Applicant XI Marila Earland Date 12-23-96
Signature of Applicant Amole 12/25/16	Signature of Applicant Automatic Control Date
The state of the shows	The above applicant has objected to verifying by oath or affirmation or signature to the above
The above applicant has objected to verifying by oath or affirmation or signature to the above	acknowledgment because of religious beliefs.
acknowledgment because of religious beliefs. Date	Clerk of Court Date
Clerk of Court Date	
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given ss:
County of HENDRICKS ss. in this application is true and correct.	County of HENDRICKS in this application is true and correct.
Signed Y Condition And Apt 301 Kissimmee, To	186241 Now Address 1803 Destiny Blud Apt 301 Kissimmer FL 3
77 1 11:0 09/	Subscribed and sworn to before me this 3 day of Picesnily, 19 96
Subscribed and sworn to before this day of HENDRICKS Circuit Court	The HENDRICKS Circuit Court
& now elegan	Larantugan
CONSENT OF PARENTS, PARENT, OF GUARDIAN	CONSENT OF PARENTS, PARENT, OF GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
	Councel Indiana
State of Indiana) ss:	State of Indiana County of HENDRICKS Ss:
County of	Father ID #
Father ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
	A marriage license having been refused to the above named parties the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County	A marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, authori	izes and directs the issuance of a marriage license to the above named parties.
	ISE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the C	Clerk of the Circuit Court of HENDRICKS County, Indiana,
authorizing the marriage of	Andrew John Litke
and Valarie Lee Earhart	I further certify that the following marriage certificate was filed in my office.
I, R. Fred Rodkey	in Hendricks County, Indiana,
(date), at Avon	County Indiana (state), and
Andrew John Litke of Osceola Valarie Lee Earhart of Hendricks	Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court	of HENDRICKS County, Indiana, dated 12-23-96
Signed by: /s/ R. Fred Rodkey	
Filed and recorded in accordance with the laws of the State of Indiana on_	
	le le continue
	Signed Square Clerk
	HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No X A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated Name of Physician A Hagaan circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** 44103 OR No. of Previous Marriages Previous Marital Status: Never Married OR No. of Previous Marriages Death Divorce Divorce Annulment Sicinse No Yes Are you now or have you ever been adjudged to be of unsound mind? No Yes 🗌 No Yes No 🔲 If answer is "yes," has the adjudication been removed? is "ves," has the adjudication been removed? Yes 🗌 No Yes No 🔯 Yes 🗌 Are you related to the male applicant closer than second cousin? No A Yes 🗌 No X Yes 🗌 No Yes No 🔯 Yes 🗌 James Morras Humphrus mother Baren Marsens Gree ACKNOWLEDGMENT ACKNOWLEDGMENT that I have received information regarding dangerous communicable diseases edge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the acknowledgment because of religious beliefs. Clerk of Court Clerk of Court State of Indiana I swear/affirm that the information given State of Indiana I swear/affirm that the information given TURNER DR. CYAYTON, IN 46118 day of December 19 96
HENDRICKS _ Circuit Court WWW. CONSENT OF PARENTS, PARENT, OR GUARDIAN HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued _ and filed in , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of County, Indiana, dated 1.2-23-96 Eric Robert Boling , authorizing the marriage of _ . I further certify that the following marriage certificate was filed in my office:

(name). certify that on _____ January 4, 1997 and __ Tonya Rene Humphrey I, Richard A. Haney (name), certify that on _

Hendricks

Minister

County _

County.

Hendricks

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

/s/ Richard A. Haney

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

Indiana

Indiana

HENDRICKS

(date).

County, Indiana,

County, Indiana, dated

(state), and

(official designation)

(state) were married by me as authorized

Circuit Court

(date), at ___Amo

Eric Robert Boling

Tonya Rene Humphrey

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under	Female Applicant 50 No ♥ Yes □ If No, Medical Examination or Report Dated 12-26-96 Name of Physician Day, Carper
IC 31-7-3 commits a Class D felony.	
MALE APPLICANT	FEMALE APPLICANT
Name Nichael First Kent Middle Mason Vear Date of Birth Month 10-5-70	Name Sail First Modelle Last Date of Birth Month Day Year 10-26-72
Place of Birth (State or Igneign country) Residence Address Street or R.R. City County State 74/165 1142 Pinewood D. Apt D. P. H.A. And E.	Place of Birth (State or foreign country) Residence Address Street or R.R. City County State 46332 2825 Falcon Dr. Index Indiana Indi
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Drivers gicinse	Date of birth verified by: Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. 1. Are you now under the influence of a narcotic drug? 1. Are you now under the influence of a narcotic drug? 1. Are you now under the influence of a narcotic drug? 1. Are you now under the influence of a narcotic drug? 1. Are you now under the influence of a narcotic drug? 1. Are you now under the influence of a narcotic drug? 1. Are you now under the influence of a narcotic drug? 1. Are you now under the influence of a narcotic drug? 1. Are you now under the influence of a narcotic drug? 1. Are you now under the influence of a narcotic drug? 1. Are you now under the influence of a narcotic drug? 1. Are you now under the influence of a narcotic drug?
6. (a) Full name of applicant's father flameth flavorald imason (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)	6. (a) Full name of applicant's father Yellow Engage Morgany C. (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 Delane full Scarle (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Admissional
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases 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	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 12-20-90
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed New Address New Address Subscribed and sworn to before this June day of December 9 6 HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed Signed Subsympted and sworm to before pre this HENDRICKS Subsympted and sworm to before pre this HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS) Ss:	State of Indiana) ss: County of HENDRICKS Ss: Father ID #_
Mother ID # Subscribed and sworn to before me this day of, 19 Clerk	Mother ID #
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, the
County	Court, by written order issued es and directs the issuance of a marriage license to the above named parties.
DETUDN OF MADDIAGE LIGHT	TE AND MADDIAGE OFFICIALE

_ , authorizing the marriage of ____Michael Kent Mason

County _

County _

(name), certify that on ___ Hendricks

Indiana

Indiana

HENDRICKS

Judge

HENDRICKS

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

(name), certify that on ____ December 27, 1996

_ County, Indiana,_

County, Indiana, dated

(state), and _

(official designation)

(state) were married by me as authorized unty Indiana dated 12-26-96

_ Clerk Circuit Court

County, Indiana,

dated 12-26-96

and __ Gail Elane Morgan

Michael Kent Mason

Gail Elane Morgan

I, _ Jeffrey V. Boles (date), at ____ Danville

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

under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: ___/s/ Jeffrey V. Boles

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

Hendricks

Morgan

Circuit Court

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS _ County

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

Female Applicant 50 No 🖄 Yes 🗆
If No, Medical Examination or Report Dated //-/2-96
Name of Physician Dascelo

MALE APPLICANT	FEMALE APPLICANT
Name Middle Last	Mine First Middle + Last
Date of Birth Month Day Year	Date of Birth Month Day Year
12-6-66	3-24-48
Place of Birth (State or foreign country) Andiana	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State 46/17	Basidence Address Street or R.R. City County State 461
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 1995	100.0
2 1119	- 1 5
Date of birth verified by: Birth Certificate Other (Specify) Drivers Ficense	Date of birth verified by: Birth Certificate Stepher (Specify) Liveus Juliuse
Are you now or have you ever been adjudged to be of unsound mind? Notice Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? Not Yes Yes Yes	Are you related to the male applicant closer than second cousin? Not Yes 3. Are you now under the influence of an alcoholic beverage? Not Yes Yes
4. Are you now under the influence of a narcotic drug?	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes Yes Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children
Alyssa Kenee woods	
a silver destation Bobby Mine Tunols	7 Julia y Mari y No
6. (a) Full name of applicant's father 10 0654 Sense 1000 4 S	6. (a) Full name of applicant's father William / (If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Mary Cinn Dosetti	(b) Full maiden name of applicant's mother Auce Selene Dan
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
- Francisco	
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome).
Signature of Applicant X Wave Weller Words Date 12/26/94	Signature of Applicant & Council Secret Date 12/26/19
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above
Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given Ss: is this analisation is two and expect
County of HENDRICKS in this application is true and correct.	County of HENDALAS in this application is true and correct.
New Address Same	New Address & Same
Subscribed and sworn to before me this 2 (day of) colored 19 26	Sepscribed and gworn to before me this
Sharan Circuit Court	Shara Sugar HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, O GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	
State of Indiana) County of HENDRICKS) SS:	State of Indiana) Countries HENDRICKS ss:
FatherID #	County of
Mother ID #	MotherID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	a marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana,
dated 12-26-96, authorizing the marriage of	David Allen Woods
and Connie Lee Garrett I, James H. Fierek	I further certify that the following marriage certificate was filed in my office: (name), certify that on December 26, 1996
(date), at Brownsburg	
	_ in _ Hendricks
Connie Lee Garrett of Hendricks Con	unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 12-26-96
Signed by:/s/_ James H. Fierek Filed and recorded in accordance with the laws of the State of Indiana on	
the and recorded in decordance with the laws of the State of Indiana on	1-2-97 (date).
	Signed Sharan Sugar Clerk
	HENDRICKS Circuit Court

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County

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

Female Applicant 50 No X Yes
If No, Medical Examination or Report Dated
Name of Physician D4. Kurtley Yes

MALE APPLICANT	FEMALE APPLICANT
Name / Einst / # Middle Last	Name First Middle Last
Dale of Birth Month Day Year	Oate of British Commonths Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
MINION	Indiana
Residence Address Street or R.R. City County State 44038	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married Of OR No. of Previous Marriages
	Previous Marital Status: Never Marined On No. of Previous Marinages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Drivers License	Date of birth verified by: Birth Certificate Dother (Specify) Drubes Fixense
~ _	
Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? Yes Yes	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? Yes
3. Are you now under the influence of an alcoholic beverage? No Yes □	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6 (a) Full come of continue to take 1 - 1/2 7/h /tin William	1 - De la
6. (a) Full name of applicant's father James Wasser W fundly (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father full fluoryne Jums (If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Andrewage
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) of Sentucker
(b) Full maiden name of applicant's mother Bressda Sue Bushul	(b) Full maiden name of applicant's mother Shirley ann Janne
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)_ Ulavama	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome).
Signature of Applicant Could Muse Date 12121176	Signature of Applicant XXXXA, Summers Date 12/27/96
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court	acknowledgment because of religious beliefs. Clerk of Court Date
	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed A Sche Michael St. 356 Incianapolis 1/1 4622	Signed 10 Wa A Summers
Subscribed and sworn to before me this 27 day of December, 19 9 6	Subscribed and sworn to before me this
Shoroz Sugar Circuit Court	Stake of the HENDRICAS Circuit Court
CONSENT OF PARENTS, PARENT, OF GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) HENDRICKS SS:	State of Indiana)
County of HENDRICKS	County of HENDRICKS ss:
Father ID #	Father ID #
MotherID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorize	zes and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	lerk of the Circuit Court of HENDRICKS County, Indiana,
dated 12-27-96, authorizing the marriage of	Jewell Elbert Mincey
I, Basil L. Shumaker	I further certify that the following marriage certificate was filed in my office:
(date), at Indianapolis	in Hendricks County, Indiana,
Steven Elbert Mincey of Hendricks	County Indiana (state) and
Lisa Ann Summers of Hendricks Con	ounty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	f HENDRICKS County, Indiana, dated 12-27-96
Signed by: /s/ Basil L. Shumaker	,Minister(official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	1-2-97 (date).
	Signed Staraningan Clerk
	HENDRICKS Circuit Court
BOYCE FORMS • SYSTEMS 1-800-362-8702 1477	Circuit Court

_Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS _ County

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

Female Applicant 50 No 🛱 Yes 🗆
If No, Medical Examination or Report Dated 12-13-91
Name of Physician Dr. Burki

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The state of the control of the cont		
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The actions are all the property of the second control of the property of the property of the second control of the property of the property of the second control of the property of th	10-6-64	5-9-60
The state of the state strong protect from the strong	Place of Birth (State or foreign country) Kentucky 44221	Place of Birth (State or foreign country)
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The above a policiant has contend parent only. Benefities of themself discussed, so states) Benefities of themself discussed, so states) Benefities of themself discussed, so states) Presidence of mother (if decessed, so states) Benefities of mother (if decessed, so states) Presidence of mother (if decessed, so states) ACNONUEDOMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites to the virus that causes ADS (sequined minimums deficiency protonom). By positions of Applicant ACNONUEDOMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites to the virus that causes ADS (sequined minimums deficiency protonom). By positions of Applicant ACNONUEDOMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes ADS (sequined minimums deficiency protonom). By positions of Applicant ACNONUEDOMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes ADS (sequined minimums deficiency protonom). By positions of Applicant The above applicant has objected to verifying by cash or affirmation or signature to the above acknowledgment bocuse of veriginos beliefs. Cere of Court The above applicant has objected to verifying by cash or affirmation or signature to the above acknowledgment bocuse of veriginos beliefs. Bissued indiana I acknowledge that I have received in the verified to verifying by cash or affirmation or signature to the above acknowledgment bocuse of veriginos beliefs. Cere of Court The above applicant has objected to verifying by cash or affirmation or signature to the acknowledgment bocuse of veriginos beliefs. Cere of Court New Across A JASA HAIR SARRON OF AR		
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Clark of Court Date Date Clark of Court Date	Signature of Applicant X YOUN C. WUSON Date 12-21-76	Signature of Applicant X Legina D. Keefe Date 12-27-70
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New Address X 2484 HAII. BURTON DR. #20 Subscribed and every to before me fine 2 2 4 4 4 AII. BURTON DR. #20 CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Subscribed and sworn to before me this day of 10 8 County of HENDRICKS Subscribed and sworn to before me this day of 10 8 County of HENDRICKS Subscribed and sworn to before me this day of 10 8 County of HENDRICKS Subscribed and sworn to before me this day of 10 8 County of HENDRICKS Subscribed and sworn to before me this day of 10 8 County of HENDRICKS Subscribed and sworn to before me this day of 10 8 County of HENDRICKS Subscribed and sworn to before me this day of 10 8 County of HENDRICKS Subscribed and sworn to before me this day of 10 8 County of HENDRICKS Subscribed and sworn to before me this day of 10 8 County of HENDRICKS Subscribed and sworn to before me this day of 10 8 County of HENDRICKS Subscribed and sworn to before me this day of 10 8 County of HENDRICKS Subscribed and sworn to before me this day of 10 8 County of HENDRICKS Subscribed and sworn to before me this day of 10 8 County of HENDRICKS Subscribed and sworn to before me this day of 10 8 County of HENDRICKS Subscribed and sworn to before me this day of 10 8 Subscribed and sworn to before me this day of 10 8 Subscribed and sworn to before me this day of 10 8 Subscribed and sworn to before me this day of 10 8 Subscribed and sworn to before me this day of 10 8 Subscribed and sworn to before me this day of 10 8 Subscribed and sworn to before me this day of 10 8 Subscribed and sworn to before me this day of 10 8 Subscribed and sworn to before me this day of 10 8 Subscribed and sworn to before me this day of 10 8 Subscribed and sworn to before me this day of 10 8 Subscribed and sworn to before me this day of 10 8 Subscribed and sworn to before me this day o	in this application is true and correct.	County of the Arim A. A Wall of the and correct.
Subscribed and evern to before me this day of MENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Subscribed and sworn to before me this day of 10 m/mother. COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, county of 10 m/mother. County of MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, authorizes and directs the issuance of a marriage license to the above named parties, authorizes and directs the issuance of a marriage license to the above named parties, authorizes and directs the issuance of a marriage certificate was filed in my office a marriage license issued by the Clerk of the Circuit Court of Johnny Evertt Wilson If further certify that on December 27, 1996 (date), at Indianapolis In Marion County, Indiana,		J. 2.101 212 1000 12 1 4 20 (200)
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary. State of Indiana County of HENDRICKS Subscribed and sworn to before me this day of		
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana	HENDRICKS Circuit Court	HENDRICKS Circuit Court
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Subscribed and sworn to before me this day of 1D # Subsc	CONSENT OF PARENTS PARENT OR CHARDIAN	
state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Subscribed and sworn to before me this day of 10 # COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, authorizes and directs the issuance of a marriage license to the above named parties and filed in 12-27-96 I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of MENDRICKS I further certify that the following marriage certificate was filed in my office and Regina Dawn Keefe I, Kenneth Smith (name), certify that on December 27, 1996 (date), at Indianapolis I further certify that on December 27, 1996 (date), at Indianapolis I further certify that on December 27, 1996 (date), at Indianapolis I further certify that on December 27, 1996 (date), at Indianapolis		
County of HENDRICKS Father		
County of HENDRICKS Father		
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, County	HENDRICKS SS:	HENDRICKS SS:
Mother	County of	County of
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, County		
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, County	Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
County Court, by written order issued and filed in, authorizes and directs the issuance of a marriage license to the above named part **RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE** I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of	Clerk	Clerk
CountyCourt, by written order issued	COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indian dated 12-27-96, authorizing the marriage of Johnny Evertt Wilson and Regina Dawn Keefe I, Kenneth Smith (name), certify that the following marriage certificate was filed in my office in Marion County, Indiana,	County	Court, by written order issued
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of	and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of	RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
dated 12-27-96 , authorizing the marriage of Johnny Evertt Wilson and Regina Dawn Keefe . I further certify that the following marriage certificate was filed in my office. I, Kenneth Smith (name), certify that on December 27, 1996 (date), at Indianapolis in Marion County, Indiana,	I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana,
I, Kenneth Smith (name), certify that on December 27, 1996 (date), at Indianapolis in Marion County, Indiana,	dated 12-27-96, authorizing the marriage of	Johnny Evertt Wilson
(date), at Indianapolis in Marion County, Indiana,	and Regina Dawn Keefe	I further certify that the following marriage certificate was filed in my office:
	(date) at Indianapolis	in Marion County Indiana
TOTAL TOTAL TOTAL OF THE TOTAL THE T	Johnny Evertt Wilson of Hendricks	County Indiana (state), and
Regina Dawn Keefe of Hendricks County Indiana (state) were married by me as authori	Regina Dawn Keefe of Hendricks Con	unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of County, Indiana, dated 12-26-96	under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 12-26-96
Signed by: /s/ Kenneth Smith , Minister (official designation)	Signed by: /s/ Kenneth Smith	
Filed and recorded in accordance with the laws of the State of Indiana on 1-2-97 (date)	ruea and recorded in accordance with the laws of the State of Indiana on	1-2-9/ (date)
Signed Signed Signed Signed		Sarax Sugar
Signed Cl		Signed Clerk

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

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County

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

Female Applicant 50 No 🐧 Yes □
If No, Medical Examination or Report Dated 12-24-90
Name of Physician Pur Stegmouter

Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name Avis First allen Middle Linton	Sensiter Lynn Moreland
Date of Birth Month 4-18-60 Place of Birth (State or foreign country)	Place of Birth (State or foreign country) Place of Birth (State or foreign country)
Indiana HII	Indiana
Residence Address Street of R.R. City County State 14/3.	Residence Address Street of R.R. Street of R.R. State 44/30
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 1994	Last Marriage Ended By: Death Divorce Annulment Date 1995
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Spirth Certificate Other (Specify)
* Duvers quense	- Duvis fresse
Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No. Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? Yes Yes Yes Yes Yes Yes Yes Yes	2. Are you related to the male applicant closer than second cousin? No. Yes Yes No. Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children Kerie Dianne Jinton Kory Danial Linton	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Donis Laborne Linton	6. (a) Full name of applicant's father Ronald Lee Mouland
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Inagana
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Indiama
(b) Full maiden name of applicant's mother to the Man with a successful (if adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother grant from Wall (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Alclasid	Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana	Birthplace of mother (State or foreign country) Indiana
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndromes 1 1 100 1 1 1 2794	immune deficiency syndrome).
Signature of Applicant Date / 3:31.70	Signature of Applicant Applicant Quelon Date 2019
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS Signed	State of Indiana Second of HENDRICKS Second of HENDRICKS Second of HENDRICKS Signed Signed
New Address X DAME	New Address (Same)
Sub-enribed and swern to before ments and day of Pecenture 46 HENDRICKS Circuit Court	Sub-ribbed and sworm to before me this day of According 4
Sharar Digitis	Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS SS:	County of
Father ID #	Father ID #
MotherID #	Mother ID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me thisday of, 19Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cle	
dated 12-27-96, authorizing the marriage of	Chris Allen Linton
andJennifer Lynn Moreland	I further certify that the following marriage certificate was filed in my office:
I, James H. Fierek	(name), certify that on December 30, 1996
(date), at Brownsburg Chris Allen Linton of Hendricks	T-3:
	County Indiana (state), and unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	(State) Were married by me as authorized
Signed by: /s/ James H. Fierek	Judge Pro-Tem (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	1-2-97 (date).
The state of the s	Sharar Sugar
	igned Clerk
	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59

Date of Application

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

Female Applicant 50 No Yes Use If No, Medical Examination or Report Dated 12-19-96
Name of Physician Datased 12-19-96

MALE APPLICANT	FEMALE APPLICANT
Name Richard Edward PLAKEII	Name H Slast Last
Date of Birth Month Day Year	Date of Birth HEATHER LYNN SHANNON Year Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
IndiANA	- INDIANA
Residence Address S Estreet or R.R. State City County ARIVAL State MARIVALN	Residence Address Street or R.R. Street or R.R. Plasto Hubres 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 Pother (Specify) DRIVERS LICENSE	Date of birth verified by: Birth Certificate Definer (Specify) DRNERS LICEUSE
1. Are you now or have you ever been adjudged to be of unsound mind? No 🗹 Yes 🔲	Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed? No ☑ Yes ☐	If answer is "yes," has the adjudication been removed? No ☑ Yes ☐
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐ 4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father RICHARD EducARD BLAKE	PA MAN CO 2016 Shallon
6. (a) Full name of applicant's father 1 CVTTCB COLO AKB XAKE (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father KAYMOND COURTNEY SHANNON (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) TudiANA	Residence of father (if deceased, so state) Indian A
Birthplace of father (State or foreign country) WEST VIRGINIA	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother CAROLYN JEAN BYERS	(b) Full maiden name of applicant's mother Sherry Lynn Lawrence
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country) Tud, Av A	Birthplace of mother (If deceased, so state) Birthplace of mother (State or foreign country) Taldinana
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome).
Signature of Applicant X Richard Edward Blake D Date 12/27/96	Signature of Applicant X7-leather & Shannon Date 12/27/96
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I sweartaffirm that the information given	
State of Indiana) I swear/affirm that the information given ss: in this application is true and correct.	State of Indiana) I swear/affirm that the information given County of HENDRICKS in this application is true and correct.
Signed X Richard Edward Blake IT	Signed & Heather & Shannon
New Address 528 5. Edge hill Rd. Indpls. In. 46241	New Address 528 5. Edge Hill Rd. Indpls , IS 462
Subscribed and sworn to before me this 27 day of DECEMBER 19 96 Clerker the HENDRICKS Circuit Court	Subscribed and sworn to before the his 27 day of Scenare 1996
- Haran Dugan	A REAL PORTION AND Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of	County of
Father ID #	Father ID #
Mother ID # Subscribed and sworn to before me this day of, 19	Mother ID # Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage liganes begins been refused to the place and a size it.
County	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
DETURN OF MARRIAGE LIGHTS	E AND MADDIAGE OFFICIALE
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cle	
dated 12-27-96 , authorizing the marriage of	Richard Edward Blake II
and Heather Lynn Shannon	I further certify that the following marriage certificate was filed in my office:
I, Ode Harner	(name), certify that on January 11, 1997
(date), at Plainfield Richard Edward Blake II of Marion	
Heather Lynn Shannon of Hendricks Con	County Indiana (state), and unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 12-27-97
Signed by: /s/ Ode Harner	
Filed and recorded in accordance with the laws of the State of Indiana on	1-22-97 (date).
The state of the s	- Larandigan
	Signed Clerk
BOYCE FORMS * SYSTEMS 1-800-382-8702 1477	— Circuit Court

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS _ County

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

_Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name Q 1 + First Middle Last	Name First Middle Last
Date of Birth Month Day Wear	Date of Birth Month Day Yurpen Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Indiana HHC	moliana
Besidence Address Street or R.R. City County State TV 8	Residence Address Street or R.R. City County State #6/68 335 County Lane ApTO AllA Hade In
Previous Marital Status: Never Married OR No. of Previous Marriages 2	Previous Marital Status: Never Married OR No. of Previous Marriages
001	- 2/ - 1061
Date of birth verified by: Birth Certificate Other (Specify) Druvers Jicanse	Date of birth verified by: Birth Certificate Other (Specify) Drivers Jicense
Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No Yes The full names of any dependent children. No Yes The full names of any dependent children. Yes Garrin Tuffin	4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
List the full harnes of any dependent children.	Layla Moet Dey
Polent The a Rucai	1 h man Car Ball
6. (a) Full name of applicant's father for the first only).	6. (a) Full name of applicant's father Homes Sough Carnels (If adopted list adoptive parents colly)
Residence of father (if deceased, so state)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother fredith Lynn Jochson	(b) Full maiden name of applicant's mother Diana Lynn Cloud
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country) — ——————————————————————————————————	Birthplace of mother (State or foreign country) 4 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
mmune deficiency syndrome). Signature of Applicant X Felcy A 1/255 Date 12-27-96	immune deficiency syndrome) MILLO A MILLO X
Date Id-d/-Ko	Signature of Applicant August Pate 10-01-10
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana	
State of Indiana) I swear/affirm that the information given ss: County of HENDRICKS in this application is true and correct.	State of Indiana) I swear/affirm that the information given County of HENDRICKS ss: in this application is true and correct.
Signed A Plant 4 Yung Signed 4 No.	Signed XCARLE A. JUNEAU in this application is true and correct.
New Address X335 Country Lang Apt C Plainfield IN	
Subscribed and sworn to fore me this 77 day of December, 19 94	Subscribed and sygrem to before me this 37 day of December 2
Acron Desires the HENDRICKS Circuit Court	Larax Heigause HENDRICKS Circuit Court
CONCENT OF PARENTS PARENT OR CHARLES	
CONSENT OF PARENTS, PARENT, OR GUARDIAN Ve, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN
tate facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
	and the constitution of the state patent uninecessary
State of Indiana) HENDRICES SS:	State of Indiana)
County of TENDICES	County of HENDRICKS ss:
ather ID #	Father ID #
totherID #ID #	Mother ID #
ubscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me this day of, 19 Clerk
COMPLETE IF MARHIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
and filed in	Court, by written order issued es and directs the issuance of a marriage license to the above named parties.
, authorize	es and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana,
ated, authorizing the marriage of	Robert Amos Turpin
naCarrie Ann Turpin	I further certify that the following marriage certificate was filed in my office:
Robert Mitchum	(name), certify that on December 31, 1996
Robert Amos Turpin of Hendricks	in Marion County, Indiana, (state) and
Carrie Ann Turpin of Hendricks Con	
ander a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 12-27-96
Signed by: /s/ Robert Mitchum	
tiled and recorded in accordance with the laws of the State of Indiana on	
THE RESERVE THE PARTY OF THE PA	- Garantigan
	Signed Clerk
	HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** County Female Applicant 50 No 9 IC 31-7-9-1. Furnishing false information upon applying for license. Yes A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. Name of Physician **FEMALE APPLICANT** MALE APPLICANT Annulment Divorce Last Marriage Ended By: Other (Specify) Date of birth verified by: Birth Certificate No Yes No Yes 🔲 Are you now or have you ever been adjudged to be of unsound mind? No Yes No 🗌 Yes 🗌 No Yes 🗆 Yes 🗌 No A Yes Yes 🔲 Not Yes Yes 🔲 Verginia Sparove ndlana nother (State or foreign country)____ **ACKNOWLEDGMENT ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases viedge that I have received information regarding dangerous communicable diseases Clerk of Court Clerk of Court I swear/affirm that the information given State of Indiana Signed & marli ander HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued _ County and filed in_ , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 12-20-96 _ , authorizing the marriage of ____Marlin Andrew Moyer Elsie Marie Agan . I further certify that the following marriage certificate was filed in my office: I, R. B. Acheson _ (name), certify that on _____January 11, 1997 (date), at ___Indianapolis Marion County, Indiana,_

County _ Indiana

1-22-97

County ____

Indiana

Minister

_ (date).

_(state), and _

(official designation)

(state) were married by me as authorized

Clerk Circuit Court

County, Indiana, dated ___12-30-96

Marion

Hendricks

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

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

Marlin Andrew Moyer

Signed by: /s/ R. B. Acheson

Elsie Marie Agan

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59
Date of Application

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

Female Applicant 50 No 🖂	Yes 🗆
If No, Medical Examination or Report	Dated 17 - 27-94
Name of Physician Dy. May	field

MALE APPLICANT	FEMALE APPLICANT
Name A A a First R A Middle W. Last	Name Al First Addide Last Market And Market
Date of Birth Month Day Year	Date of Birth Month Day Vyear
Place of Birth (State or foreign country)	Place of Birth (State or foreign country) 1
Soulucky 4411	Residence Address Strate or R.R. City County State 44
Residence Address Street or R.R. City County State 4112	407 Jackson St. Brownshing Hod x 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 1989	Last Marriage Ended By: Death Divorce Annulment Date 1989
Date of birth verified by: Birth Certificate Souther (Specify) Drivers License	Date of birth verified by: Birth Certificate Other (Specify) Lines Ticknee
Are you now or have you ever been adjudged to be of unsound mind? No Yes □	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes Yes
4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. Alica ballogs Robinson	5. List the full names of any dependent children. Vicholous Radney
Morgan, Cimanda Tozina Morgan	Morgan, amanda Torina Motga
6 (a) Full game of applicant's father Eller F. Hordon	6. (a) Full name of applicant's father Richard James Wu
6. (a) Full name of applicant's father Depth of the father	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) / entirely	Residence of father (if deceased, so state) of language
Birthplace of father (State or foreign country) Kentucky	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Odessoy Osborn	(b) Full maiden name of applicant's mother Lucy Macy Ward
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Birthplace of mother (State or foreign country)
Birthplace of mother (State or foreign country) 1)-WysicPut	onlines of month forms of months of
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome). Signature of Applicant School Morgan Date 12-31-96
Signature of Applicant A 900105 Date 12010 No.	Signature of Applicant Date Date
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given SS: in this application is true and correct	State of Indiana) I swear/affirm that the information given ss: in this application is true and correct.
County of HENDRICKS in this application is true and correct. Signed Signed Morgan	County of REVORCES in this application is true and correct.
New Address X SAME	New Address Same.
Subscribed and sworn to hefore me this 3/ day of	Submitted and swern to before this 3/. day of Ductonly 19 94
Circuit Court	Sierr of the HENDRICKS Circuit Court
- Harakoujan	S revolution
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARMIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authoriz	tes and directs the issuance of a marriage license to the above named parties.
DETUDN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	
dated12-31-96, authorizing the marriage of	
	I further certify that the following marriage certificate was filed in my office:
I, Cathy Bray	(name), certify that on January 1, 1997
(date), at Indianapolis	in Marion County, Indiana,
Geroge Rodney Morgan of Hendricks	County Indiana (state), and
Helen Lorina Morgan of Hendricks Co	ounty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	Minister (official designation)
Signed by: /s/ Cathy Bray Filed and recorded in accordance with the laws of the State of Indiana on_	
I me sine recorded in accordance with the taws of the state of indiana on_	
	Signed Slaras Dugas Clerk

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59

Date of Application

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

Female Applicant 50 No 🛽 Yes 🗆
If No, Medical Examination or Report Dated 12-23-94
Name of Physician M. Klein

HENDRICKS

_Circuit Court

MALE APPLICANT	FEMALE APPLICANT
ame First M: Middle 11 Last	Name I First A a a Middle Last
effe of Birth Month Day Year	Date of Birth Month Pay Year
5-10-77	8.71.78
lace of Birth (State or foreign country)	Place of Birth (State or foreign country)
esidence Address Street or R.R. City County State 416/123	1 1 000 2 1 10 10 1 2 1 1 1 1 1 1
ODD ECRRA 9/1 HA31 DANVILLE HANG IN	4000 E 00 Md 9/1 4731 Danville Handke &
revious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Y 1 0 9.	
ate of birth verified by: Birth Certificate Other (Specify) Drivers Julius	Date of birth verified by: ABirth Certificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed? No Yes	If answer is "yes," has the adjudication been removed?
. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No- Yes
List the full names of any dependent children.	5. List the full names of any dependent children.
1 B mil I Mit	Rail Tillie Colo
(a) Full name of applicant's father for the first and the first and the father than the father	6. (a) Full name of applicant's father Coul Willie Cocher.
(If adopted, list adoptive parefuls only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Birthplace of father (State or foreign country) Resolution
Birthplace of father (State or foreign country)	kin (b) Full maiden name of applicant's mother Applit Mane Kin
(b) Full maiden name of applicant's mother Autor Essential Function (If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Androna	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable disease
at are sexually transmitted, and a list of the test sides for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acqui
nmune deficiency syndrome).	immune deficiency syndrome).
ignature of Applicant XH6MUNC/VIN GNEWOOD Date 7-2-9/	Signature of Applicant XIII William Control Co
he above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
cknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
lerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information give
County of HENDRICKS ss: // in this application is true and correct.	County of HENDRICKS ss: in this application is true and corre
Signed x Nove ple / With Review	signed sparmarla Cochran
New Address X Same	New Address X Saml
subscribed and sworn to before me this day of damacay, 19 97	Subscribed and sworn to before me this day of
Glerky the HENDRICKS Circuit Court	
2 ratification	- Staron Dugan
ONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
le, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign
ate facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
tate of Indiana) ss:	State of Indiana) HENDRICKS SS:
ounty of	County or
atherID #	FatherID #
otherID #	MotherID #
ubscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	C
OMPLETE IE MARRIAGE LICENSE ISSUED BY ORDER OF COURT	A marriage license having been refused to the above named parties, t
	Court, by written order issued
County	
County	
nd filed in, authoriz	
County, authoriz RETURN OF MARRIAGE LICENS certify that there was filed in my office a marriage license issued by the Cl	tes and directs the issuance of a marriage license to the above named parties SE AND MARRIAGE CERTIFICATE Lerk of the Circuit Court of HENDRICKS County, Indiana
County, authoriz RETURN OF MARRIAGE LICENS certify that there was filed in my office a marriage license issued by the Cl	tes and directs the issuance of a marriage license to the above named parties SE AND MARRIAGE CERTIFICATE Lerk of the Circuit Court of HENDRICKS County, Indiana
County, authorize RETURN OF MARRIAGE LICENS certify that there was filed in my office a marriage license issued by the Clated, authorizing the marriage of andMarla_Jean_Cochran	tes and directs the issuance of a marriage license to the above named parties SE AND MARRIAGE CERTIFICATE lerk of the Circuit Court of
County, authorize RETURN OF MARRIAGE LICENS certify that there was filed in my office a marriage license issued by the Clated, authorizing the marriage of and Marla_Jean_Cochran Karen M. Love	tes and directs the issuance of a marriage license to the above named parties SE AND MARRIAGE CERTIFICATE Lerk of the Circuit Court of
County, authorize RETURN OF MARRIAGE LICENS Certify that there was filed in my office a marriage license issued by the Clated1-2-97, authorizing the marriage of andMarla_Jean_Cochran ,Karen_M. Love date), atDanville	tes and directs the issuance of a marriage license to the above named parties SE AND MARRIAGE CERTIFICATE Lerk of the Circuit Court of
County, authorize RETURN OF MARRIAGE LICENS Certify that there was filed in my office a marriage license issued by the Clated1-2-97, authorizing the marriage of andMarla_Jean_Cochran Marla_Jean_Cochran Marla_Jean_	tes and directs the issuance of a marriage license to the above named partie SE AND MARRIAGE CERTIFICATE Lerk of the Circuit Court of
County, authorize RETURN OF MARRIAGE LICENS Certify that there was filed in my office a marriage license issued by the Clated, authorizing the marriage of andMarla_Jean_Cochran Karen M. Love date), atDanville inic Michael Unterreiner of Hendricks La_Jean_Cochran of Hendricks Co	tes and directs the issuance of a marriage license to the above named partie SE AND MARRIAGE CERTIFICATE Lerk of the Circuit Court of
County, authorize RETURN OF MARRIAGE LICENS Certify that there was filed in my office a marriage license issued by the Clated1-2-97, authorizing the marriage of andMarla_Jean_Cochran Marla_Jean_Cochran Marla_Jean_	tes and directs the issuance of a marriage license to the above named parties SE AND MARRIAGE CERTIFICATE Lerk of the Circuit Court of

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County No. 618

File 59

|-2-97
| Date of Application

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

Female Applicant 50 No A Yes
If No, Medical Examination or Report Dated 12-23-96

Name of Physician P1. Aprel

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Month Day Great	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country) 1
Indiana	- Andrana
Residence Address Street or R.R. City County State 44/165	Residence Address Street or R.R. City County State +401
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
000	
Last Marriage Ended By: Death Divorce Annulment Date 1987	Last Marriage Ended By: Death Divorce Annulment Date 1989
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify) Drivers License
2000	
Are you now or have you ever been adjudged to be of unsound mind? Note: Yes:	Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed? No Yes	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
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 X Yes ☐
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug2
5. List the full names of any dependent children. Micale Wall	5. Lier the full names of any dependent children. Laway Nucose Wall
Langar Jawn Wall	Justin Vall wall
6. (a) Full name of applicant's father Chail Gail Tuhill	6. (a) Full name of applicant's father Robert Tulesley Suns
(If adopted, list adoptive parents only)	6. (a) Full name of applicant's father only). (If adopted, list adoptive parents only).
Residence of father (if deceased, so state) Indiana	Residence of father (if deceased, so state) Accessed
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Hoyanna Lie Branch	(b) Full maiden name of applicant's mother Marigorie Joan H
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) — ——————————————————————————————————
Birthplace of mother (State or foreign country) 4101011011	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome).
Signature of Applicant Date 12	Signature of Applicant A Seesa Wall Date 1-2-97
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given County of HENDRICKS Ss: in this application is true and correct	State of Indiana) I swear/affirm that the information given SS: SS:
County of	County of HENDRICKS in this application is true and correct. Signed X Leesa Wall
New Address X SAME	New Address & some
Subscribed and sworn to before the this day of famulary, 19 9 7	
Sparan Legione HENDRICKS Girouit Court	Subscribed and sworn to before me this day of Scientific 19 977
	A Harak Nigar
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
DETURN OF MARRIAGE LIGHTS	SE AND MADRIAGE OFFICIATE
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cle	
dated, authorizing the marriage of	erk of the Circuit Court of HENDRICKS County, Indiana, Cecil Earl Wall, Jr.
andTeresa Ellen Wall	I further certify that the following marriage certificate was filed in my office:
I, Rick Smith	(name), certify that on January 4, 1997
(date), atAvon	_ in Hendricks County, Indiana,
Cecil Earl Wall, Jr. of Hendricks	County Indiana (state), and
Teresa Ellen Wall of Hendricks Cou	
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ Rick Smith	
Filed and recorded in accordance with the laws of the State of Indiana on	
in the terre of the blate of material on	1 A
	Signed Sharan Sugar Clerk
	HENDRICKS Circuit Court
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	Circuit Court

Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59

| 1-7-97 | Date of Application

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

Female Applicant 50 No 🛭 Yes 🗆
If No, Medical Examination or Report Dated 1-7-97
Name of Physician Dr. Nimel Stein

MALE APPLICANT	FEMALE APPLICANT
Name O M First . O Middle A a Last	Name First Canada Sa la Lago
Date of Birth Month Day Year	Oyde of Birth Month Dey Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Indiana	Indiana HU
Residence Address Street or R.R. City County State 4/1/12 482 Augustonia M. Braunsburg Hullen To	Residence Address Street of P. A. City Courty State Street of P. A. City Courty Hulbs State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
100/	
Last Marriage Ended By: Death Divorce Annulment Date 1996	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Drivers dicense	Date of birth verified by: Birth Certificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No Yes S. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. Yes
5. List the full harnes of any dependent children.	List the full names of any dependent children.
6. (a) Full name of applicant's father Buyan Cinducan Bush	6. (a) Full name of applicant's father Burnard Juseph Sch
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Judgana
Birthplace of father (State or foreign country) + 10 10 10 10 10 10 10 10 10 10 10 10 10	(b) Full maiden name of applicant's mother facoutties (same description)
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Androna
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the lest sites for the virus that causes AIDS (acquire
immune deficiency syndrome).	immune deficiency syndrome).
Signature of Applicant X Date 1-7-97	Signature of Applicant XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs.
	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) / I swear/affirm that the information give
County of HENDRICKS in this application is true and correct.	County of HENDRICKS in this application is true and correct
Signed Same	Signed Sylvan Orvan
	New Address X SAME Subscribed and syorn to before moths 7 day of January 19 9 7
Subscribed and sworn to before me title day of Annuary 19 97	O. D. D. C.
Sharak signer	- Marating -
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	Chair of Indian
County of HENDRICKS ss:	State of Indiana) County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Cle
COMPLETE IE MARRIAGE LICENSE ISSUED BY ORDER OF COURT	A marriage license having been refused to the above named parties, th
County	
	tes and directs the issuance of a marriage license to the above named parties
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	erk of the Circuit Court of HENDRICKS County, Indiana,
dated, authorizing the marriage of andJessica Ann Schrader	I further certify that the fill and a market of the fill and a market o
I, Rex Russell	I further certify that the following marriage certificate was filed in my office (name), certify that on January 11, 1997
(date), at French Lick	in Orange County, Indiana,
Sean Michael Beeler of Hendricks	County Indiana (state), and
Jessica Ann Schrader of Hendricks Co	unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 1-7-97
Signed by: /s/ Rex Russell	, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	1-31-97 (date).
	Sand Margarith as
	Signed Saran Sugar Cler

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59
1-10-97

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

Female Applicant 50 No R Yes
If No, Medical Examination or Report Dated 1-8-97

Name of Physician

M. Medical Examination Of Report Dated 1-8-97

MALE APPLICANT	FEMALE APPLICANT
Name ichael First David Middle about In. Day of Birth Month Day	Name Sabriel First Lecarum Hiddle Habbes Date of Birth Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country) 4
Residence Address Street or R.R. City County State 46117	Indiana 46234
Hesidence Address Street or R.R. City County State 46117 485 E. Main-8×35 Brownsbyrg Kinks IV	17/68 Aristaples Jane Lacedwan Marin In
Previous Marital Status: Never Marrieg 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) Divers gicense	Date of birth verified by: Sirth Certificate Sother (Specify) Duvil Sicilians
Are you now or have you ever been adjudged to be of unsound mind? No X Yes	Are you now or have you ever been adjudged to be of unsound mind? No. Yes Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No Yes	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children	5. List the full names of any dependent children
6. (a) Full name of applicant's father Michael David about	6. (a) Full name of applicant's father Lewis Yene Holls
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Androna
(b) Full maiden name of applicant's mother full to the Duly of the Company of the	(b) Full maiden name of applicant's mother Reference June Wilson
Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
	Statute of the state of the sta
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome). Signature of Applicant Mult Ollo A Date 1-10-97	Signature of Applicant X Labour S Habos Date 1 - 10-97
	Organica of Applicant
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana)	Chair of Indiana
County of HENDRICKS ss: in this application is true and correct.	State of Indiana) I swear/affirm that the information given County of HENDRICKS Ss: in this application is true and correct.
Signed X Make alle fr.	signed X Material 2 Holobs
New Address X820 Windows Brook E. Dr. APt. F 46234	New Address X 830 Apt F Winding Rook E. Dr. July
Subscribed and sworn to before me this day of January, 19 9 7	Subscribed and sworn to before me this day of Australy 19 97
- Naran Sugar	Circuit Coud
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	Crate of Indiana
County of HENDRICKS ss:	State of Indiana) County ofHENDRICKS ss:
Father ID #	FatherID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above pared and the
	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	
I certify that there was filed in my office a marriage license issued by the Cle	rk of the Circuit Court of HENDRICKS County, Indiana, Michael David Abbott, Jr.
dated, authorizing the marriage of andGabriel Leeann Hobbs	
I, Michael D. Abbott	I further certify that the following marriage certificate was filed in my office: (name), certify that on February 1, 1997
(date), atBrownsburg	in Hendricks County Indiana
Michael David Abbott, Jr. of Hendricks	
Gabriel Leeann Hobbs of Marion Con	inty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 1-10-97
Signed by: /s/ Michael D. Abbott	, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	2-12-97 (date).
	Second .
	Signed Sharan Clerk
	HENDRICKS Circuit Court

Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

File

Joate of Application

Female Applicant 50

If No, Medical Examination or Report Dated

Name of Physician Dr.

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

MALE APPLICANT **FEMALE APPLICANT** ranham Place of Birth (State or fereign country Place of Birth (State or foreign cou Death Divorce Death Divorce Annulment Date of birth verified by: Birth Certificate Other (Specify) icense No Yes No ☑ Yes ☐ No Yes "ves" has the adjudication been removed? wer is "ves." has the adjudication been removed? No Yes No 2 Yes Are you related to the female applicant closer than second cousin? elated to the male applicant closer than second cousin? No Yes No Yes No ☑ Yes □ No Yes R. Branham Full name of applicant's father Gerald b. Kean nduana er (State or foreign country) Krentuck reign country) 1 mucha Brown Linda Leathers ed, so state) Induana ed, so state) Indiana her (State or foreign country) Induana other (State or foreign country) Indiana ACKNOWLEDGMENT **ACKNOWLEDGMENT** that I have received information regarding dangerous communicable diseases that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Count State of Indiana HENDRICKS day of JAUUARY . 19 97 day of JANUARY, 19 97 HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued . County and filed in. authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS County, Indiana, , authorizing the marriage of _ Tracy Ann Kean . I further certify that the following marriage certificate was filed in my office:
(name), certify that on January 10, 1997 I, Sharon Dugan (name), certify that on Hendricks (date), at ___ Danville County, Indiana, Chad D. Branham Indiana County _(state), and Indiana Tracy Ann Kean Hendricks (state) were married by me as authorized County under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated _ Hendricks County Clerk Signed by: /s/ Sharon Dugan (official designation) Filed and recorded in accordance with the laws of the State of Indiana on (date).

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No.	622	
File	59	
	1-13-97	
	Date of Application	

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

Female If No,	Applicant 50 Medical Examir	No No nation or Repo	Yes Dated 7	7-97
Name	of Physician		Jugor	

MALE APPLICANT	FEMALE APPLICANT
Name Charlist Glen Middle Mc Commands	Name Nather First Aanal Southers
Date of Birth Month Day Year	Date of Girth O Month 6-20ay -71 Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Indiana Hay	Indiana
Basidence Address Street or R.R. City County State 9(334)	Basidence Address State or R.R. City County State 467
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OFOR No. of Previous Marriages
10.6. T	y strong marine dialog. Trave marine Destrict to a reasonal marineger
Last Marriage Ended By: Death Divorce Annulment Date 1993	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
- Davide grand	- Tower granse
Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes The property of the prop	Are you now or have you ever been adjudged to be of unsound mind? Ne Yes Yes Yes Yes Yes Yes Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No. Yes 3. Are you now under the influence of an alcoholic beverage? No. Yes Yes	2. Are you related to the male applicant closer than second cousin?
4. Are you now under the influence of a narcotic drug?	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No. Yes Yes Yes
5. List the full names of any dependent children. Cambron Michael	5. List the full names of any dependent children.
me Caninguels - Colten Mitchell	
mi Cammado	
6. (a) Full name of applicant's father Windell - Year McCammack	6. (a) Full name of applicant's father Edwin Dale Souden
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Andrews	Residence of father (if deceased, so state) Agrangemon
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Jaquelyn Spunlacks	(b) Full maiden name of applicant's mother Glenda Norma
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Turgonsum	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) — Judiania
ACKNOWLEDGMENT	ADVANDAL EDOMENT
I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
mmune deficiency syndrome).	immune deficiency syndrome). M 1 (ha +)
Signature of Applicant X/ Marker S/M/comman Date 1-13-97	Signature of Applicant & Huch Masty Lowell Coate 1/13/97
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana I swear/affirm that the information given SS: In this application is true and correct In this application is true and correct	State of Indiana) I swear/affirm that the information given ss:
Signed * Muchal Application is true and correct.	County of HENDRICAS Sounders in this application is true and correct. Signed X Mustin Sounders
New Address X Ame	New Address \ Sandel
Subscribed and swyn to belon me his 3 day of Sanuary 19 97	Subscribed and swern to before me this. 13 day of 1997
HARDE SUBJECTION HENDRICKS Circuit Court	HENDRICKS Circuit Court
A STATE OF THE STA	The total of the second of the
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) Secretary of HENDRICKS SS:	State of Indiana) HENDRICKS ss:
county of	County or
ather	Father ID #
	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this
CIER	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	
certify that there was filed in my office a marriage license issued by the Cle	
lated, authorizing the marriage of	Michael Glen McCammack
nd Misty Janae Sowders	I further certify that the following marriage certificate was filed in my office:
Carl Akard Riley	Hondricks
date), at Plainfield	_in Hendricks County, Indiana,
	County Indiana (state), and
	(state) were married by me as authorized
inder a marriage license that was issued by the Clerk of the Circuit Court of	
Signed by:/s/ Carl Akard Riley Filed and recorded in accordance with the laws of the State of Indiana on	
in accorded in accordance with the laws of the state of thatana on	1-22-97 (date).
	Sylarax Sugar
	Signed Clerk
OYCE FORMS + SYSTEMS 1-800-382-8702 1477	HENDRICKS Circuit Court

Circuit Court

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County

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

Female Applicant 50 No P Yes
If No, Medical Examination or Report Dated //-/8-96
Name of Physician D1. Liduidge

MALE APPLICANT	FEMALE APPLICANT
Name First Mount Skruntter	Name Signa Living Sendeliverly
Date of Birth Month O = 22 - 69 Year	Date of Birth Month 12-1- P.5 Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State 46/6
1652 E. CO. Rd 151N piff HANKS IN 46168	10632 E. C. Rd. 151 N. Plass Andres In
Previous Marital Status: Never Married OR No. of Previous Marriages /	Previous Marital Status: Never Married OR No. of Previous Malfiages
Last Marriage Ended By: Death Divorce Annulment Date 1990	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate State (Specify) Drivers Ficense	Date of birth verified by: Birth Certificate Other (Specify) Drivers Ticinse
Are you now or have you ever been adjudged to be of unsound mind? No	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? Net Yes Yes Yes Yes	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? Yes Yes Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Clavence Loran Showalter	6. (a) Full name of applicant's father Delbert Lee Sendelwee
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Indiana,	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Andiana
(b) Full maiden name of applicant's mother Vision Have Elliphi	(b) Full maiden name of applicant's mother Joulean Common State (interpretable parents and interpretable parents and inter
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Analiana	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country) Indiana	Birthplace of mother (State or foreign country) Indiana
ACCHOMI EDOMENT	ANALOW COOKERS
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome).
Signature of Applicant Date 1-14-1	Signature of Applicant & Saradyna Saddlurck Date Jan 14,97
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	State of Indiana) I swear/affirm that the information given ss: in this application is true and correct.
Signed * 46118	signed XSaraSypuSendelweck
New Address X2264 W- Co. Rd. 400 5 C/Ayten In Subscribed and sworn to before me this 14 day of Lanuary, 1997	New Address X22194 IV. Co. Rd. 4005,5 Clayton In 4(ell 8) Subscribed and sworn to before me this /4 day of kinning 1997
Subscribed and sworn to before me this day of Ramany, 19 4 Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this
- Haran Jugan	A harawhigan
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS
Father ID #	Father ID #
Mother ID # Subscribed and sworn to before me this day of 19	MotherID #
Clerk	Subscribed and sworn to before me thisday of, 19Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the Court, by written order issued
	res and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cladated, authorizing the marriage of, authorizing the marriage of	Paniel Wayne Showalter County, Indiana,
	. I further certify that the following marriage certificate was filed in my office:
I, Joel R. Vogel	
(date), atIndianapolis	_inMarionCounty, Indiana.
Daniel Wayne Showalter of Hendricks	County Indiana (state), and
Sara Lynne Sendelweck of Hendricks Conunder a marriage license that was issued by the Clerk of the Circuit Court of	
Signed by: /s/ Joel R. Vogel	
Filed and recorded in accordance with the laws of the State of Indiana on_	2-24-97 (date).
	Signed Sharan Sugar
	Clerk
	HENDRICKS Circuit Court

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

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

County

No

Female Applicant 50

_Circuit Court

Yes 🗆

MALE APPLICANT	FEMALE APPLICANT
e Middle Last	Name First Middle / Last
of Birth Day Year	Balord Birth Morth your Day Fall Year
6-12-65	8-3-58
e of Birth (State or foreign country)	Place of Birth (State or foreign country)
dence Address Street or R.R. City County State 4/1/68	Residence Address Street or R.R. City County State
14 Harvestway pefd Holles In	2414 Hawestway plf Andre In
ious Marital Stafus: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married Off No. of Previous Marriages 2
Marriage Ended By: Death Divorce Annulment Date 1997	Last Marriage Ended By: Death Divorce Annulment Date 1993
of birth verified by: Birth Certificate Other (Specify) Drivers Jicense	Date of birth verified by: Birth Certificate Sother (Specify) Drivers Julia
Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No- Yes [
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes [
Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage?	Are you now under the influence of an alcoholic beverage? No. Yes [
Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
List the full names of any dependent children. Amnda Neese	5. List the full names of any dependent children. Janh F1.596cTh Vine
	Lydig Kuth Vine, Deboruh Jack Vine, great
(a) Full name of applicant's father	6. (a) Full name of applicant's father Payron Victor Spe
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Kentucky
(b) Full maiden name of applicant's mother Shirley Jones	(b) Full maiden name of applicant's mother Jeannie tuilma
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) and igna	Residence of mother (if deceased, so state) Alchigan
Birthplace of mother (State or foreign country) fudiana	Birthplace of mother (State or foreign country) Wichigan
ACKNOWLEDGMENT	ADMINISTRATE
knowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable disea
are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acqu
ine deficiency syndrome) , // _ ,	immune deficiency syndrome).
ature of Applicant A July A Meleu Date 1/14/97	Signature of Applicant & Games D. Soll Date 1/14)
above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the ab
nowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
c of Court Date	Clerk of Court Date
of Indiana I swear/affirm that the information given ss: in this application is true and correct.	State of Indiana) I swear/affirm that the information gi
Signed X 7411 Aller	County of Signed A Clarific Tall
New Address X Samu	New Address X / Same
cribed and sworp to before me this 14 day of American, 19 47	Subscribed and sworn to before me this /4 day of January 19 97
Shara Linguis HENDRICKS Circuit Court	Sharan Sugar MANDRICKS, Fin Circuit C
SENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent sig
facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
of Indiana)	Control of Indiana
y of HENDRICKS SS:	State of Indiana) County of HENDRICKS ss:
rID #	Father ID #
ID #	MotherID #
cribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	c
MPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, t
County	Court, by written order issued
	es and directs the issuance of a marriage license to the above named partie
RETURN OF MARRIAGE LICENS rtify that there was filed in my office a marriage license issued by the Cle	
d = 1 - 14 - 97, authorizing the marriage of	erk of the Circuit Court of HENDRICKS County, Indiana Kelly Gene Neese
Jeannie Lynn Fall	I further certify that the following marriage certificate was filed in my offic
Jack L. Stout	(name), certify that on February 1, 1997
e), at <u>Beech Grove</u>	in Marion County, Indiana,
	Countyindiana(state), and
celly Gene Neese of Hendricks	Indiana
Telly Gene Neese of Hendricks Jeannie Lynn Fall of Hendricks Cou	110100000000000000000000000000000000000
Kelly Gene Neese of Hendricks Jeannie Lynn Fall of Hendricks Counter a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 1-14-97
Kelly Gene Neese of Hendricks Jeannie Lynn Fall of Hendricks Court of the Circuit Court of the deed by: /s/ Jack L. Stout	HENDRICKS County, Indiana, dated 1-14-97 Minister (official designation)
Kelly Gene Neese of Hendricks Jeannie Lynn Fall of Hendricks Counter a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 1-14-97

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** County No X Yes Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. If No, Medical Examination or Report Dated /-/4-97 A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician Da. Blood IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Divorce Annulment Death Divorce 🗌 Death Date of birth verified by: Birth Certificate No Yes Yes 🗌 No Yes No 🗆 Yes 🔲 Nota Yes 🔲 No Ves No A Yes 🗌 Yes 🔲 Yes 🔲 Victoria Cinneclahan ACKNOWLEDGMENT **ACKNOWLEDGMENT** edge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases Clerk of Court State of Indiana HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County _ Court, by written order issued _ and filed in_ , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of $_$ dated $_$ 1-14-97 , authorizing the marriage of $_$ Jason Wayne Wilson HENDRICKS County, Indiana, , authorizing the marriage of _ Miriah Suzanne Stewart . I further certify that the following marriage certificate was filed in my office:

— (name), certify that on _____ February 14, 1997 I, Sharon Dugan _ (name), certify that on (date), at Dasnville Hendricks County, Indiana, Jason Wayne Wilson Indiana Hendricks County _ (state), and Miriah Suzanne Stewart of_

Hendricks

under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ Sharon Dugan Hendrick

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

County

Hendricks County Clerk

Indiana

HENDRICKS

(state) were married by me as authorized

Clerk

Circuit Court

County, Indiana, dated _

(official designation)

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

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

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

MALE APPLICANT	FEMALE APPLICANT
Name WILLIAM DOEDH MUR	Name EVA First KAY Middle DAVIS
Date of Birth Month Day Year 1957	Date of Birth Nonth 23 1950
Place of Birth (State or foreign country)	Place of Birth (State or forfligh country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
248 N CENTER PLANTIELD NEW IN 4468	_ 248 N CESTER PLANTIGLD HEND IN 44168
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 9-93
Date of birth verified by: Birth Certificate AOther (Specify) IND. DRINERS LICENSE	Date of birth verified by: Birth Certificate Sother (Specify) IND DRIVERS LICENSE
Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes ✓	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes
If answer is "yes," has the adjudication been removed? No	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the influence of a narcotic drug? No Yes Yes Yes	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes Ye
5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. MICHAEC ADST. DAVIS
	KYAN LEE DAVIS
6. (a) Full name of applicant's father JOHN DABNEY MUIK	6. (a) Full name of applicant's father HALTED LEE MONNET,
6. (a) Full name of applicant's father DHB DABBEY TOWN. (If adopted, list adoptive parents only).	6. (a) Full name of applicant's father //ALTON LEE MONNET, (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) DECEASED	Residence of father (if deceased, so state) DCCE ASES
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Tropasa
(b) Full maiden name of applicant's mother LETA Livia SE UTTER BACK	(b) Full maiden name of applicant's mother LULA MAE VANVACTO
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country) TPD, APA	Birthplace of mother (State or foreign country) Tuniana
ACKNOWLEDGMENT	
immune deficiency syndrome). Circlinary Muice Date 1-15-97 Signature of Applicant Schedule of Applicant Signature of Applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court	immune deficiency syndrome). Signature of Applicant Description: The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court
State of Indiana County of HENDRICKS Signed A William A-Micro New Address PMV AS ABOVE Subscribed and swore to before me this 15 day of TANARY, 19 97 HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed Signe
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS SS:	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID # Subscribed and sworn to before me this day of, 19	Mother ID #
Clerk	Subscribed and sworn to before me this day of, 19
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
and filed in, authoriz	es and directs the issuance of a marriage license to the above named parties.
I certify that there was filed in my office a marriage license issued by the Cl	SE AND MARRIAGE CERTIFICATE erk of the Circuit Court of HENDRICKS County, Indiana,
dated 1-15-97, authorizing the marriage of _	William Joseph Muir
andEva Kay Davis I,J. Franklin Dennis	I further certify that the following marriage certificate was filed in my office:
(date), at New Albany	_in Floyd County, Indiana.
William Joseph Muir of Hendricks	County Indiana (state), and
Eva Kay Davis of Hendricks Co	unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ J. Franklin Dennis	Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	
	Staron Digan
	Signed Clerk
	HENDRICKS Circles Common

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** County Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. No P Yes If No, Medical Examination or Report Dated Name of Physician DR. KiRILE A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** TRACIE PALLEDING 02 Place of Birth (State or fo FIOR: DA IND IANA LINDRKS Never Married OR No. of Previous Marriages Date of birth verified by: Birth Certificate Other (Specify) Date of birth verified by: Birth Certificate Dother (Specify) DRIVERS L No 🗹 Yes 🗌 No 🖭 Yes 🗌 No 🗆 Yes 🗌 No 🗆 Yes 🗌 No 1 No V Yes 🗌 Yes 🗌 No Yes | No 🗹 Yes 🗌 No 🖸 Yes 🗌 ESTELLE WISE FORD TRSHIE LELSEA RAE RAYMOND FORD HUSTON Full name of applicant's father LARRY JOE SPAULDING PLORAdo KENtucky INDIANA BETTY JEAN JOHNSON JANICE MAY INDIANA IndiANA INDIANA ACKNOWLEDGMENT ACKNOWLEDGMENT information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court State of Indiana Signed Hace W. Hu IN 46167 HENDRICKS HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ County _ Court, by written order issued and filed in. , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE County, Indiana, dated ___1-15-97 authorizing the marriage of _ and Tracie Suzette Spaulding . I further certify that the following marriage certificate was filed in my office:

(name) certify that on February 14, 1997 I, Richard Alan Haynes (name), certify that on Hendricks (date), at Pittsboro County, Indiana, Indiana Race Wayne Huston Hendricks

County

Signed.

2-24-97

County.

Hendricks

Indiana

HENDRICKS

Minister

(date).

(state), and

(official designation)

County, Indiana, dated _

(state) were married by me as authorized

Clerk

Circuit Court

Tracie Suzette Spaulding of

Signed by: /s/ Richard Alan Haynes

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

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59

1-15-97

Date of Application

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

Female Applicant 50 No Yes I 19-97

If No, Medical Examination or Report Dated 19-97

Name of Physician DR. Susan Hevge

MALE APPLICANT	FEMALE APPLICANT
Name To First / Middle / D Last	Name DEANNA LYNN WINKLER
See 18th Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
TudiANA	Residence Address Street or R.R. City County State
Residence Address Street or R.R. City County State 10435 FORTH ST LOT5-4 Tayli: ANAPOLIS HANKEIN	10435 FORTH STLOT5-4 IND: ANAPOLIS HNDRKSIN
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 7/9.4	Last Marriage Ended By: Death Divorce Annulment Date 12/91
Date of birth verified by: Birth Certificate Dether (Specify)	Date of birth verified by: Birth Certificate Dother (Specify) DRNESS Lic ENSE
University Court	
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No ✓ Yes ☐ 4. Are you now under the influence of a narcotic drug? No ✓ Yes ☐	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes Yes Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
The state of the s	MURGAN KAEANN SPEERS
6 (a) Full name of applicant's father GIARY LYNN COLDIRON	5 (a) Full name of applicant's father DENNIS GIENE Socks
6. (a) Full name of applicant's father GIARY LYNN COCD IRON (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father DENN'S OTENE SOCKS (If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) INDITANA
Birthplace of father (State or foreign country) Taid MANA	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother GWEN HENSON	(b) Full maiden name of applicant's mother DEBORAH KAY Womplek
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Tridiana	Birthplace of mother (State or foreign country) Indian A
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome). Juson L. Colduron Date 01-15-97	immune deficiency syndrome). Signature of Applicant X 601 (Mumbs). Wunkley pate 1-15-9
Signature of Applicant Date	Signature of Applicant Automotive DateDateDate
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS SS: in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed X 9 L. Coldinar New Address 10 435 4th St Pot 5-4 46234	Signed X Add M. W. St. W. St. W. 46234 New Address 10435 4HD St. Lot 5-4 46234
Subscribed and sworn before me this 15 day of JANUARY, 19 97	Substribed and sworn to before me this 15 day on ANUARY, 19 97
Circuit Court	Sharar Luguraterk of the HENDRICKS Gircuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State facts minimum the consent of the part and consent of	
State of Indiana) ss:	State of Indiana)
County of HENDRICKS	County or
Father ID # Mother ID #	Father ID # Mother ID #
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
	Court, by written order issued
and filed in, authoriz	tes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	
dated 1-15-97, authorizing the marriage of	Jason Lynn Coldiron
and Deanna Lynn Winkler	I further certify that the following marriage certificate was filed in my office:
I, Basil L. Shumaker (date), atIndianapolis	in Marion County, Indiana,
Jason Lynn Coldiron of Hendricks	County Indiana (state), and
Deanna Lynn Winkler of Hendricks Co	ounty Indiana (state) were married by me as authorized
	HENDRICKS County, Indiana, dated 1-15-97 Minister (official designation)
Signed by:/s/ Basil L. Shumaker Filed and recorded in accordance with the laws of the State of Indiana on	1-22-97 (date).
The last of the black of the bl	Thousand wax
	Signed Clerk
	HENDRICKS Circuit Court

_Circuit Court

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County

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

If No, Medical Examination or Report Dated /-/6-97

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Month Day Year	Date of Birth & Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Indiana	Indiana
Residence Address Street or R.R. City County Andrew In 4002	Residence Address Street of R. City County State 460
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	1997
Date of birth verified by: Birth Certificate Sother (Specify) Divers Ticense	Date of birth verified by: Birth Certificate Other (Specify) Lives Jucense
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? Yes Yes	2. Are you related to the male applicant closer than second cousin? Yes Yes Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children. Nathan Pryon Leads
6. (a) Full name of applicant's father Agrical Richard Anthron	6. (a) Full name of applicant's father Michie Stevens Ella
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) algansas
(b) Full maiden name of applicant's mother freether for pulvisor	Birthplace of father (State or foreign country)
(If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother family (full) world (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Androna
Birthplace of mother (State or foreign country) Maine	Birthplace of mother (State or foreign country) Mississippi
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Date 1-17-9	immune deficiency syndrome).
Date	Signature of Applicant A Complete Date Date
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
New Address 16433 E 100 n Januille In 46122	New Address X 6433 E100H TANVITE IN 46122
Subscribed and supri to before me this day of Samuel 19 97	Sybscribed and sworp to before me this
Clerk of the HENDRICKS Circuit Court	Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSCRIT OF PARENTS OF PARENTS OF PARENTS
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
Outs of Indian	
State of Indiana) County of HENDRICKS ss:	State of Indiana) County of HENDRICKS ss:
Father ID #	Father
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the
and filed in	Court, by written order issued
and filed in, authorize:	s and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSE	
I certify that there was filed in my office a marriage license issued by the Cler	rk of the Circuit Court of HENDRICKS County, Indiana,
andAmy Lynn Leadingham , authorizing the marriage of	I further certify that the following marriage certificate was filed in my office:
I, Franklin D. Sablan	
(date), at Indianapolis	in Marion County, Indiana,
Amer I com I and in all am	County Indiana (state), and Indiana (state) were married by me as authorized
Amy Lynn Leadingham of Marion Courunder a marriage license that was issued by the Clerk of the Circuit Court of	
Signed by: /s/ Franklin D. Sablan	
Filed and recorded in accordance with the laws of the State of Indiana on	
	Shown Dugan
Si	gneu Clerk
	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59

1-17-97

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

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

	FULL FARRICANT
MALE APPLICANT Name Name First Middle Last	FEMALE APPLICANT Name / First A Middle / Last
Timothy Henry O' Donnell	Deborah Sye Littleijhn
Date of Birth & Month Say 3 - 5-5 Year	Mogth Day Year Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State 46132.	Residence Address Street of R.R. Street of R.R. Street of R.R. Street of R.R. Holds North TV 40341
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 Divorge Annulment Date 1996	Last Marriage Ended By: Death Divorce Annulment Date 10 94
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
- Divers fremse	- Francis quance
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? North Yes □
If answer is "yes," has the adjudication been removed?	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? Yes
2. Are you related to the female applicant closer than second cousin? No → Yes □	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drugg	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children. Minshy Jason	5. List the full names of any dependent children. Length fine A-Wilysh
	Tyler Joseph Littleighn
6. (a) Full name of applicant's father Raymond Patrick O Dom	W. (a) Full name of poplicant's father Earl William Wills
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of father (State or foreign country)	Residence of father (If deceased, so state)
(b) Full maiden name of applicant's mother Mande Steal Pedinas	(b) Full maiden name of applicant's mother English Asan Baston's
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) — Hydrama	Residence of mother (if deceased, so state) Torquina
Birthplace of mother (State or foreign country) — Selisability	Birthplace of mother (State or foreign country) Allingia
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome).
Signature of Applicant Date Date	Signature of Applicant Authority. Date 1-17-97
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I sweat/affirm that the information given	State of Indiana) I swear/affirm that the information given
State of Indiana) I swear/affirm that the information given County of HENDRICKS in this application is true and correct.	State of Indiana I swear/affirm that the information given Ss: I in this application is true and correct.
Signed & Timethy Hillowell	Signed & Whomas S. Otthyph
New Address & 8173 Vaustin Ct, Inda . Ind 46234	New Address X 8173 Austin at Inysh In 46234
Subscribed and sworp to before me this day of fanuary, 19 9 HENDRICKS	Subscribed and sworn to before me this
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
Course of Indiana	
State of Indiana) County of HENDRICKS ss:	State of Indiana) County of HENDRICKS ss:
Father ID #	FatherID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	F AND MARRIAGE CEPTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	
dated 1-17-97, authorizing the marriage of	Timothy Henry O'Donnell
and Deborah Sue Littlejohn	I further certify that the following marriage certificate was filed in my office:
I,John Caldwell	(name), certify that on February 14, 1997
(date), at Avon	in Hendricks County, Indiana,
Timothy Henry O'Donnell of Hendricks Deborah Sue Littlejohn of Hendricks Con	
under a marriage license that was issued by the Clerk of the Circuit Court of	unty <u>Indiana</u> (state) were married by me as authorized HENDRICKS County, Indiana, dated 1-17-97
Signed by: /s/ John Caldwell	
Filed and recorded in accordance with the laws of the State of Indiana on	2-24-97 (date).
	Sharas Kigas
	SignedClerk
	HENDRICKS

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

Death

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

Divorce 🔲

ACKNOWLEDGMENT

County

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. No. If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician _ MALE APPLICANT **FEMALE APPLICANT** 46168 Death Date of birth verified by: Birth Certificate Other (Specify) No Yes Yes 🔲 No 🗆 Yes 🗌 No 🗆 Yes 🔲 No B Yes 🗌 Yes 🔲 No X Yes 🗌 Yes 🗌 Yes 🔲 Yes 🔲 her (State or foreign country). **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the

office a marria	N OF MARRIAGE LICE	Clerk of the	Circuit Court of	HENDRICKS	County, Indian
sel , aun	horizing the marriage of	I furth		wing marriage certificate February 14,	was filed in my office 1997
		in _ Ma		County, Indiana,	建产。 对 罗 罗 纳 尔
of	Marion	County _	Indiana	(state), and	
of	Hendricks	County	Indiana	(state) were married	by me as authoris

Court, by written order issued _

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

(date), at __Indianapolis David Ryan Brunat Angela Marie Wessel under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated _ Judge Signed by: /s/ Linda E. Brown (official designation) 2-24-97 Filed and recorded in accordance with the laws of the State of Indiana on. (date).

> Signed HENDRICKS

Clerk

Circuit Court

Clerk of Court

State of Indiana

and filed in_

I certify that there was filed in my dated 1-17-97 and Angela Marie Wes I, Linda E. Brown

List the full names of any dependent children

acknowledgment because of religious beliefs.

CONSENT OF PARENTS, PARENT, OR GUARDIAN

HENDRICKS

dated 1-17-97

I, ___Stephen Hardin

(date), at Plainfield

Larry Ross Ping II

Melisa Ann Johnston

Signed by: /s/ Stephen Hardin

and <u>Melisa Ann Johnston</u>

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

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

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

_, authorizing the marriage of _

Logan

Hendricks

Clerk of Court

State of Indiana

and filed in_

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS Female Applicant 50 No D IC 31-7-9-1. Furnishing false information upon applying for license. If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician _______ IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Yes 🔲 Ne Yes Are you now or have you ever been adjudged to be of unsound mind? Yes 🔲 No 🔲 Yes 🗌 No 🗍 Not Yes 🔲 Yes 🔲 Yes 🗌 Yes 🔲 Yes 🔲 Daniel Johnston ndiana ndrana her (State or foreign country) Indiana of mother (State or foreign country) Andiana ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases XMelisa ann Johnston Date The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court melisa Cenn Johnston 4914 Dunmor - Deeblick Rd. Lewisburg, Ky Rd Lewisburg, KY 42256 4916 DUNMOR-Deerlick day of January, 19 97 Sharan Dugan CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued _ County , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Larry Ross Ping II

(name), certify that on _ Hendricks

Indiana

2-27-97

Minister

County

Signed

HENDRICKS

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

(name), certify that on February 21, 1997

County, Indiana,

County, Indiana, dated

_(state), and _

_ (official designation)

(state) were married by me as authorized

County, Indiana,

Clerk Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 433

HENDRICKS File 59

| 1-72-97
| Date of Application

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

Female Applicant 50 No Y Yes I If No, Medical Examination or Report Dated 1-22-97 Name of Physician 124. Wordlay

HENDRICK

Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Saymond Eygene Masseng:11, Jr.	Name First Andrew Last
Jate of Birth Month 2 2 - 5 Day Year	Date of Birth Month / Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country).
Residence Address Street or R.R. City County State 4633	Indiana
Residence Address Street or R.R. City County State 0902 Messac ann Dr. Ands. United Iv	Residence Address Street or R.R. City County State 70
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married SOR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date 1991	Last Marriage Ended By: Death Divorce Annulment Date 1994
Date of birth verified by: Birth Certificate Cother (Specify)	Date of birth verified by: Birth Certificate (Specify)
Lowber dulinse	The comment of the co
. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin?	Are you related to the male applicant closer than second cousin? No X Yes
3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes Yes	Are you now under the influence of an alcoholic beverage? Yes Yes Yes Yes Yes Yes Yes Y
Are you now under the influence of a narcotic drug? No. Ves No. Yes No. Ves No.	4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. 1. Are you now under the influence of a narcotic drug? 1. Note that Yes C. 1. Yes C. 1. When the full names of any dependent children.
Massingell - Christina Marie	S. List the full mariles of any dependent condition.
i. (a) Full name of applicant's father Ruymond Engene Massing	6. (a) Full name of applicant's father Charalis Robert 140
(If adopted, list adoptive parents only	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Judianos
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother franka Joan Mobiley	(b) Full maiden name of applicant's mother full Cinn State
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
- Thousand	Distribute of motifer (state of foreign country) That will be a
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable disease
at are sexually transmitted, and a first of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acqui
ignature of Applicant AMMA O MASS AMA Date 1-2291	immune deficiency syndrome). The first syndrome of Applicant (1911/11) of Communications o
January State Stat	Signature of Applicant Date Date
he above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
cknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Date	Clerk of Court Date
state of Indiana	
county of HENDRICKS ss: I swear/affirm that the information given this application is true and correct.	State of Indiana Swear/affirm that the information give county of HENDRICKS Ss: I swear/affirm that the information give county of the same corrections of the same cor
Signed X/19/10-19/5/2011	Signed A Trelly V. Cletter
New Address SAMS.	New Address A Baine
subscribed and sworn to before me this	Subscribed and sworn to before me this
Circuit Court	Clerk of the HENDRICKS Circuit Co
ONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF DADENTS PADENT OF CHARDIAN
/e, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent sig
ate facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
	State of Indiana
HENDRICUS SS:	County of HENDRICKS ss:
ounty of	HENDRICKS SS:
ounty of	County of HENDRICKS ss:
ounty of	County of
bunty of	County of
county of	County of HENDRICKS ss: Father ID # Mother ID # Subscribed and sworn to before me this day of , 19 commarriage license having been refused to the above named parties, the state of the
ounty of	County of
county of	County of
ounty of	County of
certify that there was filed in my office a marriage license issued by the Clerk D #	County of
county of	Father
county of	Father
county of	County of
county of	County of
ather	County of
ather	Father
county of	Father

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59

1-23-97

Date of Application

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

MD

Name First Middle Last /	FEMALE APPLICANT Name First Mjddle / Last C C - 1
Anorew First Job House	DANA LYNN LATTOWER
Date of Birth Pay Year 67	Date of Birth Month Day Gar Waar Mar Mar Mar Mar Mar Mar
Place of Birth (State or foreign country) ARK	Place of Birth (State or foreign country)
Residence Address KENTUCKY, PLAINFIEW HEND,	Residence Address KENTUCKY PLANTIELD HEND, IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages / / /	Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 12-93	Last Marriage Ended By: Death Divorce Annulment Date 2 – 94
Date of birth verified by: Birth Certificate Souther (Specify) DRIVERS LICENSE	Date of birth verified by: Birth Certificate Sother (Specify) DRIVERS LICEN
Are you now or have you ever been adjudged to be of unsound mind? No Yes	Are you now or have you ever been adjudged to be of unsound mind? No ✓ Yes □ Yes □
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No√✓ Yes ☐	Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of a narcotic drug? No Yes Yes
5. List the full names of any dependent children.	5. Lisr the full names of any dependent children.
- VOKOHN GUMME MOUST	GAVIN CTIASE LAPLOWER, GARRETT
6. (a) Full name of applicant's father BOBBY RAY HOUSE	6. (a) Full name of applicant's father WILLIAM RONALD PET
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) // D/IAAA
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother 1/186/10/14 RAY HOUSE	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother 1/18/6/////////////////////////////////	(b) Full maiden name of applicant's mother (U/L/1 U/T) Succession (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)/ND/////
ACKNOW EDGLISHT	
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and \a list of the test sites\for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome
Signature of Applicant & Unihur for thouse Date 1/23/97	Signature of Applicant Date 1-2397
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	State of Indiana County of HENDRICKS ss: I swear/affirm that the information given in this application is true and correct.
Signed X Conchew Jose These	Signed Short up Allas
New Address Some	New Address Stemo
Subscribed and sworn to before me this 23 day of 10 19 97. Clerk of the HENDRICKS Circuit Court	Subscribed and sworn of efore me this day of her
show (ugax)	Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	MotherID #
Subscribed and sworn to before me thisday of19Clerk	Subscribed and sworn to before me this
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	
	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	
I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana,
dated 1-23-97, authorizing the marriage of andDana Lynn Laflower	
I,Carl Akard Riley	I further certify that the following marriage certificate was filed in my office: (name), certify that on February 1, 1997
(date), atPlainfield	in Hendricks County, Indiana,
	County Indiana (state), and
	unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ Carl Akard Riley	County, Indiana, dated
Filed and recorded in accordance with the laws of the State of Indiana on	
	11
	Signed Staron Dugan Clerk
BOYCE FORMS - SYSTEMS 1-800-382-8702 1477	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

<u>HEND</u>	County
	Date of Application
C 31-7-9-1. Furnishing false information upon applying for license.	Female Applicant 50 No Ves If No Madical Examination or Board Dated
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under	If No, Medical Examination or Report Dated Name of Physician
C 31-7-3 commits a Class D felony.	Name of Physician 21 Charles
MALE APPLICANT	FEMALE APPLICANT
ATTE ROWALD ARMBRUST SR	Name ROBIN Middle Last LYNN MICHAY
ate of Birth Month Day Year	Date of Birth Month Day Year
lace of Birth (State or foreign country)	Place of Birth (State or foreign country)
esidence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
266 N. WAYNE ST DANVILLE	266 W. WAYNEST DANVILLE IN
revious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date Q	Last Marriage Ended By: Death Divorce Annulment Date Q
) 3
ate of birth verified by: Birth Certificate QOther (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐	1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐ Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? No 🔄 Yes 🗆	3. Are you now under the influence of an alcoholic beverage? No Yes Are you prow under the influence of a parcetic drug?
Are you now under the influence of a narcotic drug? List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. RACHEL FRY JASON FRY
ROKIN, SARAH	And the second s
(a) Full name of applicant's father CHAILES RAYMOND ARMERNIT	6. (a) Full name of applicant's father RAYMOND JAMES MURRAY
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) No Byes VILLE TO	(If adopted, list adoptive parents only). Residence of father (if deceased, so state) TNDPLS. IN
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother MARTORIE LYNN WALTERS	(b) Full maiden name of applicant's mother JOANNE TATRIAM PAZZA
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) NoBUSVILLE IN	Residence of mother (if deceased, so state) TNDPUS IN
Birthplace of mother (State or foreign country)	Bisthologo of matter (State or favior and the Control of the Contr
ACKNOWLEDGMENT acknowledge that I have received information regarding dangerous communicable diseases	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 (accounted)
ACKNOWLEDGMENT acknowledge that I have received information regarding dangerous communicable diseases at are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired nature deficiency syndrome).	ACKNOWLEDGMENT
ACKNOWLEDGMENT acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired nature of Applicant Date /-23-97 the above applicant has objected to verifying by oath or affirmation or signature to the above cknowledgment because of religious beliefs.	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
ACKNOWLEDGMENT acknowledge that I have received information regarding dangerous communicable diseases at are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired nature of Applicant Date /-23-97 The above applicant has objected to verifying by oath or affirmation or signature to the above exhowledgment because of religious beliefs.	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above
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Moros Ougas

Clerk Circuit Court

Signed_

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59

1-24-97

Date of Application

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

Female Applicant 50 No P Yes I If No, Medical Examination or Report Dated 1-24-97 Name of Physician Joseph Kerlin mb.

_Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name ARK First Douglas Middle ALBERT Last	Name BARBARA First JEAN Middle HUTCHENS
Date of Birth Day Year 57	Date of Sirth OI Day 3 Vear
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City, County State	Residence Address Street or R.R. City Couply State
1007 N. School St. GREENTIELD HANCOCK IN	7166 KimbERLY LANE PLAINTIELD HNORKS 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 03/95	Last Marriage Ended By: Death Divorce Annulment Date // 9/
Date of birth verified by: Birth Certificate Gother (Specify) DR: VERS LICENSE	Date of birth verified by: Birth Certificate Dother (Specify) DRNEAS LICENSE
CONTRACTOR OF THE PARTY OF THE	
1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐	Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes Yes Yes
3. Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the influence of a narcotic drug? No Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes Yes Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
DOUGLAS EARL ALBERT MARK BENJAMIN LALBERT	ANDREW STEVEN HURCHENS
6. (a) Full name of applicant's father JAMES WILBALBERT	6. (a) Full name of applicant's father VINCENT ANGELO WILKINSON
6. (a) Full name of applicant's father ATTL Society (If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) IndiaNA	Residence of father (if deceased, so state) INDIANA
Birthplace of father (State or foreign country) OHic (b) Full maiden name of applicant's mother ELizaBEHA MARTIN	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Ed.4h ARLENE COOK
(b) Full maiden name of applicant's mother CCICHDETH THEFTING	(b) Full maiden name of applicant's mother CA TICENE WOF
Residence of mother (if deceased, so state) IN di ANA	Residence of mother (if deceased, so state) INDIANA
Birthplace of mother (State or foreign country) TNdiANA	Birthplace of mother (State or foreign country) WEST VIRGINIA
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome Parlogram Dann Hartchart Date 1/24/9
Signature of Applicant Date Date	Signature of Applicant Survivus figure Florida Date 1/2/1/
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS in this application is true and correct.	County of HENDRICKS in this application is true and correct.
New Address 7/11/16 Kimberly Lang Plainfield FA	New Address Tille Kimberly Lang Plainfield
Subscribed and swore to before me this 24 day of JANUARY, 19 1-24-9 /	Subscribed and sworm to pelore me this 34 day of ANUARY, 19 97
HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS ss:	State of Indiana) County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
	A marriage license having been refused to the above named parties, the
	Court, by written order issued
and filed in, authoriz	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cla	erk of the Circuit Court of HENDRICKS County, Indiana,
dated 1-24-97 , authorizing the marriage of	I further certify that the following marriage certificate was filed in my office:
and Barbara Jean Hutchens I, Sharon Dugan	
(date), at Danville	_ in Hendricks County, Indiana
Mark Douglas Albert of Hancock	County Indiana (state), and
	ounty Indiana (state) were married by me as authorized HENDRICKS County Indiana dated 1-24-97
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ Sharon Dugan Hendy	ricks County Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	2 24 07
	SignedClerk
	Signed Clerk

_Circuit Court

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County

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

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

MALE APPLICANT	FEMALE APPLICANT
Name Piller Strist Land Pomarte	Name Tual: The First Middle Johnson Last
Date of Birth Month Day Alffusion Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Indiana	Indiana
Residence Address Street or F.R. City Gounty State 46/68	Residence Address Street or R.R. City County State 403
Previous Marital Status: Never Married OR No. of Previous Marriages 2	Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 7
Last Marriage Ended By: Death Divorce Annulment Date 1995	Last Marriage Ended By: Death Divorce Annulment Date 1992
7 - 5/13	
Date of birth verified by: Birth Certificate Other (Specify) Disperse disperse	Date of birth verified by: Birth Certificate Other (Specify) Drivers Jumps
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No Second Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No Second Yes ☐	Are you related to the male applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? No TX Yes
4. Are you now under the influence of a narcotic drug?	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? Notify Yes Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
y . B. A. D. Y. W. A.	T. 0 11 0 7
6. (a) Full name of applicant's father Louis Sichard Jeff fuelly	6. (a) Full name of applicant's father of Mr. Souther Smith
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Marie Frances Para	(b) Full maiden name of applicant's mother Leneta Rase (p)
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome).
Signature of Applicant XIIII Date 1/27/97	Signature of Applicant Substitution Included Applicant Date 1/21/19
The above applicant has objected to verifying by oath or affirmation or signature to the above	The chairs explicated has shipped to varifying by eath as efficiently as clearly to the chair
acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
	MANAGEMENT OF THE PARTY OF THE
State of Indiana I swear/affirm that the information given County of HENDRICKS In this application is true and correct	State of Indiana) I swear/affirm that the information given
Signed & Without the Moule in this application is true and correct.	County of HENDRICKS in this application is true and correct. Signed Anuslith Line La Hinni Ry
New Address \$ 510 SIMMONS ST. PLAINFILED IN 46168	New Address X510 Simmons St., Pellembell IN 46/16
Subscribed and sworn to before me this	Subscribed and sworn to before me this
Shorts Dugas Herk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) Country HENDRICKS SS:	State of Indiana)
County of	County of HENDRICKS SS:
Father ID # Mother ID #	Father ID # ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
	MARINE CHARLES AND
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
and filed in authorize	es and directs the issuance of a marriage license to the above named parties.
, autoriz	and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana,
dated 1-27-97, authorizing the marriage of	
and Judith Leneta Johnson	I further certify that the following marriage certificate was filed in my office:
(date), at Plainfield	in Hendricks Gown Indiana
Richard Loren LeMasters of Henricks	in Hendricks County, Indiana, County Indiana (state), and
Judith Leneta Johnson of Marion Col	unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 1-27-97
Signed by: /s/ Dale Harner	
Filed and recorded in accordance with the laws of the State of Indiana on	3-6-97 (date).
	(Margar Drigger)
	SignedClerk
	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59

| 1-28-97

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

Female Applicant 50 No X Yes
If No, Medical Examination or Report Dated /- 22-97

Name of Physician 21, Kirtley

MALE APPLICANT	FEMALE APPLICANT
Name Velmer First Lee Middle Pierce	Name march First Marie, Middle Last
Date of Birth Month 4- 24- 76 Year	Date of Birth Month 7-17-75
Place of Birth (State or foreign country) Ind: ang	Place of Birth (State or foreign country)
Residence Address Street or R.A. City County State #1/168	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married Prop No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	
	- 11 O1 1
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? 1. Yes 1. If answer is "yes," has the adjudication been removed? 1. No Yes 1. Yes 1. Yes 1. Yes	1. Are you now or have you ever been adjudged to be of unsound mind? 1. Ves Yes Yes Yes
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? Yes Yes	3. Are you now under the influence of an alcoholic beverage?
5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. To ylor cho's Tine
	miller
6. (a) Full name of applicant's father Yelmor Pierce	6. (a) Full name of applicant's father Carl Endough Mille
(If adopted, list adoptive parents only)	(if adopted, list adoptive parents only)
Residence of father (if deceased, so state) Indiana	Residence of father (if deceased, so state) Androgue
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Estella Tulilliams	(b) Full maiden name of applicant's mother Nevir Live White
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Andiana	Residence of mother (if deceased, so state) Andrama
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant & Velmu Sur Filing Date 1-28-47	Signature of Applicant & Angella M. Miller Date 1-28-97
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed A Velmu g Fuce New Address X Same	Signed A Angela M. Mycler New Address X SAM &
Subscribed and sworn to before me this 28 day of Junuary, 1997	
States Sugar Blerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this
CONSENT OF PARENTS, PARENT, OR GUARDIAN	COURTED OF SURFER CO.
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	Chair of Indiana
County of HENDRICKS ss:	State of Indiana) County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID # Subscribed and sworn to before me this day of, 19	Mother ID #
Clerk	Subscribed and sworn to before me this day of, 19Clerk
COMPLETE IE MARRIAGE LICENSE ISSUED BY ORDER OF COURT	
County	A marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, authoriz	zes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	lerk of the Circuit Court of HENDRICKS County, Indiana,
dated 1-28-97, authorizing the marriage of _	Velmer Lee Pierce I further certify that the following marriage certificate was filed in my office:
I, James H. Fierek	(name), certify that on February 14, 1997
(date), at Plainfield	in Hendricks
	County Indiana (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	State) Were married by me as authorized
Signed by: /s/ James H. Fierek Ju	adge Pro-Tem (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	2-24-97 (date).
	Signed Sharor Dugar
	Signed Clerk

Circuit Court

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

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County

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

MALE APPLICANT	FEMALE APPLICANT
Name Prist Degn Middle Creorge Last	Name Cheryl First Lynn Lee Last
Date of Birth Month 7-1-59 Day Year	Date of Birth Month 7 - 27-54 Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State 46/3	Residence Address Street or R.R. City County State 447
(010 Woodberry Dr. Danville HANKS IN	610 Woodbersy Dr. Danville HANKS 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 1997
Date of birth verified by: Birth Certificate Dother (Specify) Dr. 18 rs L. Cense	Date of birth verified by: Birth Certificate Other (Specify)
	77 (V) N. (C)//3
Are you now or have you ever been adjudged to be of unsound mind? Next Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No Yes □	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children. Jesse Bryant Lee Vicholas Bayahn Lee
0 1 0 1	Angela Lee
6. (a) Full name of applicant's father Cecil Brown George	6. (a) Full name of applicant's father Robert Merle William
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) FNJ: 9n9	(If adopted, list adoptive parents only)
Birthplace of father (State or foreign country) Thy . Gng	Residence of father (if deceased, so state) 1994, 979 Birthplace of father (State or foreign country) 1979
(b) Full maiden name of applicant's mother Ang Marie Neeley	(b) Full maiden name of applicant's mother Joan 61.29 beth He
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) \sqrt{ecesse}	Residence of mother (if deceased, so state) And 1919
Birthplace of mother (State or foreign country) In Vigna	Birthplace of mother (State or foreign country). New York
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable disease
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome).
Signature of Applicant Signature of Applicant Date 1-25-7/	Signature of Applicant + Cherry Lynn Lee Date 1/28/
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	
County of HENDRICKS SS: I swear/affirm that the information given in this application is true and correct.	State of Indiana) ! swear/affirm that the information giver County of HENDRICKS) in-this application is true and correct
Signed A Duglas Dean Ang	Signed & Cheryl Lynn Lee
New Address Same	New Address X Same 1
Subscribed and sworn to before me this day of hip warry, 19 97	Subscribed and sworn probefore me this
Clerk of the Court	Circuit Cour
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
Chair of Indian	
State of Indiana) County of HENDRICKS) ss:	State of Indiana) Country of HENDRICKS SS:
Father ID #	County of
MotherID #	MotherID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this
Clerk	Cleri
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
DETICAL CONTRACTOR OF THE PROPERTY OF THE PROP	
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cledated, authorizing the marriage of,	erk of the Circuit Court of HENDRICKS County, Indiana, Douglas Dean George
I,William Wieland	(name), certify that on February 14, 1997
(date), atGreencastle	in Putnam County, Indiana,
Douglas Dean George of Hendricks	County Indiana (state), and
Cheryl Lynn Lee of Hendricks Columbia Grant of the Clark	unty Indiana (state) were married by me as authorized HENDRICKS County, Indiana, dated 1-28-97
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ William Wieland	
Filed and recorded in accordance with the laws of the State of Indiana on	3-7-97 (date).
The state of tradata on	0
	Signed Sharos Ougas Clerk
	HENDRICKS Circuit Court

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County

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

Circuit Court

	AND SECTION AND ADDRESS OF THE PARTY OF THE
MALE APPLICANT	FEMALE APPLICANT
Name Michael First Middle Last	Name First Middle Rolin
Date of Birth Month Day Year	Date of Birth Mogth Day Year S
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street of R.R., City County, State #4469	Residence Address Street, City AVAR County State
9111 E 10 Rd 1005 HEND IN	JIII & GO BY 100 2 HONG IN
Previous Marriad Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Souther (Specify) C Lic	Date of birth verified by: Sirth Certificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind? No Yes	
If answer is "yes," has the adjudication been removed?	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
	THE RESIDENCE OF THE PARTY OF T
6. (a) Full name of applicant's father (at los 3ay Lee III	6. (a) Full name of applicant's father Eichard Loon Rolling
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) IN
(b) Full maiden name of applicant's mother LOUALUN STONE	Birthplace of father (State or foreign country) TH
(b) Full maiden name of applicant's mother LOUNION STONE (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother Kathy Kay Sokal
Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Vegas
Birthplace of mother (State or foreign country) TN	Birthplace of mother (State or foreign country) IN
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome)	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Date 1-29-97	Signature of Applicant XILMWER M. Boller Date 1-29-9
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS ss:
Signed Link Grand	Signed I Muffk M. Dolu
New Address Specified and sworm to before me this 29 day of 2010 d	New Address Donald
Thoron Jugan Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this day of Subvary 19 11
- CHOCK SOUTH	Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	
County of HENDRICKS SS:	State of Indiana) County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties the
County	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSI	
I certify that there was filed in my office a marriage license issued by the Cledated $\frac{1-29-97}{}$, authorizing the marriage of ${}$	rk of the Circuit Court of HENDRICKS County, Indiana,
and, authorizing the marriage of	I further certify that the following marriage certificate was filed in my office:
I, Kenneth Smith	(name), certify that on January 31, 1997
(date), at Avon	in Hendricks County Indiana
Michael J. Lee of Hendricks	County Indiana (state) and
Jenniter M. Bolin of Hendricks Cou	mty Indiana (state) were married by me as such sind
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County Indiana dated 1-29-97
Signed by: /s/ Kenneth Smith Filed and recorded in accordance with the laws of the State of Indiana on	
	2-12-97 (date).
	Signed Clerk
	HENDRICKS Circuit Court

Circuit Court

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS _ County

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

Female Applicant 50 No Yes If No, Medical Examination or Report Dated Name of Physician K. GROVE. Yes □

MALE APPLICANT	FEMALE APPLICANT
Name First / Middle D Last	Name STEPHANIS ANN WHALEY
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City A County , State /	Residence Address Street or R.R., City () State
895 PINEWOOD DRIAPT D. PLAINTIELD HADRES IN	895 PINEWOOD DR. Apt D. PlAINFIELD HADRES 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 Dother (Specify) DRNERS LICENSE	Date of birth verified by: Birth Certificate Souther (Specify) DRIVERS LIGHNISE
	Date of birth verified by: Birth Certificate Other (Specify) DRIVERS LIGHT NSE
Are you now or have you ever been adjudged to be of unsound mind? No Yes	
Are you now or have you ever been adjudged to be of unsound mind? No Yes □ If answer is "yes," has the adjudication been removed? No □ Yes □	Are you now or have you ever been adjudged to be of unsound mind? No
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐	4. Are you now under the influence of a narcotic drug? No Ves
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of applicant's father Joseph William Bickel	6. (a) Full name of applicant's father DONALD FRANCIS WHALEY
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) TNdiANA	(If adopted, list adoptive parents only)
Birthplace of father (State or foreign country) TNd: ANA	Residence of father (if deceased, so state) PECEASED Birthplace of father (State or foreign country) TUI, NOIS
(b) Full maiden name of applicant's mother JANNET SUE SCHAPFER	(b) Full maiden name of applicant's mother CAROL ANN SNYCER
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Tudi ANA	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	Signature of Applicant & Stohauif a Walaker per 1-31-97
Signature of Applicant Date Date	Signature of Applicant A Stephanic C. Cleaning Date 1-31-11
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana 1 swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS Ss: In this application is true and correct.	County of HENDRICKS ss: /In this application is true and correct.
Signed WWW Now	Signed & Stephanie U. Waley
New Address 8950 Pinewood Dr. Plfd. IN 46/88	New Address 395 D. Pinewood Dr. Plainfield IN 4611
Subscribed and sworn to before me this day of AA , 19 977	Subscribed and sworn in before me this day of TAN 1997
Circuit Court	Clerk of the MENDINGS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana	Chate of Indiana
County of HENDRICKS SS:	State of Indiana) County of HENDRICKS) Ss:
Father ID #	Father ID #
Mother ID #	MotherID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and med m, authoriz	tes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	erk of the Circuit Court of HENDRICKS County, Indiana,
dated1-31-97, authorizing the marriage of	Scott William Bickel
Rose M. Woodke	I further certify that the following marriage certificate was filed in my office:
(date), at Brook	(name), certify that on February 8, 1997 in Newton County, Indiana,
Scott William Bickel of Hendricks	County Indiana (state) and
Stephanie Ann Whaley of Hendricks Co	nunty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 1-31-97
Signed by: /s/ Rose M. Woodke	,Minister(official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	2-12-97 (date).
	Similar Program
	Signed Clerk HENDRICKS Circuit Court
	Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 642
File 59

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

Female Applicant 50 No

If No, Medical Examination or Report Dated

Name of Physician

MALE APPLICANT	FEMALE APPLICANT
Timothy Gale Owens Last	Dorothy First K. Ly 07
Place of Birth (State or foreign country) Month 5-14-4 Place of Birth (State or foreign country)	Place of Birth (State or foreign country) Place of Birth (State or foreign country)
Residence Address Street of R.R. City County State 4633	Pennsylvania
4608 W. 284 ST. July 1995:00 IV	3850 N CO Rd 350E p. TSBORD WINKS 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 1987	Last Marriage Ended By: Death Divorce Annulment Date 986
Date of birth verified by: Birth Certificate (Specify) Dr. Vers License.	Date of birth verified by: Birth Certificate Other (Specify) Dr., Vers L. Cense
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐ Are you related to the female applicant closer than second cousin? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes Yes Yes Yes Yes
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
6. (a) Full name of applicant's father Ralph W. Owens	6. (a) Full name of applicant's father Richard B. Ketcham
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of father (State or foreign country) Indiana	Residence of father (if deceased, so state) Veccase V
(b) Full maiden name of applicant's mother DOC'S E. Bur TOG	(b) Full maiden name of applicant's mother Marian Alice PreBSTer
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) VECEGICV	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country) In J. ang	Residence of mother (if deceased, so state) Necesses Birthplace of mother (State or foreign country) Ind. 'and
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant & / Marthy & Com Date 1-31-97	Signature of Applicant X X Date
The above applicant has objected to verifying by eath or efficiently as signature to the above	Doubley 1-31-81
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS Singed X Tanahara Singed X
New Address \$ 10. 13 4 BROW NSBURG 46112	New Address X PO BOY 384 BROWNSBURGOIN 46112
Subscribed and sworp to before me this	Subscribed and sworp to before me this
- Constant of the constant of	AND THE STATE OF T
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of <u>HENDRICKS</u> , ss:	County of HENDRICKS ss:
Father ID #	Father ID #
Subscribed and sworn to before me thisday of	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	marriage license having been refused to the above named parties, the
and filed in county, authorize	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cle	
dated 1-31-97, authorizing the marriage of	Timothy Gale Owens
I, Steven T. Reeves	I further certify that the following marriage certificate was filed in my office: (name), certify that on February 14, 1997
(date), atBrownsburg	in Hendricks County, Indiana,
	CountyIndiana(state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 1-31-97
Signed by:/s/ Steven T. Reeves Filed and recorded in accordance with the laws of the State of Indiana on	
rued and recorded in accordance with the laws of the State of Indiana on	(date).
	SignedClerk
	HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE HENDRICKS County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No X Yes If No, Medical Examination or Report Dated Yes A person who knowingly furnishes false information to a clerk of the Name of Physician pr. Oaborson **FEMALE APPLICANT** Danville Hndks Layrel Ogk Dr. 1402 Previous Marital Status: Never Married OR No. of Previous Marriages Date of birth verified by: Birth Certificate Other (Specify) No Yes Notok Yes 🔲 No Yes No 🗆 Yes 🔲 If answer is "yes," has the adjudication been removed? No Yes No Yes

circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. MALE APPLICANT Previous Marital Status: Never Married OR No. of Previous Marriages Last Marriage Ended By: Date of birth verified by: Birth Certificate Cher (Specify) Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? No Yes No Yes 🔲 No Yes No Yes 6. (a) Full name of applicant's father Deny Zuilliam Douglas Irvin Proxes ner (if deceased, so state) Ind. and of father (if deceased, so state) In Viana r (State or foreign country) ±//:/n0:5 ne of applicant's mother Mary Katherine Yorger of applicant's mother Deborah Kay Cox on ther (if deceased, so state) In Viang nother (if deceased, so state) Indiana Indiana Birthplace of mother (State or foreign country)_____ ACKNOWLEDGMENT have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to Clerk of Court State of Indiana I swear/affirm that the information given Chapel Kines Dr. Indps., IN 46234 February, 19 97 day of Jebrugay , 19 97 HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County . Court, by written order issued_ and filed in. authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of County, Indiana, dated 2-3-97 , authorizing the marriage of _ Robert Andrew Douglas and Laura Anne Prokes I further certify that the following marriage certificate was filed in my office: I, _ C. S. Chesebrough February 15, (name), certify that on _ (date), at ___ Bloomington in Monroe County, Indiana, Robert Andrew Douglas County _ Indiana (state), and Laura Anne Prokes (state) were married by me as authorized nty, Indiana, dated 2-3-97 Hendricks Indiana under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated _ Signed by: /s/ C. S. Chesebrough Minister (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 2-21-97 (date).

Signed

Clerk Circuit Court

(date), at ___Indianapolis

Barbara Jean Martinez of

Signed by: /s/ Robert B. Lutz

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

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

Daniel Clay Gibson

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County Female Applicant 50 No 🛛 IC 31-7-9-1. Furnishing false information upon applying for license. If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the Name of Physician _ circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT State 46168 Never Married OR No. of Previous Marriages Annulment Birth Certificate Cother (Specify) Dr. Vers hicense Date of birth verified by: Birth Certificate Other (Specify) Yes 🗌 Yes 🗌 No 🗆 Yes 🔲 N6 | Yes 🗌 Yes 🗌 No 🛛 Yes 🗌 Yes 🔲 No Yes 🔲 Yes 🗌 No Yes 🔲 Jones Tennessee eign country) In Vigna mother Madonna of applicant's mother JUNY nce of mother (if deceased, so state) + n Jiang other (State or foreign country) In Vigna mother (State or foreign country) In Vigna ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases bour Morting Date The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Clerk of Court you are IndpisIn X4633 W. Troy Av. Imp/s 46241 day of February, 19 97 HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued County authorizes and directs the issuance of a marriage license to the above named parties. and filed in. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE County, Indiana, I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of , authorizing the marriage of ____ Daniel Clay Gibson dated _____2-5-97 . I further certify that the following marriage certificate was filed in my office: and Barbara Jean Martinez (name), certify that on February 14, 1997 I, Robert B. Lutz in Marion _ County, Indiana,_

County _ Indiana

Judge

(date).

_ County __ Indiana

Signed

Hendricks

Marion

_(state), and _

_ (official designation)

_County, Indiana, dated _

(state) were married by me as authorized

Clerk

Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59
Date of Application

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

Female Applicant 50 No Yes 1
If No, Medical Examination or Report Dated 1-697
Name of Physician BARBARA KOEWLERMI

HENDRICKS

_Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name Rob Roy CARROLL	Name AMBER MARIE WILES
Date of Birth Month Day Year	Date of Birth Month Day fear
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
FLORIDA	INDIANA
Residence Address Street or R.R. City County State 4/100 E1001 S. CLAUTON HUNRKS TN	Residence Address Street or R.R. Street or R.R. CLAYTON HUDRKS IN
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Date of birth verified by: Pairth Certificate Gother (Specify) DRIVERS LICEUSE	Date of birth verified by: Birth Certificate Deffer (Specify) DRNERS LICENSE
The Carlo and th	
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes Ye	2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes Yes
4. Are you now under the influence of an accordic daug?	4. Are you now under the influence of a narcotic drug?
List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of applicant's father BARRY DEAN CARROLL	6. (a) Full name of applicant's father William DENNIS WILES
6. (a) Full name of applicant's father BARRY DEAN CARROLL (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father William DENN'S WILES (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) FLORIDA	Residence of father (if deceased, so state) Indian A
Birthplace of father (State or foreign country) FLORIDA	Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother BALBARA JUNE PROCK	(b) Full maiden name of applicant's mother TRACY LYNN ANDERSON
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Indiana Bithplace of mother (State or foreign country) Indiana	Tilan
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date State of Indiana County of HENDRICKS Signed New Address Subscribed and sworn to before me this day of 19 HENDRICKS Clerk of the HENDRICKS Clerk of the HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	Signature of Applicant
State of Indiana) Country of HENDRICKS SS:	State of Indiana) Countries HENDRICKS SS:
County of HENDACAS) Father ID #	County of REVERICAS) Father ID #
Mother ID #	Mother
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
	A marriage license having been refused to the above named parties, the
	Court, by written order issued tes and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE WENDBICKS WENDBICKS
I certify that there was filed in my office a marriage license issued by the Cl dated, authorizing the marriage of,	erk of the Circuit Court of HENDRICKS County, Indiana, Rob Roy Carroll
and Amber Marie Wiles	I further certify that the following marriage certificate was filed in my office:
I, Stevan W. Ranson	(name), certify that on _ February 15, 1997
(date), at Clayton	in Hendricks County, Indiana,
of House Torio	County Indiana (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	nunty Indiana (state) were married by me as authorized HENDRICKS County, Indiana, dated 2-5-97
signed by: 757 Seevall W. Railsoil	MINISTER (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	
	Signed Clerk
	Clerk

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59

2-6-97

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

Female Applicant 50 No X Yes I

If No, Medical Examination or Report Dated

Name of Physician Dr. War Dilly Cho

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name , First , Middle , Last
CT reg or / SCOTT Spencer Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
TEXAS	Find: and
State State CARNOUSTIE CIRCLE HNDRKS IN	Residence Address Street or R.R. City County State 4616.
Previous Marital Status: Never Married OR No. of Previous Marriages	5433 Carnous Fie Circle Pff AMAKS To
Last Marriage Ended By: Death Divorce Annulment Date 1992	Last Marriage Ended By: Death Divorce Annulment Date 1996
Date of birth verified by: Birth Certificate Gother (Specify) DRIVERS LICENSE	Date of birth verified by: Birth Certificate Other (Specify) Dr., Vers L. Cens-a
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No. Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No Yes	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children. Stacia Paige Lehm & MOV 9911 Rae Lehm Kyht
6. (a) Full name of applicant's father FRED SPENCER JR	6. (a) Full name of applicant's father Leonard Norman maho.
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) TEXAS	Residence of father (if deceased, so state) <u>In J. and</u>
Birthplace of father (State or foreign country) TEXAS	Birthplace of father (State or foreign country) In Jang
(b) Full maiden name of applicant's mother MARY ANN K: Lough	(b) Full maiden name of applicant's mother Alice NBe Cline
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) TEXAS	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) TEXAS	Birthplace of mother (State or foreign country) Invigna
	Simples of months (State of Mely) State (14)
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test stress for the virus that causes AIDS (acquired
immune deficiency syndrome)	immune deficiency syndrome).
Signature of Applicant & Origony S. Jenu Date 2/6/97	Signature of Applicant XXXXIII / XXXIIII date 7/6/97
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given county of HENDRICKS ss:	State of Indiana) I swear/affirm that the information given
County of HENDRICKS in this application is true and correct. Signed X Service Service Service and correct.	County of HENDRICKS ss: in this application is true and correct.
New Address XSAMC	Signed A San T
Subscribed and sworn to before me this day of Febru 971, 19 977	New Address
	Subscribed and sworn to before me this day of the bay about 19 97
Horox bugas Jerk of the HENDRICKS Circuit Court	Clerk of the REVENICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana	
County of HENDRICKS ss:	State of Indiana) Country of HENDRICKS SS:
Father	County of
Mother ID #	Father ID #
Subscribed and sworn to before me thisday of19	MotherID #
Clerk	Subscribed and sworn to before me thisday of, 19Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	
County	A marriage license having been refused to the above named parties, the Court, by written order issued
and filed in authoriz	zes and directs the issuance of a marriage license to the above named parties.
- CONTRACTOR OF THE PARTY OF TH	and the localities of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the Cl	lerk of the Circuit Court of HENDRICKS County Indiana
lated, authorizing the marriage of	Gregory Scott Spencer
	I further certify that the following marriage certificate was filed in my office:
Stephen White	(name), certify that on February 22, 1997
date), at Plainfield Gregory Scott Spancor of Handricks	inHendricksCounty, Indiana,
Gregory Scott Spencer of Hendricks	County Indiana (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	ounty Indiana (state) were married by me as authorized
Signed by:/s/ Stephen White	County, Indiana, dated 2-7-97 Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	2-25-97
Control of the contro	Signed Clerk
	Signed Clerk
	HENDRICKS Circuit Court
30YCE FORMS • SYSTEMS 1-800-382-8702 1477	Circuit Court

Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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

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

MALE APPLICANT	FEMALE APPLICANT
Name Sunior First Middle STringer Last	Name R:119 First 11ee Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Invigna was	Fesidence Address Street or R.R. City County State #4/2/
2594 S CO Rd 800 W COATESV:11e HINKS IN	2594 S. CO Rd 800 W COGRSVIK HANKS 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 1995	Last Marriage Ended By: Death Divorce Annulment Date 1994
	The second state of the second
Date of birth verified by: Birth Certificate Other (Specify) DC. Vers Litense	Date of birth verified by: Birth Certificate Other (Specify) Dr. Vers L. Vense
Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Jewell Glenn STC'nger	6. (a) Full name of applicant's father Noble Dee Juli 1966
6. (a) Full name of applicant's father Jewell Glenn STringer (If adopted, list adoptive parents only)	
Residence of father (if deceased, so state)	(If adopted, list adoptive parents only). Residence of father (if deceased, so state) \(\cdot
Birthplace of father (State or foreign country) In V. ana	Birthplace of father (State or foreign country) Ind in any
(b) Full maiden name of applicant's mother Lucille Buis	(b) Full maiden name of applicant's mother Christine Marie How
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) In Viana Birthplace of mother (State or foreign country) In Viana	Residence of mother (if deceased, so state) $\sqrt{eceased}$
Birthplace of mother (State or foreign country) 10 4 90 0	Birthplace of mother (State or foreign country) <u>InVIana</u>
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Junior Lerrory Stringer Date 2-6-97	Signature of Applicant A Hill & Ville Though Date 2-6-97
	Jacob ac /
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed Jemior Leroy Stringer	Signed X Killa alle Tfork
New Address Same	New Address & Same
Subscribed and sworn to before me this	Substried and sworn to be one me this day of February, 1997
Circuit Court	Clerk of the RENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS ss:	State of Indiana) State of Indiana SS:
Father ID #	County or
Mother ID #	Father ID # Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authoriz	zes and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE HENDBICKS CONTROL OF THE PROPERTY OF THE PROPERT
I certify that there was filed in my office a marriage license issued by the Cl dated, authorizing the marriage of, authorizing the marriage of,	derk of the Circuit Court of HENDRICKS County, Indiana, Junior Leroy Stringer
	I further certify that the following marriage certificate was filed in my office:
I, Ralph Christman	(name), certify that on February 14, 1997
(date), atCoatesville	in Hendricks County, Indiana,
Junior Leroy Stringer of Hendricks	County Indiana (state), and
	ounty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	
Signed by:/s/ Ralph Christman Filed and recorded in accordance with the laws of the State of Indiana on	
- The same recorded in decordance with the taws of the state of inalana on_	2-21-97 (date).
	Signed Clerk
	Signed Clerk HENDRICKS Circuit Court
ADVICE PORTIES - PURTELLE - AND AND AND ALTO	CIPCUIT COURT

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

	No. <u>48</u>
HENDI	County File 9- 7-97
	Date of Application
31-7-9-1. Furnishing false information upon applying for license. person who knowingly furnishes false information to a clerk of the cuit court when the person applies for a marriage license under 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes If No, Medical Examination or Report Dated 2-17-97 Name of Physician Dr. Rucky
MALE APPLICANT	FEMALE APPLICANT
Sohn Anthony Gentry of Birth Month 5-111 Day Year	Name Garolyn First Middle SimpSon Date of Birth Month Day Year
idence Address Street or R.R. City County State 40721	Place of Birth (State or foreign country) Kentucky Residence Address Street or R.R. City County State 44
ous Marital Status: Never Married OR No. of Previous Marriages 2	Previous Marital Status: Never Married OR No. of Previous Marriages 2
Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date 1993	Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date 1996
of birth verified by: Birth Certificate Stother (Specify) Dor, "Vers License	Date of birth verified by: Birth Certificate Scher (Specify) Doubles Ticense
Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? No Yes
Are you now under the influence of an alcoholic beverage? No— Yes Yes Yes	3. Are you now under the influence of an alcoholic beverage?
Are you now under the influence of a narcotic drug? No Yes List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. List the full names of any dependent children. List the full names of any dependen
(a) Full name of applicant's father Richard Alan Gentry	6. (a) Full name of applicant's father Alonzo S'mpson (If adopted, list adoptive parents only)
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Thursday, 1999	Residence of father (if deceased, so state) deceased
Birthplace of father (State or foreign country) Fnd 'and (b) Full maiden name of applicant's mother Mgr; /yn Sue Va'n	Birthplace of father (State or foreign country) Ken 192X y (b) Full maiden name of applicant's mother Sq//y Bell Cox
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country) In Viang	Birthplace of mother (State or foreign country) Ken Fucky
ACKNOWLEDGMENT acknowledge that I have received information regarding dangerous communicable diseases at are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired mune deficiency syndrome). Date 217197	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date Date
above applicant has objected to verifying by oath or affirmation or signature to the above nowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
te of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
anty of HENDRICKS ss: in this application is true and correct. Signed X Signed A Signed Sign	County of HENDRICKS ss: in this application is true and correct.
New Address Secretary of February, 19 97 Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this 7 day of February, 19 97
horox Organ Slerk of the HENDRICKS Circuit Court	Skorov Dugar Oerk of the HENDRICKS Circuit Court
NSENT OF PARENTS, PARENT, OR GUARDIAN the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
e facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
te of Indiana) ss:	State of Indiana) County of HENDRICKS ss:
her ID #	Father ID #
ther ID # bscribed and sworn to before me this day of, 19	Mother ID # Subscribed and sworn to before me this day of , 19
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued tes and directs the issuance of a marriage license to the above named parties.
certify that there was filed in my office a marriage license issued by the Clated, authorizing the marriage of	John Anthony Gentry
ndCarolyn Marie Simpson David Kyle	I further certify that the following marriage certificate was filed in my office: (name), certify that on February 14, 1997
	County Indiana(state), and
	unty Indiana (state) were married by me as authorized
Carolyn Marie Simpson of Hendricks Conder a marriage license that was issued by the Clerk of the Circuit Court of	

Signed_

Clerk

_Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59

2-10-97

Date of Application

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

MALE APPLICANT	FEMALE APPLICANT
Name JACK WADE NogaN	Name JENNIFER LYNN HARDIN
Date of Birth Month 23 Year 8	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Right (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
179 PATTERSON OF FRANKIN JOHNSON IN	640 S. ST. Kd. 75 DANVILLE HUBRES 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 Pother (Specify) DRIVERS LICENSE	Date of birth verified by: Birth Certificate Dother (Specify) DRIVERS LICENSE
Are you now or have you ever been adjudged to be of unsound mind? No Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes Yes Yes Yes	2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes Yes
4. Are you now under the influence of a narcotic drug? No Yes	4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Jimmie Wesley Hogan	6. (a) Full name of applicant's father Toseph ALIEN NARDIN
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Tudiaua	(If adopted, list adoptive parents only)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother NANCY CAROLYN VANCE	(b) Full maiden name of applicant's mother TANIE LYNN Murphy
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) TNd: AN A
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome). Lach I hade 2/ 2/10/00	immune deficiency syndrome)
Signature of Applicant \ \ \frac{\tag{ucc Wave 940ga}}{10,197} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Signature of Applicant A January Date 2 70 17
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana	State of Indiana) I swear/affirm that the information given
County of HENDRICKS Signed Lacks In this application is true and correct.	County of HENDRICKS SS: 2 In this application is true and correct.
New Address 5477 W. CR. Rd. 625 South	New Address 646 5. St. Rd. 75 Dans. 11c In 46122
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of, 19
Shoron Dugan Clerk of the HENDRICKS Circuit Court	HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID # Mother ID #	Father ID # Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the
and filed in, authorize	Court, by written order issued
and med in, additionze	as and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	
I certify that there was filed in my office a marriage license issued by the Cledated $2-10-97$, authorizing the marriage of	erk of the Circuit Court of HENDRICKS County, Indiana,
and Jennifer Lynn Hardin	I further certify that the following marriage certificate was filed in my office:
I, <u>David Jefferson</u>	(name), certify that on March 1, 1997
Jack Wade Hogan of Johnson	_ in Hendricks County, Indiana, County Indiana (state), and
Jennifer Lynn Hardin of Hendricks Con	unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	Ministra County, Indiana, dated 2-10-91
Signed by:/s/ David Jefferson Filed and recorded in accordance with the laws of the State of Indiana on	- 3-6-97 (date) (official designation)
	Ilana, Ougas
	Signed Clerk
BOYCE FORMS + SYSTEMS 1-000-302-0702 1477	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59

Date of Application

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

Female Applicant 50 No Yes
If No, Medical Examination or Report Dated 3-4-97
Name of Physician 057 he ! mer

Date of Birth (State or foreign country) Place of Birth (State or foreign country) Previous Martial Status: Never Marriad Dr. Ve. Dr. Ve. Dr. Ve. Date Dr. Ve. Previous Martial Status: Never Marriad Dr. Ve. Dr. Ve. Date Dr. Ve. Date Dr. Ve. I. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? Are you now under the influence of an alcoholic beverage? No. Ves. Are you now under the influence of an alcoholic beverage? No. Ves. Are you now under the influence of an alcoholic beverage? No. Ves. Last the full names of any dependent children. Dr. Ve. Dr. Ve. List the full name of applicant's father Dr. Ve. Dr. Ve. Birthplace of father (I deceased, so state) Dr. Ve. Dr. Ve. Birthplace of father (I deceased, so state) Dr. Ve. Dr. Ve. Residence of mother (II deceased, so state) Dr. Ve. Dr. Ve. ACKNOWLEDGMENT I acknowledge that I have regioned information regarding dangerous communicable diseases that are sexually transmitted, and is list of the jest sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date New Address Dr. Ve. Dr. Ve. Dr. Ve. No. Ves. Dr. Ve. Dr. Ve. Dr. Ve. Dr. Ve. Dr. Ve. No. Ves.	Name Date of Birth (State or foreign country) Place of Birth (State or foreign country) Previous Marrial Status: Never Married OR No. of Previous Marriages Annulment Date Date of birth verified by: Death Divose Annulment Date 1. Are you now or have you ever been adjudged to be of unsound mind? No. Yes If answer is "yes," has the adjudication been removed? No. Yes 2. 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 an alcoholic beverage? No. Yes 5. List the full names of any dependent children. Yes Yes Yes 1. Junior Perix Walkee 6. (a) Full name of applicant's father Willow Yes Birthplace of father (if deceased, so state) Foreign Yes Birthplace of father (istate or foreign country) Yes Birthplace of mother (if deceased, so state) Foreign Yes Birthplace of mother (if deceased, so state) Foreign Yes Birthplace of mother (if deceased, so state) Foreign Yes ACKNOWLEDGMENT 1 acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome): Signature of Applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date State of Indiana Saturation Issuer/affirm that the information given in this application is true and correct.
Piece of Birth (State or foreign country) Piece or foreign country Piece or foreign P	Place of Birth (State or foreign country) Place of Birth (State or foreign country) Place of Birth (State or foreign country) Previous Marital Status: Never Married Oft No. of Previous Marriages Date Date Date of birth verified by: Death Divoser Date Date 1. Are you now or have you ever been adjudged to be of unsound mind? No. Yes If answer is "yes," has the adjudication been removed? No. Yes 2. 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 an alcoholic beverage? No. Yes 5. List the full names of any dependent children. Yes Date Date 6. (a) Full name of applicant's father West West Date Date Birthplace of father (State or foreign country) Partial Date ACKNOWLEDGMENT 1 acknowledge that 1 have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome): Signature of Applicant has objetted to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Indiana Iswear/affirm that the information given Isw
Piece of Birth (State or foreign country) Piece of Birth (State or foreign country) Previous Martial Status: Never Martied OR No. of Previous Martiages	Place of Birth (State or foreign country) Previous Marital Status: Never Married Oft No. of Previous Marriages Date
Subscribes Street or R. City County State File	Besidence Address Street or R.R. City County State H616-S
Previous Marital Status: Never Married OR No. of Previous Marriages Last Marriage Ended By: Death Divorce Annulment Date	Previous Marrial Status: Never Married OR No. of Previous Marriages Clast Marriage Ended By: Death Divoser Annulment Date Date of birth verified by: Girth Certificate Other (Specify) Or Vers Williams Vers 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 1. Are you now under the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the influence of an alcoholic beverage? No Yes 5. List the full names of any dependent children. Are you have you ha
Date of birth verified by:	Date of birth verified by: Death Divoser Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Dr. Vers Vers 1. Are you now or have you ever been adjudged to be of unsound mind? Yes	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? Are you related to the male applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? No. Yes Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? List the full names of any dependent children. DONAR DEN'K Wallace 6. (a) Full name of applicant's father Will'OM Perry Dow (If adopted, list adoptive parents only) Residence of father (If deceased, so state) And Birthplace of mother (If deceased, so state) And Grand Birthplace of mother (If deceased, so state) And Grand Birthplace of mother (If deceased, so state) And Grand Birthplace of mother (If deceased, so state) And Grand Birthplace of mother (If deceased, so state) And Grand Birthplace of mother (If deceased, so state) And Grand Birthplace of mother (If deceased, so state) And Grand Birthplace of mother (If deceased information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome) Signature of Applicant And Sobjeted to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date State of Indiana I swear/affirm that the information given
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? If answer is "yes," has the adjudication been removed? No	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. (If adopted, list adoptive parents only) Residence of father (If deceased, so state) Birthplace of father (State or foreign country) Residence of mother (If deceased, so state) Birthplace of mother (State or foreign country) ACKNOWLEDGMENT 1 acknowledge that 1 have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome): Signature of Applicant Applicant because of religious beliefs. Clerk of Court Date State of Indiana I swear/affirm that the information given
If answer is "yes," has the adjudication been removed? Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? List the full names of any dependent children. DIGKE ESWORD MELKEY (If adopted, list adoptive parents only). Residence of father (if deceased, so state) Find 'Ging (If adopted, list adoptive parents only). Residence of mother (if deceased, so state) Find 'Ging (If adopted, list adoptive parents only). Residence of mother (if deceased, so state) Find 'Ging (If adopted, list adoptive parents only). Residence of mother (if deceased, so state) Find 'Ging Birthplace of mother (State or foreign country) Find 'Ging ACKNOWLEDGMENT I acknowledge that I have regarded information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date State of Indiana County of HENDRICKS Signed New Address Agy of February 1, 19 97 HENDRICKS Subscribed and sworn to before me this Agy of February 1, 19 97 HENDRICKS Subscribed and sworn to before me this Agy of February 1, 19 97	It answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. The full names of any dependent children. The full name of applicant's father the full name of applicant's mother the full name of applicant the full name of name of applicant's mother the full name of applicant and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant the above acknowledgment because of religious beliefs. Clerk of Court Date I swear/affirm that the information given
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Frd '9ng Birthplace of father (State or foreign country) Frd '9ng (b) Full maiden name of applicant's mother Aging Team Mann (if adopted, list adoptive parents only) Residence of mother (if deceased, so state) Frd'ang Birthplace of mother (State or foreign country) Frd'ang ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant As objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date State of Indiana County of HENDRICKS Signed Signed Aging	(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Tand Parents Birthplace of father (State or foreign country) Tand Parents (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Tand Parents Birthplace of mother (State or foreign country) Tand Parents ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Parents
Residence of father (if deceased, so state) ## Grand Birthplace of father (State or foreign country) ## Grand (b) Full maiden name of applicant's mother ## Grand (if adopted, list adoptive parents only) Residence of mother (if deceased, so state) ## Grand Birthplace of mother (State or foreign country) ## Grand ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases 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 ### State of Indiana County of ### Country ### Country ### Country ### Country ### Date ### Date ### Signed ### Address #### Address ### Address ### Address #### Address #### Address ### Address #### Address #### Address #### Address ###### Address ###################################	Residence of father (if deceased, so state) Tray land Birthplace of father (State or foreign country) Tray land (b) Full maiden name of applicant's mother Down Tray Tray (if adopted, list adoptive parents only) Residence of mother (if deceased, so state) Frid land Birthplace of mother (State or foreign country) Friding ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant X YULL LOCC - Jav Date 241197 The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date I swear/affirm that the information given
Birthplace of father (State or foreign country) The diagram of policians and policians is mother forming that the information given in this application is true and correct. Birthplace of father (State or foreign country) The diagram of the policians of the pol	Birthplace of father (State or foreign country) To drain (b) Full maiden name of applicant's mother Downg To Gramer (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) The language of mother (State or foreign country) The language of mother (State or foreign cou
(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 The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date I swear/affirm that the information given in this application is true and correct. Signed New Address Subscribed and sworn to before me this Agy of February 1997 HENDRICKS Subscribed and sworn to before me this Agy of February 1997	(b) Full maiden name of applicant's mother Doving To Cramer (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) This image and in the control of the con
Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) ACKNOWLEDGMENT I acknowledge that I have regelved information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date State of Indiana Country of HENDRICKS Signed August Aug	Birthplace of mother (if deceased, so state) The long Birthplace of mother (State or foreign country) The long ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date I swear/affirm that the information given
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I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date Date The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date 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 February 1997 HENDRICKS	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date State of Indiana I swear/affirm that the information given
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date Date The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date 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 February 1997 HENDRICKS	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date State of Indiana I swear/affirm that the information given
Signed A South Country of MENDRICKS Signed A South Country of Men Address X South Country of Men Address X South Country of Mental Subscribed and sworn to before me this Application is true and correct.	HENDRICKS SS:
-	Signed New Address Subscribed and sworp to before me this Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS ss:	State of Indiana) County of HENDRICKS) ss:
Father ID #	Father ID #
Mother ID # Subscribed and sworn to before me this day of 19	Mother ID #
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	
and filed in, authorize:	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LIGHTON	F AND MARRIAGE OFFICIALTE
RETURN OF MARRIAGE LICENSE I certify that there was filed in my office a marriage license issued by the Clere dated $2-11-97$, authorizing the marriage of	rk of the Circuit Court of HENDRICKS County, Indiana,
and Jane Ellen Wallace - Dow	I further certify that the following marriage certificate was filed in my office:
I, Steve Montgomery (date), at Indianapolis	
	County Indiana (state), and
ane Ellen Wallace - Dow of Hendricks Coun	inty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 2-11-97
Signed by:/s/ Steve Montgomery Filed and recorded in accordance with the laws of the State of Indiana on	Minister (official designation) March 17, 1997 (date).
Si	

Form Prescribed By

STATE OF INDIANA

Health under Authority of IC 31-7-3 APPLICATION FOR I	MARRIAGE LICENSE
HEND	
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes If No, Medical Examination or Report Dated 7-11-97 Name of Physician D1. Waddy
MALE APPLICANT	FEMALE APPLICANT
The mass Bryon Shy gars Year Jace of Birth (State or foreign country) Agency Shy Gars State of Strate or foreign country)	Name Pathic, a First Name Pathic, a First
esidence Address Street or R.R. City County State 46/65 P. O. BOX HOL PIQ!nfield HNNKS IN evious Marital Status: Never Married OR No. of Previous Marriages	Residence Address Street or R.R. City County State HUK Provious Marital Status: Never Married OR No. of Previous Marriages
at Marriage Ended By: Death Divorce Annulment Date 1993 ate of birth verified by: Birth Certificate Other (Specify) In J ID V SOC 9 Sec Card	Last Marriage Ended By: Death Divorce Annulment Date 1995 Date of birth verified by: Date of birth verified by: Divorce Annulment Date 1995 Annulment Date 1995 Date 1995
Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? Are you now under the influence of a narcotic drug? Are you now under the influence of a narcotic drug? Are you now under the influence of a narcotic drug? Are you now under the influence of a narcotic drug? Are you now under the influence of a narcotic drug? No X Yes No X Yes No X Yes Shygars If any on Shygars If any on Shygars If any on Shygars If adopted, list adoptive parents only) Residence of father (State or foreign country) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Residence of mother (State or foreign country)	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. Crys folk ymp schost, of the full name of applicant's father schost, and file of the full adopted, list adoptive parents only). Residence of father (if deceased, so state) Full maiden name of applicant's mother. File I mark is Burkhard (If adopted, list adoptive parents only). Residence of mother (if deceased, so state) Birthplace of mother (if deceased, so state) Birthplace of mother (State or foreign country) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT acknowledge that I have received information regarding dangerous communicable diseases at are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired mune deficiency syndrome). Comparison of Applicant Date 2/12/52	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant
ne above applicant has objected to verifying by oath or affirmation or signature to the above cknowledgment because of religious beliefs. 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
ss: I swear/affirm that the information given the supplication is true and correct. I swear/affirm that the information given the supplication is true and correct. I swear/affirm that the information given the supplication is true and correct. I swear/affirm that the information given the supplication is true and correct. I swear/affirm that the information given the supplication is true and correct. I swear/affirm that the information given the supplication is true and correct. I swear/affirm that the information given the supplication is true and correct. I swear/affirm that the information given the supplication is true and correct. I swear/affirm that the information given the supplication is true and correct. I swear/affirm that the information given the supplication is true and correct. I swear/affirm that the information given the supplication is true and correct. I swear/affirm that the information given the supplication is true and correct. I swear/affirm that the information given the supplication is true and correct. I swear/affirm that the information given the supplication is true and correct. I swear/affirm that the information given the supplication is true and correct. I swear/affirm that the information given the supplication is true and correct. I swear/affirm that the information given the supplication is true and correct. I swear/affirm that the information given the supplication is true and correct. I swear/affirm that the information given the supplication is true and correct. I swear/affirm that the information given the supplication is true and correct. I swear/affirm that the information given the supplication is true and correct. I swear/affirm that the information given the supplication is true and correct. I swear/affirm that the information given the supplication given the supplication given the supplication given the suppli	State of Indiana County of HENDRICKS ss: in this application is true and correct. Signed Subscribed and sworn to be one me this day of Parcell 1. 19 27 HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN
te, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, ate facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana
ounty of	County of
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, the
nd filed in, authorize	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana,
ated, authorizing the marriage of andPatricia Lorene Sebastian	I further certify that the following marriage certificate was filed in my office:
Steve C. Montgomery date), atIndianapolis Thomas Bryon Shugars of Hendricks	(name), certify that on February 14, 1997in Marion County, Indiana, County Indiana (state), and
	unty Indiana (state) were married by me as authorized

Clerk Circuit Court

Signed _

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 657
File 59

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

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

MALE APPLICANT	FEMALE APPLICANT
Name Tranklin N Benoo	Name Hallie Anddle Last Taylor
Date of Birth Month Day Year	Date of Birth Month Day 3 Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country) + N
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County (State
1215 Kingsway or Danville Hend Holls	1212 Kingsway Dr Dansille New York
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR Nd. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate DOther (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
3,70	
Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes \to \text{ Yes \tau} \tag{Yes \tau} \tag{Yes \tau}
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐	Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐	3. Are you now under the influence of an alcoholic beverage?
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.
THE RESERVE ASSESSMENT AND ASSESSMENT OF THE PARTY OF THE	THE REPORT OF THE PROPERTY OF THE PROPERTY OF THE PARTY O
6. (a) Full name of applicant's father Hanklin D. Benge	6. (a) Full name of applicant's father Mitchell E. Taylor
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) 10 (b) Full maiden name of applicant's mother Service Suc Wilson	Birthplace of father (State or foreign country) 1 N (b) Full maiden name of applicant's mother Margaret Elase Med
(b) Full maiden name of applicant's mother 2000, a Superior Superi	(b) Full maiden name of applicant's mother Margaret Stase Med
Residence of mother (if deceased, so state) IN	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country) TN	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the Anus that causes AIDS (acquired
immune deficiency syndrome)	immune deficiency syndrome)
Signature of Applicants I had Bengl Date 2-13-97	Signature of Applicants Date 2-13-9
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court	acknowledgment because of religious beliefs. Clerk of Court Date
Date	Cierk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS in this application is true and correct:	County of HENDRICKS (In this application is true and correct.
Signed	Signed Signed
Subscribed and sworn to before me this day of, 19	New Address day of, 19
HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
show reger	State to Dog Dog
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
State data which make the consolit of the other parent unifecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of
Father ID #	Father ID #
MotherID #	MotherID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
and filed in	Court, by written order issued
, authoriz	zes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	lerk of the Circuit Court of HENDRICKS County, Indiana.
dated $3-8-97$, authorizing the marriage of $_$	Franklin N. Benge
and Hollie A. Taylor	. I further certify that the following marriage certificate was filed in my office:
Howard Baker	(name), certify that onMarch 8, 1997
	inHendricksCounty, Indiana,
	County Indiana (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	Side were married by me as authorized
Signed by: Howard Baker	,Minister(official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	3-17-97 (date).
	110,000,000
	Signed Clerk
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59

7-13-97

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

Female Applicant 50 No X Yes
If No, Medical Examination or Report Dated 7-13-97

Name of Physician L. Kintley

MALE APPLICANT	FEMALE APPLICANT
Name Rickie First alan Dullie	Name First Kay Pemberton
Date of Birth Month Day Year	Date of Birth Month 011-49 Day Year
1-28-58	Place of Birth (State or foreign country)
Place of Birth (State or foreign country) Missouri	Andrewa Address Street or B.B. City County, State 41,11/
Residence Address Street or R.R. City County State 44168	Residence Address Street or R.R. City County State 49110.
777 11 gar 12 10 10 10 10 10 10 10 10 10 10 10 10 10	Previous Marital Status: Never Married OR No. of Previous Marriages
Previous Marital Status: Never Married OR No. of Previous Marriages /	1001
Last Marriage Ended By: Death Divorce Annulment Date 1986	Last Marriage Ended By: Death Divorce Annulment Date 1990
Date of birth verified by: Birth Certificate Other (Specify) Dr. Vers Lucinse	Date of birth verified by: Birth Certificate Other (Specify) Deivers Times
- A M. Van Jacobse	
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "ves." has the adjudication been removed? No Yes
If answer is "yes," has the adjudication been removed? No Yes Y	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? Yes
2. 10 /00 /01	3. Are you now under the influence of an alcoholic beverage?
3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? Not yes Yes Yes Yes Yes Yes Yes Yes Y	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children. Anna Lawra Ladion	5. List the full names of any dependent children.
10 10 10 11.	Oil + Ray Dola
6. (a) Full name of applicant's father Kaymond Farl Suffice	6. (a) Full name of applicant's father fiber from from the father from the fat
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	(b) Full maiden name of applicant's mother Rusemany Doutity M
(b) Full maiden name of applicant's mother Strauble Wilgister (If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Missgawii	Residence of mother (if deceased, so state).
Birthplace of mother (State or foreign country) Illinois	Birthplace of mother (State or foreign country) Judiana
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	
immune deficiency syndrome). Signature of Applicant X Weekle Date 2.13-97	Signature of Applicant X Conne Pinleton Date 2-13-9
Signature of Applicant	
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
	State of Indiana) I swear/affirm that the information given
State of Indiana County of HENDRICKS SS: I swear/affirm that the information given in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct
Signed X Fishin Wiff	Signed & Coxxie Lemberton
New Address X Sinmiz.	New Address X Same
Subscribed and sworn to before me this	Subscribed and sworn to before me this
Library Court Court HENDRICKS Circuit Court	States Ligare left of the HENDRICKS Circuit Coun
	CONSENT OF PARENTS, PARENT, OR GUARDIAN
CONSENT OF PARENTS, PARENT, OR GUARDIAN	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State laus which make the consent of the other parent directions.	
State of Indiana)	State of Indiana)
County of	County of HENDRICKS ss.
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19Cler
Clerk	The proming places against a superior of the second
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authori	zes and directs the issuance of a marriage license to the above named parties
DETUDU OF MADRIAGE LIGHT	OF AND MADDIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the C	ISE AND MARRIAGE CERTIFICATE Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated $2-13-97$, authorizing the marriage of 2	Rickie Alan Duffie
and Connie Kay Pemberton	I further certify that the following marriage certificate was filed in my office
I. Steve Montgomery	(name), certify that on February 14, 1997
(date), at Indianapolis	in Mallon County, Indiana,
Rickie Alan Duffie of Hendricks	_ CountyIndiana(state), and
	County Indiana (state) were married by me as authorize
under a marriage license that was issued by the Clerk of the Circuit Court of	County, manarat, dated
Signed by: /s/ Steve Montgomery	, Minister (official designation) 3-17-97 (date).
Filed and recorded in accordance with the laws of the State of Indiana on_	(unie).
	Signed Staron (Ligar)
	Signed Cleri

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59

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

Female Applicant 50 No Yes
If No, Medical Examination or Report Dated 1-28-97
Name of Physician

14. Bolinger

MALE APPLICANT	FEMALE APPLICANT
Name A First Middle Last	Name First Ko Middle Last
Date of Birth Month Day Year	Bate of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Indiana	+M1.9ng
Residence Address Cartersburg Rd. Plainfuld Unix In	Residence audiences Street or R.R. City County State Flat & Harks In
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date 1989
Date of birth verified by: Birth Certificate Other (Specify) Dr, Vers License	Date of birth verified by: Birth Certificate Officer (Specify) Dr. Vers Livense
Are you now or have you ever been adjudged to be of unsound mind? No. Yes	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No ▼ Yes □	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. BY Yant James Hanso
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Rong/4 Gordon Potts	6. (a) Full name of applicant's father Jerry C. Sull' Van
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Typ V: 1979 Birthplace of father (State or foreign country) Typ V: 1979	Birthplace of father (State or foreign country) Tyd 1919
(b) Full maiden name of applicant's mother MOVM9 Arlene Fauderm!	(b) Full maiden name of applicant's mother BeTTY TO Rogers
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) $4eceqsed$	Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) India 9119	Birthplace of mother (State or foreign country) I//s/HO'S
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Norden Lee Pols Date 2/14/9.7	immune deficiency syndrome). Amululu Klas Laure 2/14/6
Signature of Applicant Date Date	Signature of Applicant A 1017 Cutton Ferry Michael Transfer
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana / / sweatriaffirm that the information given
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS / SS) / In this application is true and correct.
Signed And Lee 18th	Signed A TWINING RAY HUNSIN
New Address X AME	New Address & SHIIICO
Superibed and sworn to before me this day of February, 19 97 HENDRICKS Circuit Court	Subscribed and sworr to before me this day of Septuary 19 97 Clerk of the HENDRICKS Circuit Court
Older Grant	Grand Code
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
	A marriage license having been refused to the above named parties, theCourt, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE ork of the Circuit Court of HENDRICKS County Indiana
I certify that there was filed in my office a marriage license issued by the Cladated, authorizing the marriage of, authorizing the marriage of	
	. I further certify that the following marriage certificate was filed in my office:
I,James H. Fierek	(name), certify that on February 14, 1997
(date), at Brownsburg	_in Hendricks
	County Indiana (state), and
	unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/_ James H. Fierek Jud	County, Indiana, dated 2 14 77
Filed and recorded in accordance with the laws of the State of Indiana on	dge Pro-Tem (official designation) 2-21-97 (date).
	Thais Ougas
	SignedClerk
	HENDRICKS Cinnel Court

Form Indian Health of IC

Indiana State Board of Health under Authority of IC 31-7-3 APPLICATION FOR MARRIAGE LICENSE No. 653		
HEND	ORICKS County File 59	
	2- 14-97	
	Date of Application	
IC 31-7-9-1. Furnishing false information upon applying for license.	Female Applicant 50 No 💢 Yes 🗆	
A person who knowingly furnishes false information to a clerk of the	If No, Medical Examination or Report Dated 7-8-47	
circuit court when the person applies for a marriage license under	Name of Physician Dy. Kirtley	
IC 31-7-3 commits a Class D felony.		
	FEMALE ARRIVANIT	
MALE APPLICANT	FEMALE APPLICANT	
Notine First Middle Wright Last	Name Alarviort Games Hubbard	
Dale of Birth Month 10-35 Day Year	Date of Birth Montby Day Year	
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)	
Residence Address Street or R.R. City County State 4/6/17	Residence Address Street or R.R. City County State	
Pesidence Address Jeto Lake Dr. City County State 46/12	1787 TOTO Lake VI. Danielle Hriska IV	
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2	Previous Marital Status: Never Married OR No. of Previous Marriages	
Last Marriage Ended By: Death Divorce Annulment Date 1982	Last Marriage Ended By: Death Divorge Annulment Date 1986	
Date of birth verified by: Birth Certificate Dother (Specify) Drewers License	Date of birth verified by: Birth Certificate Other (Specify) Drivers Light Specify	
Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes	Are you now 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	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? Yes	
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?	
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?	
5. List the full names of any dependent children.	5. List the full names of any dependent children	
	0.1.700.	
6. (a) Full name of applicant's father Chalmbis A. Wright	6. (a) Full name of applicant's father Abbett Sherman Hub.	
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	(If adopted, list adoptive parents only)	
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)	
(b) Full maiden name of applicant's mother Yuna Fail Emment	(b) Full maiden name of applicant's mother Mary Helen Vackor	
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)	
Residence of mother (if deceased, so state) Secenced	Residence of mother (if deceased, so state) Judiana	
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Andiana	
ACKNOWLEDGMENT	ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable disease	
immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome).	
Signature of Applicant Sure July Date 2-14-97	Signature of Applicant X A. agree Juliard Date 2-14-	
	1 0	
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above	
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.	
Clerk of Court Date	Clerk of Court Date	
Charles of Indiana		
State of Indiana) I swear/affirm that the information given County of HENDRICKS / in this application is true and correct.	State of Indiana) I swear/affirm that the information give County of HENDRICKS in this application is true and correct the country of the co	
Signed Nearl X. Wight	Signed Si	
New Address X Surve	New Address X Sarvie	
Subscribed and sworn to before me this	Subscribed and sworn before me this 14 day of February 19 97	
Clerk of the HENDRICKS Circuit Court	Sharan Dugas Clerk of the HENDRICKS Circuit Con	
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign	
State facts which make the consent of the outer parent uninecessary	state facts which make the consent of the other parent unnecessary	
State of Indiana)	State of Indiana)	
County of HENDRICKS ss:	County of HENDRICKS ss:	
Father ID #	Father	
Mother ID #	Mother ID #	
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19	
Clerk	Cle	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the	
County	Court, by written order issued	
and filed in, authoriz		
	SE AND MARRIAGE CERTIFICATE	
I certify that there was filed in my office a marriage license issued by the Cl		
dated 2-14-97, authorizing the marriage of	Lari Lyman wright	
and Harriett Agnes Hubbard I, Sharon Dugan		
(date), atDanville	in Hendricks County, Indiana,	
_Carl Lyman Wright of _ Hendricks	County Indiana (state), and	

Shoroz Ougar

__ (date).

Indiana HENDRICKS

Hendricks County Clerk

_ County _

__ (official designation)

(state) were married by me as authorized

Clerk Circuit Court

County, Indiana, dated 2-14-97

Harriett Agnes Hubbard of Hendricks

Signed by: /s/ Sharon Dugan

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

Filed and recorded in accordance with the laws of the State of Indiana on 2-21-97

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County Yes Female Applicant 50 No X IC 31-7-9-1. Furnishing false information upon applying for license. If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician _ IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Fnd:ang State #6/12 Never Married OR No. of Previous Marriages Never Married Birth Certificate Other (Specify) No. Yes 🔲 Yes 🗌 Are you now or have you ever been adjudged to be of unsound mind? No 🗆 Yes 🗌 No 🗆 Yes 🗌 Yes 🔲 Yes 🔲 Yes 🗌 Yes 🗌 Yes 🔲 Yes 🗌 Birthplace of mother (State or foreign country) Common A The above applicant has objected to verifying by oath or affirmation or The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court Clerk of Court HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued _ and filed in_ , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of County, Indiana, 2-14-97 _, authorizing the marriage of _ George Eric Hieston

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

_(state), and _

(official designation)

(state) were married by me as authorized

Circuit Court

County, Indiana, dated 2-14-97

_ (name), certify that on ___ February 14, 1997

Hendricks County, Indiana,_

(date).

County Indiana

_ County __ Indiana

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

Sheri Lynn Hughes

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

Hendricks

Signed by: /s/ Sharon Dugan Hendricks County Clerk

Filed and recorded in accordance with the laws of the State of Indiana on 2-21-97

Hendricks

Sharon Dugan

George Eric Hieston

Sheri Lynn Hughes

(date), at ____ Danville

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No X A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** E Ilis Never Married OR No. of Previous Marriages Date 4 - 94 Date of birth verified by: Birth Certificate Other (Specify) Lianse Date of birth verified by: Birth Certificate Other (Specify) Are you now or have you ever been adjudged to be of unsound mind? Yes 🗌 Yes 🗌 No 🗆 Yes 🔲 If answer is "ves." has the adjudication been removed? Yes 🗌 Yes 🗌 Yes 🗌 Yes 🗌 Yes 🗌 Yes 🔲 Yes 🗌 untry Kentucki ner (if deceased, so state) Indiana ndiano Birthplace of mother (State or foreign country) Lebounon In ther (State or foreign country) Kentuc ACKNOWLEDGMENT have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of County, Indiana, Larry E. Ellis dated 2-18-97 _, authorizing the marriage of _ and __ Ina L. Ellis I, Robert B. Lutz

> Showsk Signed

Marion

County _

Hendricks

Marion

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

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

Indiana

Indiana

Judge

(date).

HENDRICKS

County, Indiana,

County, Indiana, dated

(state), and

(official designation)

(state) were married by me as authorized

Clerk Circuit Court

Ina L. Ellis

(date), at ___Indianapolis

Signed by: /s/ Robert B. Lutz

Larry E. Ellis

Clerk of Court

and filed in.

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59

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

Female Applicant 50 No X Yes
If No, Medical Examination or Report Dated 3-18-97
Name of Physician

Tolubor

MALE APPLICANT	FEMALE APPLICANT
Daniel First Jack Egelston Last	Name Chery/ First Ann Riddle 99/85 Last
Date of Birth Month 3-2-35 Year	Date of Birth Month 0 - 2 7 - 45 Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country) Indiana
Residence Address Pur Pura Danville HNKS IN	Residence Address Street or R.R. City County State 4012
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 1962	Last Marriage Ended By: Death Divorce Annulment Date 1972
Date of birth verified by: Birth Certificate Pother (Specify) Dr. Vers License	Date of 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 Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes," has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes Yes	2. Are you related to the male applicant closer than second cousin? No Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
Clavence Albert Footste	Marana Dandel (And ma
6. (a) Full name of applicant's father <u>Clarence</u> <u>Albert Egelston</u> (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father <u>Clarence</u> <u>Douglos</u> <u>Condor</u> (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) deceased	Residence of father (if deceased, so state) $4 e cegsed$
(b) Full maiden name of applicant's mother Mary Duress Craft	Birthplace of father (State or foreign country) In Jiang (b) Full maiden name of applicant's mother Nova Lillian Doxe
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) $4 eccsed$ Birthplace of mother (State or foreign country) $fen Tucky$	Residence of mother (if deceased, so state) FM 4 979 Birthplace of mother (State or foreign country) Kentucky
	The state of the s
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome). Signature of Applicant & Daniel Jack Egelston Date 187eb 97	immune deficiency syndrome). Signature of Applicant X August O Radio pate 318197
	ognition in production of the second of the
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss: oin this application is true and correct.	County of HENDRICKS ss: in-this application is true and correct.
Signed Nancel Jack Egelston New Address \$1733 Purpuya Wr Wanville Ind 46122	New Address X 1733 Purpura 190. Danville: \$ 46126
Subscribed and swift to before me this a day of Fe bruary, 19 97	Subscribed and sworm to before me this day of
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
	state lacts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS ss:	State of Indiana) Countried HENDRICKS ss:
Father ID #	County of
Mother ID # Subscribed and sworn to before me this day of 19	Mother ID # Subscribed and sworn to before me this day of 19
Clerk	Subscribed and sworn to before me this day or, 19
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authoriz	es and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cladated February 18, 1997, authorizing the marriage of	erk of the Circuit Court of HENDRICKS County, Indiana, Daniel Jack Egelston
and Cheryl Ann Riggles	I further certify that the following marriage certificate was filed in my office:
I,Susan D Link (date), at Danville	
Daniel Jack Egelston of Hendricks	County Indiana (state), and
Charrel Ann Digales . Handwicks	unty Indiana (state) were married by me as authorized
Signed by: Susan D Link /s/	Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	4-11-97 (date).
	Signed _ Sharon Ougan Clerk
	SignedClerk

_Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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

Female Applicant 50 No X Yes I If No, Medical Examination or Report Dated 3-15-96 Name of Physician 94. Ricks

MALE APPLICANT	FEMALE APPLICANT
Kent Darly Hatheld Last	Erika Com Berry
Date of Birth Month / 7-9-71 Year	Date of Birth Month 9-10 - 755 Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street of R.R. City Gounty State 46168	Residence Address Street or R.R. City County State 44/1
100 Master St. plainfuld Hooks IN	100 Waster St. Phispale House Ir
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify) Oriolas Linea
910	grand grand
1. Are you now or have you ever been adjudged to be of unsound mind? No 🔯 Yes 🗆	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes Yes Yes Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the influence of a narcotic drug? No Yes Yes Yes Yes Yes Yes Yes	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No D Yes No D Y
5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. No. Yes No. Yes
Marin En a Statter	On it B. H.
6. (a) Full name of applicant's father Alwy Freeman Natfield (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father David Burnett Burn (If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) Kentucky	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Dates B. Boyle	(b) Full maiden name of applicant's mother Saryan fattle Man
(If adopted, list adoptive parents only) Residence of mother (If deceased, so state)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Wisconscir
Birthplace of mother (State or foreign country). Kentuchy	Birthplace of mother (State or foreign country) Alosaia
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome)
Signature of Applicant X Kourt D. Hortfuld Date 2-19-97	Signature of Applicant XCALRA BULLY Date 2-19-97
The above applicant has objected to verifying by oath or affirmation or signature to the above	
acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss:	State of Indiana) I swear/affirm that the information given County of HENDRICKS ss: in this application is true and correct.
Signed A Kent D Hostfull	Signed X Elika a Molly
New Address A Source Subscribed and sworn to before me this 19 day of Followers 19 877	New Address X Dany
Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this day of Light Managery, 19 97 HENDRICKS Circuit Court
meros origan	show sugar
CONSENT OF PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
and the second of the second o	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of <u>HEADACKS</u>	County of HENDRICKS SS:
Father ID #	Father ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	Marriago licence having been refused to the chara newed water the
County	
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
DETUDU OF MADRIAGE MODILIO	
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cle	
dated 2-19-97, authorizing the marriage of	Kent Darby Hatfield
and Erika Ann Berry	I further certify that the following marriage certificate was filed in my office:
I, <u>Michael J. Harenza</u>	(name), certify that on April 5, 1997
(date), at Indianapolis Kent Darby Hatfield of Hendricks	_ in Marion County, Indiana,
Erika Ann Berry of Hendricks Con	unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 2-19-97
Signed by: /s/ Michael J. Harenza	
Filed and recorded in accordance with the laws of the State of Indiana on	4-16-97 (date).
	Signed Llarer Quear Clerk
	Signed HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 6

File 59

2-19-97

Date of Application

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

Female Applicant 50 No Yes
If No, Medical Examination or Report Dated /-/3-977
Name of Physician D4. David

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Rect Last	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Honth Day Day
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Indiana Adding 4641	- Indiana
Residence Address P Street or R.R. City County State	Residence Address Street of R.R. City County State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3	Previous Marital Status: Never Married OR No. of Previous Marriages 2
ast Marriage Ended By: Death Divorce M Annulment Date 1992	Last Marriage Ended By: Death Divorce Annulment Date 1996
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
ate of birth verified by: Birth Certificate Cother (Specify) IND TRIVERS LICENSE	Date of birth verified by: Birth Certificate Other (Specify)
. Are you now or have you ever been adjudged to be of unsound mind? No 🏋 Yes 🗆	
If answer is "yes," has the adjudication been removed?	Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes
. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? No Yes ☐	3. Are you now under the influence of an alcoholic beverage?
Are you now under the influence of a narcotic druo?	4. Are you now under the influence of a narcotic drug?
List the full names of any dependent children.	5. List the full names of any dependent children. Jordh Fligabilla for
1. h. R. t.	
(a) Full name of applicant's father fifth 1) (b) (if adopted list adoptive parallel only)	6. (a) Full name of applicant's father Slaving Jours Aveign
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother www.	(b) Full maiden name of applicant's mother 3 hours - Marion
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Indiana	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country) Indiana	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
nat are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
mune deficiency syndromey.	immune deficiency syndrome).
gnature of Applicant Association Date 419/9/	Signature of Applicant Description of Applicant 2-19
e above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
knowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
ork of Court Date	Clerk of Court Date
ate of Indiana) I swear/affirm that the information given	
ate of Indiana) I swear/affirm that the information given ss: ounty of HENDRICKS in this application is true and correct.	State of Indiana) I swear/affirm that the information given
Signed A Lonald Li Kecker	County of HENDECKS in this application is true and correct.
New Address 123 MARTIN DR DANVILLE TN	New Address A Z Marken In Jonuelle
bscribed and sworn to before me this	Subscribed and sworn to before me this 190 day of Fabruary. 19 97
Circuit Court	Circuit Court
NSENT OF PARENTS, PARENT, OR GUARDIAN	CONSTITUTE PROPERTY DESCRIPTION OF THE PROPERTY OF THE PROPERT
the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We the parents of this applicant hereby give consent for this provider. If you have been a second to this provider to the parents of the parents
te facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
ate of Indiana) Supply of HENDRICKS SS:	State of Indiana) Country of HENDRICKS ss:
	County of
ther ID # other ID #	FatherID #
bscribed and sworn to before me thisday of, 19	MotherID #
Clerk	Subscribed and sworn to before me this
OMPLETE IE MARRIAGE LICENSE ISSUED DV CORDE OF COLUMN	
County	marriage license having been refused to the above named parties, the
nd filed in authorize	es and directs the issuance of a marriage license to the above named parties.
	parties.
RETURN OF MARRIAGE LICENS	
certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana,
ated, authorizing the marriage of	Donald Franklin Rector
May Connie Jean Kreighbaum	. I further certify that the following marriage certificate was filed in my office:
Howard D. allen	(name), certify that on March 1, 1997
Donald Franklin Rector of Johnson	in Indiana County, Indiana,
Connie Jean Kreighbaum of Hendricks Con	unty Indiana (state) were recried by me as and
ider a marriage license that was issued by the Clerk of the Circuit Court of	unty Indiana (state) were married by me as authorized HENDRICKS County, Indiana, dated 2-19-97 Minister (official designation)
led and recorded in accordance with the laws of the State of Indiana on	3-6-97 (date).
	Signed_ Sharox Ougax Clerk
A Secretary of the second seco	HENDBICK
CE FORMS • SYSTEMS 1-800-382-8702 1477	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 662

File 59

Date of Application

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

Female Applicant 50 No X Yes
If No, Medical Examination or Report Dated 12-2-96

Name of Physician Malachometric

MALE APPLICANT	FEMALE APPLICANT
Name Pichael First Paul Andle Last	Name Kristing Kall Hettle Last
Date of Birth Worth Day J Year	Balle of Birth Month 7-21 Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address / Street or R.R. City County State HU68	Residence Address Street or R.R. City County State 4600
Previous Marital Status: Never Marriad OR No. of Previous Marriages	Previous Marital Status: Never Married & OR No. of Previous Marriages
Date of birth verified by: Birth Certificate Other (Specify) Diwbro Juliano	Date of birth verified by: Birth Certificate Other (Specify) Drivers Ficense
Are you now or have you ever been adjudged to be of unsound mind? Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes
If answer is "yes," has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Michael Paul Hartley for	6. (a) Full name of applicant's father flugged Williams Little
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother Nancy Elizabeth Seltae	(b) Full maiden name of applicant's mother Penelope Kathleen Fo
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country) Additional	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant & harboul P. Hartley Jr. Date 2/30/97	Signature of Applicant Austria & Settle Date 2/30/9
The shows applicant has chicated to varifying hy path as affirmation as signature to the phase	
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
New Address X 7021 Buick Dr. Indianopolis, IN 46214	New Address & 2081 BUICK PRIVE INDIANAPOLIS, IN 462
Subscribed and sworn to before me this 20 day of February, 1997	Subscribed and sworn to before me this 20 day of Sebruary , 19 97
Sharas begasterk of the HENDRICKS Circuit Court	Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) HENDRICKS SS:	State of Indiana)
County of HENDRICKS SS:	County of HENDRICKS SS:
Mother ID #	Father ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, the Court, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	
I certify that there was filed in my office a marriage license issued by the Cledated 2-20-97, authorizing the marriage of	
, danier Ling the marriage of _	
	I further certify that the following marriage certificate was filed in my office: (name), certify that on March 8, 1997 Hendricks
hand Band Handley To Handley	_ in Hendricks County, Indiana, County Indiana (state), and
stina Kay Little of Boone Con	unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ Glenn W. McDonald	HENDRICKS County, Indiana, dated 2-20-97
Filed and recorded in accordance with the laws of the State of Indiana on	4-1-97 (date).
of the distribution of the	11
	SignedClerk
	HENDRICKS Circuit Court

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.

_Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last Last	Delvice See Brocken
Date of Birth Month /- 3/- H/ Year	Date of Birth Month 10 - 29 - 55
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State #6/1/2	Residence Address Street or R.R. City County State 40/2
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
- ~ - m-	- ~00-
Last Marriage Ended By: Death Divorce Annulment Date 1975	Last Marriage Ended By: Death Divorce Annulment Date 1993
Date of birth verified by: Birth Certificate Other (Specify) Divivior dicense	Date of birth verified by: Birth Certificate Other (Specify) Drivers Julies
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? Note: Yes:
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No Yes □ No Yes □ No Yes □	2. Are you related to the male applicant closer than second cousin? Yes Yes Yes Yes
Are you now under the influence of an alcoholic beverage? Not Yes Are you now under the influence of a narcotic drug? Not Yes	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
Par Rouse of Priday	Mark the second of the second
6. (a) Full name of applicant's father Acid Augmonia Small (If adopted, list adoptive parents only) Accessed	6. (a) Full name of applicant's father Wingel Lewis Hall (If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) Allendes	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother filled fauline Callin	(b) Full maiden name of applicant's mother Juice Julie Brew
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only). Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country) Fllingia	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDOMENT
I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	Signature of Applicant X
Signature of Applicant A Current Date A 2017	Signature of Applicant X Date 2 20 9
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss. in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
New Address X 5805 N Co. P.D. 90/E TN Ha	Signed & Deline 5 Deline Securistics IN 46 New Address X 5805 N. Co. Rd. 901 E. BROWNSBURY IN 46
Subscribed and sworn to before me this	Subscribed and sworn to Gene me this 20 day of Elbruanu 19 97
Sharan Dugar Clerk of the HENDRICKS Circuit Court	Skaran Lugartierk of the HENDRICKS Circuit Court
CONCENT OF DISCUST OF SUPERIOR	
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS ss:	State of Indiana) Country of HENDRICKS ss:
Father ID #	County of ID #
Mother ID #	MotherID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
	A marriage license having been refused to the above named parties, the
and filed in	Court, by written order issued tes and directs the issuance of a marriage license to the above named parties.
and med in, authoriz	les and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	
datedFebruary 20, 1997, authorizing the marriage of	I further certify that the following marriage certificate was filed in my office:
I, Sharon Dugan	
(date), at Danville	_ in _ Hendricks County, Indiana,
Carlos Gene Snider of Hendricks	County Indiana (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	nunty Inidana (state) were married by me as authorized
	County Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	2/21/97 (date).
	Skarper D.
	Signed Clerk
	HENDRICKS Circuit Court

_Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS _ County

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

Female Applicant 50 No. 1 Yes
If No, Medical Examination or Report Dated 2-20-97

Name of Physician Archity

MALE APPLICANT Name () First (2) Middle (Last	FEMALE APPLICANT
Donald Matthew Waters	Miranda delivre Murs
Date of Birth Month 2 - 1/- 73	Days of Birth Month 10 - 27 - 174 Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State 4/1/17 RTRS N CD Rd 500 E P: TIShorth SINKS IN	Residence Address Street or R.R. City County State 46/61
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Marrieg TOR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
0	
Date of birth verified by: Sirth Certificate Other (Specify) William gicinse	Date of birth verified by: Birth Certificate Dother (Specify) Deivers Jicense
Are you now or have you ever been adjudged to be of unsound mind? Note: Yes:	Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? Yes
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No ✓ Yes □	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Donald Tynn Tuckers	6. (a) Full name of applicant's father Michael Genee Myth
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Florida
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Malinda Leak alexande	(b) Full maiden name of applicant's mother Melissa anne pelle
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country)	Birthplace of mother (If deceased, so state)
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome). Signature of Applicant XIVI Janda Myss Date 2-21-97
Signature of Applicant About Motor W 50 Date 2-21-97	Signature of Applicant XIVI Wanda Myra Date 2-21-97
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS Signed A Dentel Mitth W/A in this application is true and correct.	County of HENDRICKS in this application is true and correct. Signed X Mirondo Musus
New Address X 8594 NCR 500 E Pitts boro, IN 46167	New Address X 8594 N Co Rd 500 E D. Haboro, ING
Subscribed and sworn to before me this	Subscribed and sworn to before me this day of February, 19 97
Skoron Lugar Jerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID # ID #	Father
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authoriz	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cladated 2-21-97, authorizing the marriage of	erk of the Circuit Court of HENDRICKS County, Indiana,
andMiranda LeAire Myers	I further certify that the following marriage certificate was filed in my office:
I, Rober L. Stroup (date), at Danville	in Hendricks March 1, 1997
Denald Matthew Waters . Handwicks	in Hendricks County, Indiana, (state), and
Miranda LeAire Myers of Hendricks Co	unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 2-21-97
Signed by:/s/ Roger L. Stroup Filed and recorded in accordance with the laws of the State of Indiana on	
	Signed Clerk
	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No.	667
File	59
	2-21-97 Date of Application

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

Female Applicant 50 No Yes Use If No, Medical Examination or Report Dated 2-10-97

Name of Physician C: Dy Wills MD

MALE APPLICANT	FEMALE APPLICANT
Name First Middle, Last	Nama Ciest Middle Leet
Date of Birth Month Day Year	Date of Birth Month Day ROBERTS
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State /
461 N. WASHINGTON DAVVIllE HNDRKS IN	461 N. WAShing don DANVILLE HNORKS IN
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married POR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 6/3/9/	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Fother (Specify) DRIVERS LICENSE	Date of birth verified by: Birth Certificate Dother (Specify) DRIVERS LICENSE
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? Are you related to the female applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children. Athan: EL MC REEK 6. (a) Full name of applicant's father Will: Am Edward Mc REEK (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) The country The country The country The country Birthplace of mother (State or foreign country) The country The country	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. 6. (a) Full name of applicant's father RONALD RAYMOND ROBERTS (If adopted, list adoptive parents only) Residence of father (If deceased, so state) Birthplace of father (State or foreign country) Residence of mother (if deceased, so state) Birthplace of mother (If deceased, so state)
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 2/21/97	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS in this application is true and correct. Signed HENDRICKS in this application is true and correct. New Address HEIN Weshington Daville In Subscribed and swore to before me this 21 day of FEB , 19 97 Circuit Court	State of Indiana County of HENDRICKS Signed HENDRICKS New Address Subscribed and sworn to before me this Old Aday of HENDRICKS Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) SS:	State of Indiana)
County of HENDRICKS SS: Father ID #	County of
Mother ID #	Father ID # Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, the
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	F AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cledated, authorizing the marriage of	erk of the Circuit Court of HENDRICKS County, Indiana,
andStacey Ann Roberts	I further certify that the following marriage certificate was filed in my office:
// · · · · · · · · · · · · · · · · · ·	in Marion March 2, 1997 County, Indiana
Matthew Quinten McPeek of Hendricks	County Indiana (state), and
Stacey Ann Roberts of Hendricks Con	unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ Myron Barnard	
	3-6-97 (date)
	Signed Clerk
	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59

2-21.97

Date of Application

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

Female Applicant 50 If No, Medical Examinat	No 🔊	Yes □ 2-19-97	
Name of Physician	OR KERL,		

MALE APPLICANT	FEMALE APPLICANT
Name BENTAMIN JOHN MULDER	Name JULIE MARIE BANISTER
Date of Birth Month Day Year Year JANUARY 20 1974	Date of Birth SEPTEMBER 15 1974
Place of Birth (State or foreign country) NETHERLANDS	Place of Birth (State or foreign country) THOLAPA
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
340	4456 CORD 525 W NORTH SALEM IND (HENDRICKS
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married 000 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) CANADIAN DRIVERS LICENSE	Date of birth verified by: Birth Certificate Other (Specify) Thin AND DKINES LICENSE
<u> </u>	
Are you now or have you ever been adjudged to be of unsound mind? No Yes	Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐ If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin? 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 Ves	4. Are you now under the influence of a narcotic drug? No 🔼 Yes 🗌
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of applicant's father BEREND JAN MULDER	6. (a) Full name of applicant's father HARWELL FINLEY BANISTER
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) ON TARLY CANADA Birthplace of father (State or foreign country) NETHER LANDS	Residence of father (If deceased, so state)
(b) Full maiden name of applicant's mother QIHELMINA C. BOUT	(b) Full maiden name of applicant's mother KAY KLEINER
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) NOVA SOTIA CANADA	Residence of mother (if deceased, so state) INDIANA
Birthplace of mother (State or foreign country) NETHERLANDS	Birthplace of mother (State or foreign country) OHI 3
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Designaria J. Attoobet Date 2/21/97	immune deficiency syndrome)
Signature of Applicant & Benjamin J. Market Date 2/21/97	Signature of Applicant Dale 2/21/97
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS SS: in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed Denjemin 1. Modelte	signed Yulio Bavisa
New Address /53 PIERCE'ST APT 5 W. LAFAYETTE, IN 47906 Subscribed and sworn to before me this	New Address 153 PIERCE ST APT 5 () LAFAYETTE TO 478 Subscribed and sworn to before me this 21 day of FEBRUARY 1997
Subscribed and sworn to before me this	Subscribed and sworn to before me this 2/ day of FORKLARY , 19 97 Clerk of the HENDRICKS Circuit Court
more sugar	Maran Great
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of
Father ID #	Father ID #
Mother ID # Subscribed and sworn to before me this day of, 19	MotherID #
Subscribed and sworn to before me this	Subscribed and sworn to before me this day of, 19
A SEAS PROBLEM SEASON AND AND AND AND AND AND AND AND AND AN	
	A marriage license having been refused to the above named parties, the
and filed in, authorize	Court, by written order issued
and med in, addition28	as and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana,
dated 2-21-97, authorizing the marriage of	Benjamin John Mulder
andJulie Marie Banister	I further certify that the following marriage certificate was filed in my office:
I, Russell F. Allanson (date), at North Salem	in Hendricks County Indiana
Benjamin John Mulder of Halifax	County Nova Scotia (state), and
Julie Marie Banister of Hendricks Con	unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 2-21-97
Signed by: /s/ Russell F. Allanson Filed and recorded in accordance with the laws of the State of Indiana on	,Minister (official designation)
The and recorded in decordance with the taws of the state of Indiana on	3-17-97 (date).
	Signed Sharar Dugar Clerk
	Signed Clerk HENDRICK Circuit Court
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59
2-24-97

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

Female Applicant 50 No 🗵 Yes 🗆
If No, Medical Examination or Report Dated 70-10-96
Name of Physician Dr. Payma

MALE APPLICANT	FEMALE APPLICANT
Mark Wayne Enliss Iv.	Name First Spears Middle Last
Date of Birth Mooth 11-5-75	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State 4(17)	
100 W. fincoln hamille HMK IN	1106 W. director Warnille House In
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married P 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. Vers L. Cense	Date of birth verified by: Birth Certificate Other (Specify) Drivers Jichne
Are you now or have you ever been adjudged to be of unsound mind? No	Are you now or have you ever been adjudged to be of unsound mind? Nd Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? No Yes Yes No Yes Yes	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Res Ves Ves Ves Ves Ves Ves Ves Ves Ves V
5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. 2achaul Stonahlen
	Spears - Sperif
6. (a) Full name of applicant's father Mark Tukulang Euliss for	2000 00000
6. (a) Full name of applicant's father flower than the first souls of	6. (a) Full name of applicant's father family Telefold Species and
Residence of father (if deceased, so state)	(If adopted, list adoptive pareits only) Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) Andiana	
(b) Full maiden name of applicant's mother Civita Ellis	Birthplace of father (State or foreign country) And same (b) Full maiden name of applicant's mother Communication for applicant is mother to the same of applicant in the same of applicant is mother to the same of applicant in the same of applicant is mother to the same of applicant in the same of applicant is mother to the same of applicant in the same of applicant is mother to the same of applicant in the same of applicant is mother to the same of applicant in the
(If adopted, list adoptive parents only) Residence of mother (if deceased so state)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
	Samples of total of total of total of the control o
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases
immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X / Marke Mr. Julius 11. Date 2/24/97	Signature of Applicant X Kelly & Splan Date 2-24-97
	00 3
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above
Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court
Michigan and Antique Manager of the Control of the	Date
State of Indiana) I swear/affirm that the information given County of HENDRICKS ss:	State of Indiana) I swear/affirm that the information given
County of HENDRICKS In this application is true and correct. Signed X Manh M. Later T.	County of HENDRICKS in this application is true and correct.
New Address X Same	New Address X Sum
Subscribed and sworn to before me this	Subscribed and sworn to before me this 74 day of Fuhruan 19 97
Shorov Digas elerk of the HENDRICKS Circuit Court	Show Sugar Blerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	
County of HENDRICKS ss:	State of Indiana) County of HENDRICKS ss:
Father ID #	Father
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties the
County	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County Indiana
dated 2-24-97, authorizing the marriage of	Mark Wayne Euliss, Jr.
and Kelley Jo Spears I, P. Michael Thornburg	I further certify that the following marriage certificate was filed in my office:
(date), at Danville	in Hendricks County Indiana
Marie Marie Proline To the day 1	Indiana County, matura,
Kelley Jo Spears of Hendricks Cou	unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 2-24-97
Signed by: /s/ P. Michael Thornburg	4-1-97 (data) (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	(aue).
	Sharpan .
	Signed Sharor Ougax Clerk

Clerk of Court

and filed in

(date), at Indianapolis

Andrew T. Crawley

Signed by: /s/ Howard Burt

I, _

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** County Female Applicant 50 No Yes I If No, Medical Examination or Report Dated IC 31-7-9-1. Furnishing false information upon applying for license. Yes A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician _____ Pr. clark IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Artrew Andrew Indiana anvillation Never Married OR No. of Previous Marriages OR No. of Previous Marriages Date of birth verified by: Birth Certificate Other (Specify) Date of birth verified by: Birth Certificate Other (Specify) Sowers Drivers ucense No D Yes 🔲 Yes 🗌 Yes 🗌 No 🗌 Yes 🗌 Yes 🗌 Yes 🗌 Yes 🗌 Yes 🗌 Yes 🔲 (a) Full name of applicant's father Coru father (State or foreign country) hentucku ACKNOWLEDGMENT ACKNOWLEDGMENT have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or HENDRICKS HENDRICKS HENDRICKS _ Circuit Court Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN HENDRICKS ID #_ 10 #3/3 - 28 - 1/11 COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ County _ Court, by written order issued , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS County, Indiana, and ___ Kari S. Andrew . I further certify that the following marriage certificate was filed in my office:

(name), certify that on February 27, 1997 Howard Burt _ (name), certify that on _

in ___Marion

County _Indiana

3-7-97

Indiana

Minister

_ (date).

Sharor Dugar

HENDRICKS

_ County ____

Signed

Hendricks

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

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

Hendricks

County, Indiana,

_(state), and

(official designation)

(state) were married by me as authorized

Clerk

Circuit Court

County, Indiana, dated 2-24-97

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

<u>HENDR</u>	ICKS County File 5	9
	Date	of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No X Yes If No, Medical Examination or Report Dated Name of Physician Dr. Clark	7-27-97
	FEMALE APPLICANT	
MALE APPLICANT Name First Middle Last	Name First Middle	ndrew
Date of Birth (State or foreign country) Place of Birth (State or foreign country) Residence Address Streat or R.R. City County State	Place of Birth (State or foreign country). Place of Birth (State or foreign country). Street en B B City County	State IN
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages	
Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment	Date
The state of the s		
COUNTY OF HENDRICKS) 1997 TERM CAUSE NO. IN RE: THE MATTER OF:) ANDREW CRAWLEY,) AND) KARI SUE ANDREW,)	S COUNTY SUPERIOR COURT 2 32 DOZ - 9702 - MI-26	No
Petitioners.		boodall
ORDER		
Comes now the Petitioners, Andre		The manual second
Andrew, having filed their Petition for		municable diseases
of Hendricks County to issue a Marriage		Date 2-24-9
Court being duly advised now Orde		nature to the above
County to issue a Marriage License to		pate
Crawley and Kari Sue Andrew, if applica	tion is made.	at the information given
104/1		ation is true and correct.
so ordered, this 19th day of Et	fluster , 1997.	. 19
Manager Street, Street	A los hegestre - The	Circuit Court
JUDGH, HEI	NDRICKS SUPERIOR COURT 2	only one parent signs,
Melvin R. Lind Attorney at Law		? - 78 - 1111
Atty #: 8839-32 105 N. Washington St.		, 19Clerk
P.O. Box 285 Danville, IN 46122		med parties, the
(317) 745-4164		e named parties.
		County, Indiana,
		filed in my office:
		997
		me as authorized
		-24-97
		Clerk
		Circuit Court

HENDRICKS County

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

Female Applicant 50 No Yes I If No, Medical Examination or Report Dated 2-17-971
Name of Physician 21 Westbury

Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name Villiam Davisor Cummings	Name First Floring Middle Last
Date of Birth Month 8-17- 49	Date of Birth Month // Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Besidence Address A Street or R.R. City County State 41158	Besidence Address O Street or R.R. City County State #6/3
3007 & 40 Rd 600 & Movesville HANKS IN	8007 & 90 Rd 600 & Moresville Hnops IN
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married ☐ OR No. of Previous Marriages ②
Last Marriage Ended By: Death Divorge Annulment Date 1991	Last Marriage Ended By: Death Divorce Annulment Date 1991
Date of birth verified by: Birth Certificate Other (Specify) DY: Vers License	Date of birth verified by: Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? Note: Yes:
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? No Yes	2. Are you related to the male applicant closer than second cousin? No Yes Yes No Yes Ye
. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
List the full names of any dependent children. Afril Ann Cummings	5. List the full names of any dependent children. and la Rose Decker
	Justin Michael Decher
(a) Full name of applicant's father Clargence Davrow Cumpling	6. (a) Full name of applicant's father Charles Robert For
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Declared	Residence of father (if deceased, so state) Diclosed
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Mary Const Navius	(b) Full maiden name of applicant's mother Wiginia Rosemany
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) **Licitation** Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
at are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired nature deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
gnature of Applicant Affellan (Clumy Date 2-24-97	Signature of Applicant X SUNGO COLLA Date 2:2497
he above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
cknowledgment because of religious beliefs. Date	acknowledgment because of religious beliefs. Clerk of Court
	Date
itate of Indiana) I swear/affirm that the information given	State of Indiana) see:
county of HENDRICKS in this application is true and correct.	County of HENDRICKS in this application is true and correct.
New Address Y SAPPE	Signed Same
ubscribed and sworn to before me this 24 day of Electronics 19 97	Subscribed and sworn to before me this 34 day of February , 1997
HOLON DUGAN Clerk of the HENDRICKS Circuit Court	Chrk of the HENDRICKS Circuit Court
	- July
ONSENT OF PARENTS, PARENT, OR GUARDIAN e, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN
ate facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
ate of Indiana)	State of Indiana)
ounty of HENDRICKS ss.	County of HENDRICKS SS:
ther	Father ID #
ubscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of
Clerk	Clerk
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
nd filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	F AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the Cle	
ated, authorizing the marriage of	William Darrow Cummings County, Indiana,
ndSusan Elaine Wert	I further certify that the following marriage certificate was filed in my office:
Myron Barnard	(name), certify that on March 29, 1997
date), atGreenwood Hilliam Darrow Cummings of Hendricks	
	Countyindiana(state), and untyIndiana(state) were married by me as authorized
nder a marriage license that was issued by the Clerk of the Circuit Court of	
igned by: /s/ Myron Barnard	,Judge (official designation)
iled and recorded in accordance with the laws of the State of Indiana on	4-1-97 (date).
	Jana Proces
	Signed Clerk
	HENDRICKS Circuit Court

Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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

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

MALE APPLICANT	FEMALE APPLICANT
Name One First & Middle + One Last	Nagney First Middle Last
Date of Birth Month Say Chille	Date of Birth J Morith Day Year
Place of Birth (State or foreign country) A	Place of Birth (State or foreign country)
Resistence Address. Street or R.R., City County State 41/1/15	Residence Address Street or R.R. City County State HIII
8233 State Road 236 North Salem Noirs Fr	8233 St. Rd 236 No. Solem HINK 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 X Annulment Date 1996	Last Marriage Ended By: Death Divorce Annulment Date 1995
Date of birth verified by: Birth Certificate Other (Specify) Drivers License	Date of birth verified by: Birth Certificate Other (Specify) Drivers Jicense
Are you now or have you ever been adjudged to be of unsound mind? No Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes Yes Yes Yes Yes Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? No Yes Yes No Yes Yes No Yes Yes	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? Yes Yes
5. List the full names of any dependent children. Megan Marie Mitchell	5. List the full names of any dependent children. Mean Fynn Clones Morgan Taylor Clones
a silver de mitchell	Receiled Otales To De
6. (a) Full name of applicant's father away ful hypothetic (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father formald floating for august (If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Andianae
(b) Full maiden name of applicant's mother Mary your Meller (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother Couldyn Sur Molinic, (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Andiana	Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Andicase.	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant x Kandbell Lee // Litchell Date 2-25-97	Signature of Applicant Analysis Signature of Applicant Analysi
	00
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	State of Indiana) I swear/affirm that the information given County of HENDRICKS) ss: on this application is true and correct.
New Address X 8233 2 to lo Rd 236 North Salans	Signed X Dacy Clonch
New Address X 8 2 3 3 4 6 16 Rd 256 160 16 26 26 26 26 26 26 26 26 26 26 26 26 26	Subscribed and sworn to before me this 75 day of Fuburary, 19 87
HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
Sender 2 - g	samo Dugan
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs.	CONSENT OF PARENTS, PARENT, OR GUARDIAN
state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS ss:	State of Indiana) Countries HENDRICKS SS:
Father ID #	County of
Mother ID #	MotherID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me thisday of, 19
	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	
and filed in, authorize	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties
RETURN OF MARRIAGE LICENS	
I certify that there was filed in my office a marriage license issued by the Cle dated 2-25-97, authorizing the marriage of	Randall Lee Mitchell County, Indiana,
and Tracy Lynn Cloncs	I further certify that the following marriage certificate was filed in my office:
I, Sheldon Meier, Jr.	(name), certify that on March 5, 1997
Randall Lee Mitchell of Hendricks	_ in Hendricks County, Indiana, County Indiana (state), and
Tracy Lynn Cloncs of Hendricks Con	unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 2-25-97
Signed by: /s/ Sheldon Meier, Jr. Filed and recorded in accordance with the laws of the State of Indiana on	
of manual of manual of	11.
	Signed Staroz Vugax Clerk
	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59
Date of Application

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

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

Name of Physician ______

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Norm Last	Nago lia ann Sparleder Last
Date of Bigff) Month H-19-72 Year	Bate of Birth Month 5-2 2-73
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address / Street or R.R. City County State 46/32	Residence Address D Street or R.R. City County State
1433 N CURY 475 & Panville HANKS IN	_ 5089 Suntington Dr. Carmel Semillon to
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Control (Specify)	Date of birth verified by: Birth Certificate Other (Specify) Ortioles License
- A Diversignance	- A www Jumpe
Are you now or have you ever been adjudged to be of unsound mind? No™ Yes □	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes Yes Yes Yes Yes Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
	- 01 (+ 1 - 00
6. (a) Full name of applicant's father William Nalph fellow	6. (a) Full name of applicant's father Dase Frenest Sporlede
(If adopted, list adoptive parents only) Residence of father (if deceased, so state Andianae	(If adopted, list adoptive parents only) Residence of father (if deceased, so state)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother Down Confert	(b) Full maiden name of applicant's mother Lindon fue Charles
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Indiana	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country) Schinger	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	Signature of Applicant X Juliu Sport de Date Z-25-97
Signature of Applicant X Date Date	Signature of Applicant Date
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed & Dryr d. Fell	Signed 4 Yuli Sportale
New Address X 400 - 24 Mahone St. Durhom, NC 27713 Subscribed and sworn to before me this 25 day of February, 1997	New Address × 400 Mahone St. Apt. 27 Durham, NC 27713 Subscribed and sworn to before me this 25 day of February, 1997
Subscribed and sworn to before me this day of February, 19 4 HENDRICKS Circuit Court	Subscribed and sworn to before me this
Thoron Organ	Margar (march)
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me this day of, 19 Clerk
	Maria y and the state of the st
	A marriage license having been refused to the above named parties, the
and filed in authorize	Court, by written order issued zes and directs the issuance of a marriage license to the above named parties.
	The same shows the local field in the larger meaning and the same shows the same
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	
dated 2-25-97 , authorizing the marriage of andJulie Ann Sporleder	
I. Robert Jacobs	I further certify that the following marriage certificate was filed in my office: (name), certify that onApril 12, 1997
(date), atCarmel	in Hamilton County, Indiana,
Bryan Lee Pellom of Hendricks	County Indiana (state), and
	ounty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	
Signed by:/s/ Robert Jacobs Filed and recorded in accordance with the laws of the State of Indiana on	,
Thea and recorded in accordance with the laws of the state of Indiana on_	(aute).
	Signed Clerk
	HENDRICKS Circuit Court

HENDRICKS County Female Applicant 50 No D Yes If No, Medical Examination or Report Dated 8-12-96 Name of Physician _ **FEMALE APPLICANT** Death 🗌 Birth Certificate Other (Specify) Note Yes Yes 🔲 No 🗆 No 🗆 Yes 🔲 Yes 🗌 No Yes No B Yes 🗌 No DE Yes 🔲 No A Yes 🗌 No 1 Yes 🔲 Not Yes 🗌 **ACKNOWLEDGMENT** information regarding dangerous communicable diseases that I have received information regarding dangerous communicable diseases

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. MALE APPLICANT Goon Death Annulment narana ate or foreign country) Indiana

ACKNOWLEDGMENT

The above applicant has objected to verifying by oath or affirmation Clerk of Court Clerk of Court State of Indiana day of February, 19 97 CONSENT OF PARENTS, PARENT, OR GUARDIAN State of Indiana HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued _ and filed in_ , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE . County, Indiana, , authorizing the marriage of _

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated 2-26-97 authorizing the marriage of Lawrence Herbert Rice and _ Jeanne Ann Hunt . I further certify that the following marriage certificate was filed in my office: I, Debra A. Hedrick (name), certify that on February 26, 1997
Hendricks County, Indiana. (date), at __ Danville County, Indiana,. Indiana Lawrence Herbert Rice County (state), and Hendricks Indiana Jeanne Ann Hunt (state) were married by me as authorized County. under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated _ 2-26-97 Signed by: /s/ Debra A. Hedrick 1st, Deputy Clerk (official designation) Filed and recorded in accordance with the laws of the State of Indiana on_ (date).

Circuit Court

Clerk

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59

Date of Application

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

Female Applicant 50 No. Yes
If No, Medical Examination or Report Dated 3-6-97

Name of Physician D. Harris

_Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name Last First Middle Moule Last	Name Kathleen Middle Ford
Date of Birth Month Hand Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Indiana	Allimals
Besidence Address Street or R.R. City County State 46000	Residence Address Street og R.R. City County State HWS
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 1997	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? Yes If answer is "yes," has the adjudication been removed? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6 (a) Full name of applicant's tather Laguid Mucher	6 (a) Fill some of any transition and a chief of the
6. (a) Full name of applicant's father fathers Stuties (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father within Neal Four
Residence of father (if deceased, so state) Alclased	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country), Surmany	Birthplace of father (State or foreign country) Penniesco
(b) Full maiden name of applicant's mother Butha Lang	(b) Full maiden name of applicant's mother Frida planche
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
l acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
mmune deficiency syndrome). M. & L L L 2222	immune deficiency syndrome). La Hallan & Jand > 32
Signature of Applicant X Wilbert & Kruber Date 2.27.97	Signature of Applicant X TOUNIEM & TOWn Date 2-27
The shove applicant has objected to varifying by oath as alliquid.	
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above
Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
	Charles of the Control of the Contro
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS in this application is true and correct.	County of HENDRICKS ss: un this application is true and correct.
New Address X Same	Signed A TUTALLIN W YORK
Subscribed and sworn to before me this 27 day of February 1997	New Address A SAMME THE STATE OF THE STATE O
Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this day of August 19 97
haron bugan	Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) South of HENDRICKS ss:	State of Indiana) Countried HENDRICKS SS:
County of RENDERES 1D #_	County of
Aother	Father ID #
Subscribed and sworn to before me thisday of, 19	MotherID #
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the
County	Court, by written order issued
, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSI	E AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the Cle	rk of the Circuit Court of HENDRICKS County, Indiana,
lated 2-27-97 , authorizing the marriage of	Albert Louis Gruber
nd <u>Kathleen Gail Ford</u>	I further certify that the following marriage certificate was filed in my office:
, <u>Kenneth Smith</u>	(name), certify that on March 22, 1997
(date), atDanville	in Hendricks County, Indiana,
Albert Louis Gruber of Hendricks	County Indiana (state), and
Kathleen Gail Ford of Hendricks Cou	
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 2-27-97
Signed by: /s/ Kenneth Smith	
iled and recorded in accordance with the laws of the Control of the	
Filed and recorded in accordance with the laws of the State of Indiana on	igned (date). Clerk

HENDRICKS County

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

Female Applicant 50 No Yes I If No, Medical Examination or Report Dated 3-34-97 Name of Physician Dr. Kintly

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last . A	Name , First Middle Last
Day of Birth Day Year	Date of Birth Month Day Year
7-17-75	Date of Birgh Month /1-13-77 Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State 46/02	Residence Address Street or R.R. City County State 46
344 Muadow M. Apr 3 Vanille HINKS IN	344 Measur Dr. Opt 3 Danielle Holps In
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Deirth Certificate Dether (Specify)
- wagnener	- The purite queline
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? Yes Yes
If answer is "yes," has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? Yes Yes	If answer is "yes," has the adjudication been removed? No Yes □ 2. Are you related to the male applicant closer than second cousin? No Yes □
3. Are you now under the influence of an alcoholic beverage?	2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? Note: Yes: Yes: Yes: Yes: Yes: Yes: Yes: Ye
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children	5. List the full names of any dependent children
6. (a) Full name of applicant's father Saseph W. Mussich	And I st Dage
(If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Nathmond S. page (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Andiana	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) Andiama	Birthplace of father (State or foreign country) Kentury
(b) Full maiden name of applicant's mother Bonnie Lynn Foutch	(b) Full maiden name of applicant's mother Rita Faye perler
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Judigma
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Judiana
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome).
Signature of Applicant X Jonathon Foutch medsurate 2/27/97	Signature of Applicant ADOLUNG Stock Date 2/27
The shave applicant has chiested to verifying by eath as Alicentia	0
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
	THE RESERVE OF THE PROPERTY OF
State of Indiana) I swear/affirm that the information given ss:	State of Indiana) I swear/affirm that the information given
in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed A Gonathon Jourch McDick New Address X SAME	Signed Not Work Stage.
Subscribed and sworn of before me this 37 day of February, 19 97	Subscribed and sworp to before me this day of Subscribed and sworp to before me this day of Subscribed and sworp to before me this day of Subscribed and sworp to before me this day of Subscribed and sworp to before me this day of Subscribed and sworp to before me this day of Subscribed and sworp to before me this day of Subscribed and sworp to before me this day of Subscribed and sworp to before me this day of Subscribed and sworp to before me this day of Subscribed and sworp to before me this day of Subscribed and sworp to before me this day of Subscribed and sworp to before me this day of Subscribed and sworp to before me this day of Subscribed and sworp to before me this day of Subscribed and sworp to before me this day of Subscribed and sworp to before me this day of Subscribed and sworp to before me this day of Subscribed and sworp to be sub
Circuit Court	Stars Organ Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana	State of Indiana
County of HENDRICKS ss:	County ofHENDRICKS ss:
Father ID #	FatherID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above and a live
County	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties
	(1) 10 10 10 10 10 10 10 10 10 10 10 10 10
RETURN OF MARRIAGE LICENSI	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	rk of the Circuit Court of HENDRICKS County, Indiana,
dated 2-27-97, authorizing the marriage of	I further contiff that the full minutes in the
and Hope Ann Page I, Stevan W. Ranson	
(date), at Hazelwood	in Hendricks County Indiana
Johathon Fouten Messick of Hendricks	County Indiana (state), and
Hope Ann Page of Hendricks Cou	inty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County Indiana dated 2-27-97
Signed by: /s/ Stevan W. Ranson	
Filed and recorded in accordance with the laws of the State of Indiana on	3-21-97 (date).
	Sharar (hear)
	iignedClerk
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

of IC 31-7-3 APPLICATION FO	R MARRIAGE LICENSE
HE	NDRICKS County File 59
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license	Female Applicant 50 No 🗆 Yes 🗆
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under	e If No, Medical Examination or Report Dated
IC 31-7-3 commits a Class D felony.	
MALE APPLICANT	FEMALE APPLICANT
Paric Dean From plater Last	Name First Middle Last
Date of Birth Month 7-16-74	Date of Birth Month Day Year Place of Birth (State or foreign country)
Residence Address Street of R.R. 4 City County State 4633	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Spevious Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Dother (Specify) Drivers Jicens	Date of birth verified by: Sirth Certificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No Yes □ No Yes □ Yes □	
4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. Yes	Are you now under the influence of a narcotic drug? No Yes List the full names of any dependent children.
6. (a) Full name of applicant's father— Linux Titor Trouvelle	6. (a) Full name of applicant's father (If adopted, list adoptive/parents only)
Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother forements Morpheur	(b) Full maiden name of applicant's mother
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Andrease	(If adopted, list/adoptive parents only) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country) Indiana	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable disease	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Date	Signature of Applicant Date
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court pate	Clerk of Court Date
State of Indiana) I swear/affirm that the information give County of HENDRICKS) in this application is true and correct	HENDRICKS SS:
Signed	Signed New Address
Subscribed and sworn to before me this	Subscribed and sworn to before me this day of, 19
CONSENT OF PARENTS, PARENT, OR GUARDIAN	Thorox Dugan
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs	
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS)	State of Indiana County of HENDRICKS ss:
Father ID #	Father ID # ID #
Subscribed and sworn to before me this	Subscribed and sworn to before me this
· · · · · · · · · · · · · · · · · · ·	T. A marriage license having been refused to the above named parties, the
County	Court, by written order issued
	orizes and directs the issuance of a marriage license to the above named parties. ENSE AND MARRIAGE CERTIFICATE
I 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,(date), at	in (name), certify that on County, Indiana,
	County (state), and county (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court Signed by:	of
Filed and recorded in accordance with the laws of the State of Indiana on	(date).
	Signed Sharor Dugar Clerk
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	HENDRICKS Circuit Court

Circuit Court

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

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 NO A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under **FEMALE APPLICANT** MALE APPLICANT No Yes No 🗆 Yes 🗌 No 🗆 Nota Yes 🗌 No B Yes 🔲 Noth Yes 🗌 ACKNOWLEDGMENT that I have received information regarding dangerous com HENDRICKS . 19 97 HENDRICKS

Divorce 🗌 Annulment Death Last Marriage Ended By: Yes 🗌 Yes 🗌 Yes 🗌 Yes 🗌 ACKNOWLEDGMENT that I have received information regarding dangerous com State of Indiana CONSENT OF PARENTS, PARENT, OR GUARDIAN COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued_ and filed in_ authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRI dated 2-28-97 authorizing the marriage of Michael Keith Wethington County, Indiana, I further certify that the following marriage certificate was filed in my office: (name), certify that on March 1, 1997 and __ Jennifer Lee Witt _ (name), certify that on _ Marion I, Douglas L. Talley (date), at ____Indianapolis County, Indiana, Michael Keith Wethington of Hendricks Indiana County _ _(state), and Indiana (state) were married by me as authorized 2-28-97 Jennifer Lee Witt Hendricks under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated Minister_ (official designation) Signed by: /s/ Douglas L. Talley Filed and recorded in accordance with the laws of the State of Indiana on. Signed Clerk

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59

Date of Application

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

Female Applicant 50 No Yes I If No, Medical Examination or Report Dated 2-28-97 Name of Physician D4. Callicatt

MALE APPLICANT	FEMALE APPLICANT
Name First Lon Middle Denniam Last	Name of Surada First Lynn Elwanda
Totale of Birth Month 2 1/2 (Day Year	Date of Birth Month 1-26 - 65
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State #6/68	Residence Address Street or R.R. City Sounty State ###168
8 Michael Dr. apt B f Ha Assaps IN	as Michael Dr. Apr & fla House 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 1986	Last Marriage Ended By: Death Divorce Annulment Date 1996
Date of birth verified by: Birth Certificate Dother (Specily) Drivers dicanse	Date of birth verified by: Birth Certificate Other (Specify) Drivers License
Are you now or have you ever been adjudged to be of unsound mind? No X Yes Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐	2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? Yes
4. Are you now under the influence of a narcotic drug2 No. ■ Yes ■	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children. Alicy Jennelle.	5. List the full names of any dependent children. Christing Marie Will Torock allen Edwards
6. (a) Full name of applicant's father David Lagar Dennison	6. (a) Full name of applicant's father Roger alkan Mille
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Indiana	Residence of father (if deceased, so state) declared
Birthplace of father (State or foreign country). When the state of the	Birthplace of father (State or foreign country) Jname (6) (b) Full maiden name of applicant's mother Domina Juan Call
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Sudiana
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Andiana
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Juane L. Cennison Date 2-28-97	immune deficiency syndrome). Signature of Applicant Abubacah J. Eduraldo Date 2.2897
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swearlaffirm that the information given	
State of Indiana) I swear/affirm that the information given County of HENDRICKS in this application is true and correct.	State of Indiana County of HENDRICKS Ss: Is wear/affirm that the information given in this application is true and correct.
Signed A Muane L. Vennson	Signed A Willaguth 4 - Cawaras
Sybscribed and sympto before me this 28 day of February, 19 97	New Address & Same
ABOON DUGAN Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to defore me this day of February 19 47 Clerk of the HENDRICKS Circuit Court
A CONTRACTOR OF THE PARTY OF TH	
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs.	CONSENT OF PARENTS, PARENT, OR GUARDIAN
state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) County ofHENDRICKS) ss:	State of Indiana) State of Indiana) State of Indiana) State of Indiana)
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
, addition	s and directs the issuance of a marriage needs to the above named parties.
	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cledated, authorizing the marriage of	Price of the Circuit Court of HENDRICKS County, Indiana, Duane Leon Dennison
	I further certify that the following marriage certificate was filed in my office: (name), certify that on March 22, 1997
	Managan
(date), at <u>Crown Center</u> Duane Leon Dennison of Morgan	_ inMorgan County, Indiana,
Deborah Lynn Edwards of Hendricks Con	unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 2-28-97
Signed by:/s/ Homer E. Henderson Filed and recorded in accordance with the laws of the State of Indiana on	, Minister (official designation)
the data recorded in accordance with the taws of the state of Indiana on	16 10 2 (O 10 2 2 2)
	Signed Clerk
BOYCE FORMS * SYSTEMS 1-800-382-8702 1477	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59

Date of Application

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

Female Applicant 50 No X Yes
If No, Medical Examination or Report Dated 2-18-97

Name of Physician Date Black

MALE APPLICANT	FEMALE APPLICANT
Name) First Which and Middle Daniel Last	Nerge First Han Danses Last
Date of Birth Month Day Year	Date of Birth Month To Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
maiana	Indiana
Residence Address Street or R.R. City County State Tells	Residence Address Street or R.R. City County State HVII.
Previous Marital Status: Never Married OR No. of Previous Marriages 2	Previous Marital Status: Never Married ☐ OR No. of Previous Marriages ☐
Last Marriage Ended By: Death Divorce Annulment Date 1993	- ¥ - 1001
	1 - 1711
Date of birth verified by: Birth Certificate Other (Specify) Social Security and	Date of birth verified by: Birth Certificate Other (Specify) Discuss Jicens
Are you now or have you ever been adjudged to be of unsound mind? Note Yes □ Yes □ Yes □ Yes □ Yes □ Yes □	Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No. Yes Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Lavy Gene Paniels	6. (a) Full name of applicant's fathe Coulin Wigh Lowson
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother property for the supplier of adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother was a supplication of applicant's mother was a supplication of applicant's mother was a supplication of application of applications
Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Andiama
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant X AMMY 14 Cancillo Date 2:28:97	immune deficiency syndrome). Signature of Applicant Date 2-28-
VIOLET	organistic of Applicant
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS ss: / in this application is true and correct.
Signed A Mayer James	Signed A Francis Clark
Subscribed and sworn to before me this 3 day of February, 19 977	New Address State State Control Contro
Subscribed and sworn to before me this day of February, 19 417 HENDRICKS Circuit Court	Subscribed and sworn to before me this S day of February, 19 9 7 Cherk of the HENDRICKS Circuit Court
shows bugan and the	straight bugan of the Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana	
County of HENDRICKS ss:	State of Indiana) County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana.
dated 2-28-97, authorizing the marriage of	Larry Michael Daniels
and Tracey Althea Devore	I further certify that the following marriage certificate was filed in my office: (name), certify that on February 28, 1997
(date), atDanville Larry Michael Daniels of Hendricks	Tadiana County, Indiana,
Tracey Althea Devore of Hendricks Con	CountyIndiana(state), and untyIndiana(state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 2-28-97
Signed by: /s/ Debra A. Hedrick 1st D	eputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	2-28-97 (date).
	Starce O
	Signed Clerk
BOYCE FORMS - SYSTEMS 1-800-382-8702 1477	HENDRICKS Circuit Court

Sylvia Geneva Phipps of

under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ Robert Thone

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County Female Applicant 50 No 🗆 IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated Name of Physician circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Divorce Date of birth verified by: Birth Certificate No Yes No Yes Yes 🗌 Yes 🔲 Ne- Yes Yes 🔲 Yes 🗌 Yes 🗌 Yes 🗌 Mam Zacarish Ray **ACKNOWLEDGMENT** acknowledge that I have received information regarding dangerous communicable diseases State of Indiana CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued _ County _ and filed in_ , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated 2-28-97, authorizing the marriage of Duvern Shake and Sylvia Geneva Phipps . I further certify that the following marriage certificate was filed in my office: (name), certify that on ____ April 14, 1997 Robert Thone Indianapolis County, Indiana,_ (date), at __ Duvern Shake Indiana _ County _ _(state), and _

Indiana

Minister

HENDRICKS

(state) were married by me as authorized

Circuit Court

County, Indiana, dated _

(official designation)

Hendricks

Last Marriage Ended By:

Date of birth verified by: Birth Certificate

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

Death 🔲

Signed X Mullian

CONSENT OF PARENTS, PARENT, OR GUARDIAN

Divorce

MITChell

ACKNOWLEDGMENT

Other (Specify)

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County No. IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 Yes A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under MALE APPLICANT **FEMALE APPLICANT** Annulment Death Date of birth verified by: Birth Certificate Other (Specify) ndiana ID Yes 🗌 Yes 🔲 No 🗆 Yes 🔲 Yes 🔲 Yes 🔲 Yes 🔲 No Yes 🗌 Yes 🗌 Yes 🔲 Yes 🔲 Carter ed, so state) Indiang state) Veclasid Indiana ner Brenda 61: Zalath Hain ther (if deceased, so state) In J. 9n9 Birthplace of mother (State or foreign country) Tydiang ther (State or foreign country) I acknowledge that I have received information regarding dangerous comm HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN the parents of this applicant, hereby give consent for this marriage. If only We, the parents of this applicant, hereby give consent for this marriage. If only

HENDRICKS

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of , authorizing the marriage of _____ William Joseph Miles and _ Candance Lynn Carter _ . I further certify that the following marriage certificate was filed in my office: I, David C. Payton (name), certify that on March 22, 1997 (date), at Mooresville Morgan _ County, Indiana,_ William Joseph Miles Hendricks Indiana _(state), and _ County _ Candance Lynn Carter Hendricks (state) were married by me as authorized Indiana County. under a marriage license that was issued by the Clerk of the Circuit Court of _ Signed by: ____/s/ David C. Payton _County, Indiana, dated __ Minister (official designation) * Filed and recorded in accordance with the laws of the State of Indiana on. (date).

Signed

Clerk Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the Name of Physician _ circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** aspen Death icense Yes 🔲 Yes 🗌 Are you now or have you ever been adjudged to be of unsound mind? No 🗆 Yes 🗌 No 🗆 Yes 🗌 Yes 🗌 No Yes 🗌 Yes 🗌 Yes 🔲 mother (State or foreign country) **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases Clerk of Court Clerk of Court State of Indiana Staron CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued _ and filed in_ , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of County, Indiana, John Allen Argyelan 3-3-97 , authorizing the marriage of ____ . I further certify that the following marriage certificate was filed in my office:

(name), certify that on April 12, 1997 Megen Ellen Bakemeyer Noah Casey (name), certify that on _ Marion Indianapolis (date), at _ County, Indiana, John Allen Argyelan Indiana Hendricks County _ _(state), and _ Indiana Megen Ellen Bakemeyer of Marion County . (state) were married by me as authorized

County, Indiana, dated ____

(official designation)

Priest

Signed

3-3-97

Circuit Court

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

Filed and recorded in accordance with the laws of the State of Indiana on 4-16-97

Signed by: /s/ Noah Casey

HENDRICKS County Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. No Do Yes If No, Medical Examination or Report Dated 2-24. 97 A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician DR. GLock IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT 46168 OR No. of Previous Marriages Divorce No Yes 🔲 Yes 🔲 No 🗌 Yes 🗌 No 🗌 Yes 🗌 Yes 🗌 Yes 🔲 Yes 🗌 Yes 🔲 Yes 🔲 Yes 🗆 (State or foreign country) Indiana **ACKNOWLEDGMENT** have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ County _ Court, by written order issued _

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

authorizing the marriage of Alan William Deakins County, Indiana, dated ____3-3-97 , authorizing the marriage of _ Kyla Charlene Grimes . I further certify that the following marriage certificate was filed in my office: (name), certify that on March 4, 1997 Sharon Dugan (name), certify that on _ Hendricks (date), at _____ Danville County, Indiana, Alan William Deakins Indiana County _ _(state), and (state) were married by me as authorized 3-3-97 Indiana Kyla Charlene Grimes Hendricks County. under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated _ Hendricks County Clerk Signed by: /s/ Sharon Dugan (official designation) 3-4-97 Filed and recorded in accordance with the laws of the State of Indiana on_ (date).

> Sharar be HENDRICKS

Clerk

Circuit Court

Clerk of Court

State of Indiana

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 Examina	tion or Repor	t Dated	17-5-96
Name of Physician	Dr. No	mouriel	

_Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name A Last First Office of Dead Last	Name Eirst Middle The Last
Day of Birth Month Day Year	Dayle of Buysh Year Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State 4/1/	Residence Address Street or R.R. City County State 44/6
12 Wayside Dr. Planifield NAKE FX	412 Wayside Dr. Plainfield Noves In
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date 1996	Last Marriage Ended By: Death Divorce Annulment Date 1996
Date of birth verified by: Birth Certificate Other (Specify) Drivers directors	Date of birth verified by: Birth Certificate Sther (Specify) Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? Yes ☐	Are you now or have you ever been adjudged to be of unsound mind? No. Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? Note Yes Yes Yes Yes Yes Yes	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? Yes Yes
5. List the full names of any dependent children. Jacob Michael Cadaell	5. List the full names of any dependent children. August Junit
	allison Taylor Smith
(a) Full game of applicant's father 71/1/1/2 and Car Durally	a succession 12 and allertalm
6. (a) Full name of applicant's father William Columbia	6. (a) Full name of applicant's father (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Schaged	Residence of father (if deceased, so state) Andigno
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother fill the taye games	(b) Full maiden name of applicant's mother alice bligabith for
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Alcae and
Birthplace of mother (State or foreign country) Assitisching	Birthplace of mother (State or foreign country)
ACCUPATION FROM THE	
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
mmune deficiency syndrome).	immune deficiency syndrome).
Signature of Applicant XI Date > 1	Signature of Applicant August Family Date 93/9/
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS SS: in this application is true and correct.
Signed & John & Coolmin	Signed Someth De Company
New Address A 2 2 4 5 1 4 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	New Address 712 Waipiae Kr. Elaingelle
HENDRICKS Circuit Court	Subscribed and sworn to before me this day of, 19
Sharor Duyar	Shorox Vugax
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
Ve, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
late facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS SS:	County of HENDRICKS ss:
ather ID #	Father ID #
//dother ID #	Mother ID #
day of	Subscribed and sworn to before me this day of, 19 Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
and filed in authoriz	Court, by written order issued tes and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the Clated, authorizing the marriage of	
, Stephen White	. I further certify that the following marriage certificate was filed in my office: (name), certify that on March 25, 1997
(date), at Plainfield	_ in Hendricks County, Indiana,
John David Cadwell of Hendricks Joyce Lynn Smith of Hendricks Co	County Indiana (state), and Indiana (state)
Joyce Lynn Smith of Hendricks Co under a marriage license that was issued by the Clerk of the Circuit Court of	umy (state) were married by me as authorized
Signed by:/s/ Stephen White	Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	4-17-97 (date).
	Thoros Ougan
	SignedClerk
	HENDRICKS Circuit Court

Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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

Female Applicant 50 No Yes
If No, Medical Examination or Report Dated /-/6-97
Name of Physician D4, Pratt

MALE APPLICANT	FEMALE APPLICANT
Name First Burton Durand	Name Name A Strankingh Middle Dorse Last
Date of Birth Month 2 - 13 - 36	Daty of Birth Month 1 = 15 = 5 17
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or B.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages 2
Last Marriage Ended By: Death Divorce Annulment Date 1995	Last Marriage Ended By: Death Divorce Annulment Date 1995
Date of birth verified by: Birth Certificate Other (Specify) Drivers License	Date of birth verified by: Birth Certificate Sother (Specify) Drivers Jucense
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. Chilatine Howard 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 with the state of the stat	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. (If adopted, list adoptive parents only) Residence of father (State or foreign country) (If adopted, list adoptive parents only) Full maiden name of applicant's mother (If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country) Manyland	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	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Applicant Date 3-5-97	immune deficiency syndrome). Signature of Applicant X April Date
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed New Address Subscribed and sworn prefore me this Subscribed and sworn prefore me this HENDRICKS Aday of March HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed X New Address Subscribed and sworn to before me this 5 Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) County of	State of Indiana)
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
and filed in, authorize	
I certify that there was filed in my office a marriage license issued by the Cladated 3-5-97, authorizing the marriage of	EE AND MARRIAGE CERTIFICATE erk of the Circuit Court of HENDRICKS County, Indiana, Norman Burton Howard
and <u>Heidi Hendricks Dras</u> I, <u>Sharon Dugan</u>	I further certify that the following marriage certificate was filed in my office: (name), certify that onMarch_5, 1997
(date), at Danville Norman Burton Howard of Hendricks	in Hendricks County, Indiana,
Hoidi Hondricks Dras	County Indiana (state), and unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 3-5-97
Signed by: /s/ Sharon Dugan Hendricks Filed and recorded in accordance with the laws of the State of Indiana on	S County Clerk (official designation) 3-7-97 (date).
	Signed Clerk
	HENDRICKS Circuit Court

HENDRICKS County No X IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 Yes If No, Medical Examination or Report Dated 2 - 27 - 97 A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT 76180 Married OR No. of Pr Date 1990 Death No Yes 🔲 No 🗆 Yes 🔲 Yes 🗌 Yes 🗌 Yes 🗌 Yes 🗌 Robert William Scotts of ACKNOWLEDGMENT ACKNOWLEDGMENT edge that I have received information regarding dangerous communicable diseases ledge that I have received information regarding dangerous communicable diseases CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent We, the parents of this applicant, hereby give consent for this marriage HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in_ , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRI dated 3-4-97 authorizing the marriage of Robert William Scott, Jr. 3-4-97 _, authorizing the marriage of ___ . I further certify that the following marriage certificate was filed in my office:

(name) certify that on March 22, 1997 Joyce Kay Brown I, Danny L. Caulkins _ (name), certify that on _ Hendricks

County, Indiana,_

County, Indiana, dated _

_(state), and _

_ (official designation)

(state) were married by me as authorized

Circuit Court

Indiana

Minister

Indiana

HENDRICKS

_ County

Signed.

County_

Hendricks

_ of__

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

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

Stilesville

Signed by: /s/ Danny L. Caulkins

Robert William Scott, Jr. of_

Randall Dru Reever

Signed by: /s/ Sharon Dugan

Amy Lynn Sherwood

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 Not Yes A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated 3-circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Divorce Annulment Divorce 🗌 Annulment Death Death No. Yes 🗌 Yes 🔲 No 🗌 Yes 🔲 Yes 🔲 No Yes 🔲 NOR Yes 🔲 No K Yes 🔲 Yes 🗌 Yes 🔲 foreign country) ACKNOWLEDGMENT **ACKNOWLEDGMENT** riedge that I have received information regarding dangerous communicable diseases edge that I have received information regarding dangerous communicable diseases Clerk of Court State of Indiana Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued _ and filed in , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated __ 3-5-97 Randall Dru Reever , authorizing the marriage of _ . I further certify that the following marriage certificate was filed in my office:

(name), certify that on __March 5, 1997 and Amy Lynn Sherwood I, Sharon Dugan (date), at ____ Danville

Hendricks

County _

County

Hendricks County Clerk

Indiana

Indiana

HENDRICKS

Hendricks

Marion

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

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

County, Indiana,

County, Indiana, dated _

HENDRICKS

_(state), and

(official designation)

(state) were married by me as authorized

Clerk

Circuit Court

HENDRICKS County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No X If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician 21. IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Death Date of birth verified by: Birth Certificate Other (Specify) No Yes Yes 🗌 No Yes Yes 🗌 Yes 🔲 Yes 🔲 Yes 🗌 Yes 🗌 Yes 🔲 Yes 🔲 The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above Signed & LAMOORE COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued and filed in. authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, Dean Andrew Bartley dated _____3-5-97 , authorizing the marriage of _ I further certify that the following marriage certificate was filed in my office:

(name), certify that on March 8, 1997 and Lori Anita Moore (name), certify that on Hendricks I, Royce T. Willerton (date), at _____Plainfield County, Indiana, Indiana Dean Andrew Bartley County . (state), and . (state) were married by me as authorized Lori Anita Moore Hendricks Indiana

County, Indiana, dated

(official designation)

Clerk

Circuit Court

Minister

Signed

(date).

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

/s/ Royce T. Willerton

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** County Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. No中 Yes A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician ____ pr. Kullu IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Never Married Date of birth verified by: Birth Certificate Other (Specify) No Yes Are you now or have you ever been adjudged to be of unsound mind? Yes 🗌 No 🗆 Yes 🔲 No 🔲 Yes 🔲 ver is "yes," has the adjudication been removed? Note Yes 🗌 Yes 🔲 Yes 🗌 Yes 🔲 Not Yes 🔲 Yes 🗌 Mae princewich smelda actues Evans ACKNOWLEDGMENT ACKNOWLEDGMENT that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the Same HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued_ , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated 3-6-97 authorizing the marriage of Carlos Jay Lee County, Indiana, and Luann Disney I further certify that the following marriage certificate was filed in my office:

(name), certify that on March 9, 1997 I, Kenneth Smith (name), certify that on

HENDRICKS

(date).

County, Indiana,

County, Indiana, dated _

(state), and

(official designation)

(state) were married by me as authorized ntv. Indiana, dated 3-6-97

Hendricks

Indiana

County

Hendricks

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

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

Indiana

HENDRICKS

Minister

Clerk Circuit Court

(date), at ___Avon

Luann Disney

Carlos Jay Lee

Signed by: /s/ Kenneth Smith

Clerk of Court

State of Indiana

and filed in

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59
Date of Application

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

Female Applicant 50 No X Yes 13-5-97
If No, Medical Examination or Report Dated 3-5-97
Name of Physician 20. Black

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Dall Middle Dast
Date of Birth Month Day Vear	Pate of Birth Month Day Year
Place of Birth (Bute or foreign country)	4-5-69
Place of Birth (State or foreign country)	Place of Birth (State or foreign country) Andiana 46112
Rasidence Address Street or R.R. City County State	Residence Address Street or R.R. City County State 4.300 Remarkand Court Brownship Lindle Fix
5167 " willow Mills place frages Warner on	The state of the s
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married CR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Deivers Jicense	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?	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes Yes Yes Yes Yes Yes Ye
If answer is "yes," has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? Ne Yes	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes
2. Are you related to the female applicant closer than second cousin? Ne Yes 3. Are you now under the influence of an alcoholic beverage? No Yes	3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
David David	1. 9.0.0
6. (a) Full name of applicant's father Pervide Denis Harvald	6. (a) Full name of applicant's father James Jessie Bayless
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) April 18
(b) Full maiden name of applicant's mother Elacine Kays Williams	(b) Full maiden name of applicant's mother Jusan Baylias Comp
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Audiana
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causas AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant & Drian Dens Hambare 3/6/97	Signature of Applicant Xousan Michelle Bauyless Date 3.6.97
The transfer of the state of th	Date U
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) County of HENDRICKS Ss: I swear/affirm—that the information given in this application is true and correct.	State of Indiana) I swear/affirm that the information given ss:
County of HENDRICKS in this application is true and correct.	Signed Signed Michelle Faules
New Address 3464 Marabou Mills Place INDIS IN	New Address 3464 Marabou mills Place Inclipls.
Subscribed and sworn to before me this day of March 19 97 40214	Subscribed and sworn to before me this day of Alasch . 19 977
Clerk of the HENDRICKS Circuit Court	Sharan Lugar derk of the HENDRICKS Circuit Court
- Lague	The state of the s
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
	A marriage license having been refused to the above named parties, the
and filed in, authorize	Court, by written order issued
, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana.
dated 3-6-97, authorizing the marriage of	Brian Denis Harrold
and Susan Michelle Bayless	I further certify that the following marriage certificate was filed in my office:
I, Larry L. Bellville	(name), certify that on April 19, 1997
(date), atBrownsburg	in Hendricks County, Indiana.
Brian Denis Harrold of Marion	
Susan Michelle Bayless of Hendricks Con	
under a marriage license that was issued by the Clerk of the Circuit Court of	
Signed by: /s/ Larry L. Bellville	, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	
	Signed Clerk HENDRICKS Circuit Count
[6] 역동하는 인물의 보기보통 중심을 보내는 이번 이번 경우를 하고 있으므로 함께 있다.	Signed Clerk
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No 🛭 If No, Medical Examination or Report Dated 3-4-97 A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician Dy. Wells IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** No Yes No 🗆 Yes 🗌 Yes 🗌 No N Yes 🗌 Yes 🗌 Yes 🗌 Yes 🗌 ACKNOWLEDGMENT information regarding dangerous comm The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court State of Indiana HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ County _ Court, by written order issued _ and filed in , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated ____3-6-97 _ , authorizing the marriage of ____Edward Joseph Fritz and Melanie Lane Graham . I further certify that the following marriage certificate was filed in my office: I, George F. Kehler

(name), certify that on _

Minister

in Hendricks

County _ Indiana

_ County _ Indiana

3-17-97

Signed.

Hendricks

Hendricks

March 8, 1997

(state) were married by me as authorized

3-6-97

Clerk

Circuit Court

County, Indiana,

County, Indiana, dated _

HENDRICKS

(date).

(official designation)

_(state), and _

(date), at ____ Danville

Edward Joseph Fritz

Melanie Lane Graham

Signed by: /s/ George F. Kehler

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

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

HENDRICKS County

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

_Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name First Funame Murrollina	Name of the First Marie Solchin Last
Date of Birth Month 5-70-024 Year	Date of Birth Month Hall The Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State HW/6X	Residence Address Street or R.R. Her. City County State #16/168
HILE N CENTER ST APT 24 Placinfield Anothe In	Previous Marital Status: Never Married TOR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
	Date of birth verified by: Birth Certificate Other (Specify)
Date of birth verified by: Birth Certificate Cother (Specify) Priviles dicense	The order of the control of the cont
1. Are you now or have you ever been adjudged to be of unsound mind? Yes ☐	Are you now or have you ever been adjudged to be of unsound mind? Note: Yes:
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? Next Yes	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? Net Yes Not Yes Not Yes	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No. Yes Yes Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Donald Dolbert Muriain	6. (a) Full name of applicant's father William Charles Frederic
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Anajama	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country).
(b) Full maiden name of applicant's mother Linda Jour 17802	(b) Full maiden name of applicant's mother Martha Joanne Pr
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country) Indiana	Birthplace of mother (State or foreign country). Indiana
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome).
Signature of Applicant X Millsony & Murrain Date 3-6-97	Signature of Applicant Cluthus Warie Special Date 36-97
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed X anthony & Munan	Signed X Culthur W are Spile
New Address Same	New Address ame as gibove
Subscribed and sworn to before me this day of ## HENDRICKS, 19 977	Subscribed and sworn to before me this day of
Thorow Dugase k of the HENDRICKS Circuit Court	Show bugarderk of the HENDRICKS, Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana
County of	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cladated3-6-97 authorizing the marriage of	Anthony Eugene Murrain County, Indiana,
	. I further certify that the following marriage certificate was filed in my office:
I, Timothy E. Davis	
(date), atGreencastle	_ in Putnam County, Indiana,
	County Indiana(state), and
Heather Marie Speckin of Hendricks Con	unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	
Signed by:/s/ Timothy E. Davis Filed and recorded in accordance with the laws of the State of Indiana on	- 16 07 (Official designation)
	(acte).
	Signed Clerk
	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59

Date of Application

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

E	11-1	V 0	DV C
Female Applicant 50	No 🗹	Yes 🗆	
If No, Medical Examination	on or Report D	Dated 2-26-9	7
	NDU =	BROWN	

MALE APPLICANT	FEMALE APPLICANT
Name FRED First Middle Briggers	Name First O Middle Last
Date of Birth Month Day Year	Date of Birth Month PATRICIA BRiggs
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Place of Birth (State or foreign country) Indian A	INDIANA
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 1993	Last Marriage Ended By: Death Divorce Annulment Date 1993
Date of birth verified by: Birth Certificate Gother (Specify) DR: VERS LICEALS &	Date of birth verified by: Birth Certificate Dother (Specify) DR. VERS LICENSE
DA: (KS O.CCA)S O	Thirtis Cicin
	/
1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
Joshua McGinnis Briggs	Joshua WCGINNIS BRIGGS
TI Davis	Mac
6. (a) Full name of applicant's father John Briggs	6. (a) Full name of applicant's father MCGINN'S COUNS
(If adopted, list adoptive parents only) Residence of father (if deceased so state) DECEASED	(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Two A
Residence of father (if deceased, so state) Birthplace of father (State or foreign country) TNATANA	Birthplace of father (State or foreign country) WEST VILGINIA
(b) Full maiden name of applicant's mother JUANIA NEDIER	(b) Full maiden name of applicant's mother Cruzento Lya PATRICIA STEE
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) DECEASED	Residence of mother (if deceased, so state) FNd ANA
Birthplace of mother (State or foreign country) KENTUCKY	Birthplace of mother (State or foreign country) WEST VIRGINIA
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire
immune deficiency syndrome). A A	immune deficiency syndrome)
Signature of Applicant X Med of Diggs Date 3-6-97	Signature of Applicant Wanda Buck Date 36-9
00	00
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information give
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct
Signed Alla Of Duggo Browns Bull	Signed Wanda Dugo
New Address AT TISTERED (TREE IN 40112	New Address 24 AS NWOOD Cucle Brownshugen 44112
Subscribed and sworm to before me this day of	Subscribed and sworn to before me this day of
Skarov Lugar. Clerk of the HENDRICKS Circuit Court	Skarar bugar Clerk of the HENDRICKS Circuit Cour
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) Countries HENDRICKS SS:	State of Indiana)
Coulty of	County of HENDRICKS SS:
Father ID # Mother ID #	Father ID #
Subscribed and sworn to before me this	MotherID #
Clerk	Cler
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	
and filed in, authoriz	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	erk of the Circuit Court of HENDRICKS County, Indiana.
dated 3-6-97, authorizing the marriage of	Fred William Briggs
andWanda Patricia Briggs	I further certify that the following marriage certificate was filed in my office:
I, Sharon Dugan	(name), certify that on March 6, 1997
(date), at Danville	
Fred William Brigga of Hendricks Wanda Patricia Briggs of Hendricks Co	
under a marriage license that was issued by the Clerk of the Circuit Court of	unty Indiana (state) were married by me as authorized HENDRICKS County Indiana, dated 3-6-97
Signed by: /s/ Sharon Dugan Hence	1 1 2 2 1 21 1
Filed and recorded in accordance with the laws of the State of Indiana on_	
The same of the sa	
	Signed Sharar Dugar)
BOYCE FORMS + SYSTEMS 1-000-382-4702 1477	Signed Clerk Circuit Court

HENDRICKS County

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

_Circuit Court

MALE ADDITIONAL	FEMALE APPLICANT
Name First Middle Last //	Name / First / Middle / Last
Date of Birth Month Day Draw Year	Date of Birth Month Day Year
Date of Birth Month 7-18-72	Date of Birth 7 - 15 - 73
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Basidence Address Street or R.R. City County State 40168	Residence Address Street or R.R. City County State 716/68
19 Hancook Hoad plainfuld HNX3 IN	319 Hancrop Had pringeld NOVES IN
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages #
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Drivers License	Date of birth verified by: Birth Certificate Steel Decision Jiches Lines
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? Yes
3. Are you now under the influence of an alcoholic beverage? No⊠ Yes □	3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children. Samantha fayl	5. List the full names of any dependent children. Clifford Engene No.
Brachen	Samontha Faye Bracken
a succession of the succession	COVIDE COLUMN
6. (a) Full name of applicant's father Jammie Hayd Work (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Liffing English Linguist Linguist Committee (if adopted, list adoptive parents only)
Residence of father (If deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) June 1881	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Dazelee Hamilton	(b) Full maiden name of applicant's mother Bunda Fage 14th
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Segland	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Indiana
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome).
Signature of Applicant A Stranger Date 3/1/91	Signature of Applicant X Donniel Hess, Debrille Date 2-1-77
The above applicant has objected to verifying by oath or affirmation or signature to the above	
acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS in this application is true and correct.	County of HENDRICKS in this application is true and correct.
New Address Illhall Andlie Gine	New Address SAME
Subscribed and sworn to before me this day of March . 19 97	
Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this day of ### LENDRICKS Circuit Court
sharok bugak	SANDIOL DEGUN
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS SS:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authoriz	tes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl dated3-7-97, authorizing the marriage of	erk of the Circuit Court of HENDRICKS County, Indiana, Sammie Dean Bracken
and <u>Wendy Sue Anderson</u> , authorizing the marriage of <u></u>	. I further certify that the following marriage certificate was filed in my office:
I,Earl W. Chestnut	(name), certify that on April 19, 1997
(date), atMooresville	in Morgan County Indiana
Sammie Dean Bracken of Hendricks	County Indiana (state) and
wendy Sue Anderson of Hendricks Co	ountyIndiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	County, Indiana, dated 3-7-97
Signed by: /s/ Earl W. Chestnut	1 W
Filed and recorded in accordance with the laws of the State of Indiana on_	4-24-97 (date).
	Stand Harris O
	Signed Signed Clerk
COURT COLUMN COL	HENDRICKS Circuit Court

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

Death

Divorce D

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No. Yes A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated Name of Physician _ circuit court when the person applies for a marriage license under **FEMALE APPLICANT** MALE APPLICANT Death No Yes Yes 🔲 No No 🗆 Yes 🗌 Yes 🔲 No Yes No.D Yes 🗌 No A Yes 🗌 No. Yes 🔲 No Yes 🗆 Yes 🔲 **ACKNOWLEDGMENT** that I have received information regarding dangerous communicable diseases that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation

State of Indiana Hathing 110 MEROOU BANK

ACKNOWLEDGMENT

CONSENT OF PARENTS, PARENT, OR GUARDIAN HENDRICKS

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

Clerk of Court

HENDRICKS

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Anthony Eugene Peterson dated ____ 3-7-97 authorizing the marriage of _ and Karen Newsome Kunke: . I further certify that the following marriage certificate was filed in my office: I, William H. Strother II (name), certify that on April 5, 1997 (date), at Danville Hendricks County, Indiana, Anthony Eugene Peterson of Hendricks County Indiana _(state), and _ Indiana Karen Newsome Kunkel of Hendricks (state) were married by me as authorized County_ HENDRICKS County, Indiana, dated __ Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on. (date).

Signed HENDRICKS

Clerk Circuit Court

Circuit Court

STATE OF INDIANA

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

Name Donald First Assept King	Reverly Kay Scapes	
Date of Birth Month 9-13-36	Sate of Birth Month 9-6-5-1	
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)	
Residence Address Street or R.R. City County State 4011 d	Regidence Address Street or R.R. City County State 320 W Main - P.O. Box 98 Pettshore Windles-IN	
Previous Marital Status: Never Married OR No. of Previous Marriages /	Previous Marital Status: Never Married OR No. of Previous Marriages	
	1000	
Last Marriage Ended By: Death Divorce Annulment Date 9799		
Date of birth verified by: Birth Certificate Other (Specify) Drivers Jiense	Date of birth verified by: Birth Certificate Other (Specify) Drivers France	
Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes	Are you now or have you ever been adjudged to be of unsound mind? Yes □ Yes □	
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?	
3. Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the influence of a narcotic drug? No Yes Ye	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? Yes Yes	
4. Are you now under the influence of a narcotic drug? No. 1 Yes 1 List the full names of any dependent children.	5. List the full names of any dependent children.	
Mile at K'	Le Coleman la lagra	
6. (a) Full name of applicant's father // Challe North	6. (a) Full name of applicant's father Howard Flugge (If adopted, list adoptive parents only)	
(If adopted, list adoptive parents only) Residence of father (If deceased, so state)	Residence of father (if deceased, so state) Juclasia.	
Birthplace of father (State or foreign country) Indiana	Birthplace of father (State or foreign country) Andiasua	
(b) Full maiden name of applicant's mother Fanchon Parpay	(b) Full maiden name of applicant's mother favia Juan Kelley	
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)	
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)	
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)	
ACKNOWLEDGMENT	ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases	
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	
immune deficiency syndrome) Signature of Applicant Date 3/7/97	Signature of Applicant Burly 4. Scazge Date 3/7/97	
Signature of Applicant Date Off	Signature of Applicant Survey Date Strift	
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above	
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.	
Clerk of Court Date	Clerk of Court Date	
State of Indiana) I swear/affirm that the information given County of HENDRICKS ss: in this application is true and correct.	State of Indiana) I sweat/affirm that the information given County of HENDRICKS ss: in this application is true and correct.	
Signed A Day Kins	Signed Beverly & Scarge	
New Address 320 W. MAIN PITISTON, IN	New Address same	
Subscribed and sworn to before me this	Subscribed and sworn to before me this	
Shoron began cirk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court	
CONCENT OF PARENTS PARENT OR CHARDIAN	CONSENT OF PARENT, OR GUARDIAN	
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary	
State of Indiana)	State of Indiana)	
County of	County of HENDRICKS	
Father ID # Mother ID #	Father ID #	
Subscribed and sworn to before me this	Subscribed and sworn to before me this day of, 19	
Clerk	Clerk	
	A marriage license having been refused to the above named parties, the Court, by written order issued	
	zes and directs the issuance of a marriage license to the above named parties.	
	SE AND MARRIAGE CERTIFICATE	
I certify that there was filed in my office a marriage license issued by the C	Clerk of the Circuit Court of HENDRICKS County, Indiana,	
dated 3-7-97, authorizing the marriage of _	I fourth an countify that the fall in the second of the se	
and Beverly Kay Scaggs I, Jeffrey V. Boles	I further certify that the following marriage certificate was filed in my office: (name), certify that on April 18, 1997	
(date), at Danville	in Hendricks County, Indiana,	
Donald Joseph King of Hendricks	_ County Indiana(state), and	
Beverly Kay Scaggs of Hendricks C	ounty Indiana (state) were married by me as authorized	
under a marriage license that was issued by the Clerk of the Circuit Court of		
Signed by: /s/ Jeffrey V. Boles	, Circuit Judge (official designation)	
Filed and recorded in accordance with the laws of the State of Indiana on_	4-24-91 (date).	
	Signed Sharor Queax Clork	
	Signed Clerk HENDRICKS Circuit Court	

Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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

Female Applicant 50 No X Yes I If No, Medical Examination or Report Dated 4-19-90 Name of Physician Dr. Davis

MALE APPLICANT	FEMALE APPLICANT
Name of First of Middle My Clast	Name to First Middle Still Last
Date of Birth Month Day Year	Date of Birty Month Day Year
12-21-71	Place of Birth (State or foreign country)
Place of Birth (State or foreign country)	Priace of Birth (State of Foreign country)
Residence Address Street or R.R. City County State 1983	Residence Address Street or R.R. City County State 7000 5 Drawdle Arabba Fr
The second secon	Previous Marital Status: Never Married OR No. of Previous Marriages
Previous Marital Status: Never Married OR No. of Previous Marriages	
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Drivers diense	Date of birth verified by: Birth Certificate Other (Specify) Doubles Julies
Are you now or have you ever been adjudged to be of unsound mind? Not Yes	Are you now or have you ever been adjudged to be of unsound mind? Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No ♥ Yes ☐	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children	5. List the full names of any dependent children.
6. (a) Full name of applicant's father James Robert Mitchell	6. (a) Full name of applicant's father Jusiph Wayne Stiller
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Andrana	Residence of father (If deceased, so state) California
Birthplace of father (State or foreign country) Influence of applicant's mother Clin Thia Ruinson	Birthplace of father (state of foreign country)
(b) I this make of approach to the state of	(b) Full maiden name of applicant's mother for the format of the standard list adaptive accords with the standard list accords with
(If adopted, list adoptive parents only) Residence of mother (if deceased so state)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Analiana
Residence of mother (if deceased, so state)	Birthplace of mother (State or foreign country) Andiana
	A STATE OF THE STA
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable disease
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire
Signature of Applicant 1 h John Date 3/0/97	Signature of Applicant X Crustel M Stills Date 3/0/97
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I sweat/affirm that the information give
County of HENDRICKS ss: / / / in this application is true and correct.	County of HENDRICKS SS: in this application is true and correct
Signed X Chaputells	signed of Crystal M Stites
New Address SAME	New Address Seme
Subscribed and sworn to before me this	Subscribed and sworn to before me this
Clerk of the MENDINGS Circuit Court	Clerk of the HENDRICKS Circuit Cour
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) Countries HENDRICKS Ss:	State of Indiana) HENDRICKS SS:
County of	County of
Father ID # Mother ID #	FatherID #ID #
Subscribed and sworn to before me thisday of	MotherID #
Clerk	Cler
	A marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, authorize	zes and directs the issuance of a marriage license to the above named parties
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the C dated, authorizing the marriage of,	lerk of the Circuit Court of HENDRICKS County, Indiana, Robert Chance Mitchell
andCrystal Marie Stites	. I further certify that the following marriage certificate was filed in my office
I,Todd Jolly	(name), certify that on March 15, 1997
(date), at Clayton	in Hendricks County, Indiana,
Robert Chance Mitchell of Hendricks	County Indiana (state), and
	ounty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	
Signed by:/s/ Todd Jolly Filed and recorded in accordance with the laws of the State of Indiana on	, Minister (official designation)
There and recorded in accordance with the laws of the state of Indiana on_	3-21-97 (date).
	Signed Signed Cleri
	HENDRICKS Circuit Cour

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59

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

Female Applicant 50 No ₹ Yes ☐
If No, Medical Examination or Report Dated 12.696
Name of Physician De Kierrey

HENDRICKS (

Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name MARLIN DEAN COOK	Name CHERYL LEIGH ABELL
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign county)	Place of Birth (State or foreign country)
Residence Address, Street gr.R.R. City County State	Z-DIAJA
Residence Address, Street of R.R. City County State 221 PARTHLAS RD BRUNSBURG HEAD TO 46112	Residence Address Street or R.R. Str
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 6 - 96
Date of birth verified by: Birth Certificate Other (Specify) LDD LDENT FICATION CALS	Date of birth verified by: Girth Certificate Other (Specify) Two DRIVERS LICEUSE
Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes
If answer is "yes," has the adjudication been removed? Noto Yes 2. Are you related to the female applicant closer than second cousin? Noto Yes Yes Yes	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes Yes □	2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No 1 Yes
5. List the full names of any dependent children. SHAPE THUMAS COOK	List the full names of any dependent children.
DAVIB DADIELS COOK	
6. (a) Full name of applicant's father MARLIN CHARLES COOK	6. (a) Full name of applicant's father KERMIT LEE ABELL
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) IND, AND	Residence of father (if deceased, so state) TND, ANA
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) TableA
(b) Full maiden name of applicant's mother PATRICIA AND SARTIN	(b) Full maiden name of applicant's mother JUDITH AND LLDLOW
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) TODADA	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country) FNDIAINA	Birthplace of mother (State or foreign country) ADIADA
-Constitute file in cry list the basis of the paper for its ! if	
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases
	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Marlin Doll Date 3-11-97	Signature of Applicant X Charles A. Roell Date 3-11-8;
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above
Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given Country of HENDRICKS SS:	State of Indiana) I swear/affirm that the information given
County of HENDRICKS Signed Marlin D Cook 3-11-97	County of HENDRICKS ss: in this application is true and correct.
New Address 221 PARTHENIA AVE BROWSBURG ID 46112	New Address 221 PARTHENIA AVE BROWNSBURG IN 4611.
Subscribed and sworn to before me this	Subscribed and sworn pepelore me this
Circuit Court	Sharan Sugar Blerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS ss:	State of Indiana) State of HENDRICKS SS:
FatherID #	County of
MotherID #	FatherID #ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having have affect to the desired to
County	Court, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cle	t fit C t C t C
dated, authorizing the marriage of	Marlin Dean Cook Marlin Dean Cook
andCheryl Leigh Abell	I further certify that the following marriage certificate was filed in my office:
kenneth smith	(name), certify that on March 16, 1997
(date), atBrownshurg	in Hendricks County, Indiana.
Marlin Dean Cook of Hendricks Cheryl Leigh Abell of Hendricks	The state of the s
Cheryl Leigh Abell of Hendricks Cou under a marriage license that was issued by the Clerk of the Circuit Court of	trunnions () in the manner that
Signed by: /s/ Kenneth Smith	County, Indiana, dated 3-11-97 , Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	
	110.00
	Signed Tharox Ougax Clark

Circuit Court

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County

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

Female Applicant 50 No Sa Yes If No, Medical Examination or Report Dated 3-10.97

Name of Physician Sert A. Heavis M. D.

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name Cory First AND HAMPTON
Date of Birth Date of Birth Date of Birth Det Day Frear 1970	Date of Birth Month Day Year 1977
Place of Birth (State or foreign country) FD1A-28	Place of Birth (State or foreign country) INDIANA
Residence Address Street or R.R. City County State 108 (D. LINCOLD CHRISMAN EDGAS TL (21924)	Residence Address Street or R.R. City County State Bux 157 U.S. 40 Street of HEAD TO 46181
Previous Marrial 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) TLLINDIS DELVICES	Date of birth verified by: Birth Certificate Other (Specify)
LICENSE	
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? No Yes Yes Yes Yes	If answer is "yes," has the adjudication been removed? No Yes □ 2. Are you related to the male applicant closer than second cousin? No Yes □
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children	4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children.
6. (a) Full name of applicant's father RALPH CASSEL FRY	6. (a) Full name of applicant's father RUDNEY JAY HAMPION
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) TNDIANA Birthplace of father (State or foreign country) TNDIANA	Residence of father (if deceased, so state) Tropara
(b) Full maiden name of applicant's mother RWTH ANN TEMPLEMEN	(b) Full maiden name of applicant's mother KAREN She LAMBERT
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) TORANA Birthplace of mother (State or foreign country) TORANA	Residence of mother (if deceased, so state) SIAIA Birthplace of mother (State or foreign country) SIAIA
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant X Twatty C 1/2 Date 3-11-97	immune deficiency syndrome). Signature of Applicant X Cory Haryton Date 3-11-97
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	State of Indiana I swear/affirm that the information given County of HENDRICKS in this application is true and correct.
Signed / March Cart	New Address 108 Wincold CHRISMAD, IL 61924
Subscribed and sworn to before me this // day of MARCH , 19 97	Subscribed and sworn to before me this day of MARCH , 19 97
HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Countries Circuit Circuit Countries Circuit Cir
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) Countried HENDRICKS ss:	State of Indiana) ss:
County of	County of ID #
Mother ID #	MotherID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me thisday of, 19
	A marriage license having been refused to the above named parties, theCourt, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cla	erk of the Circuit Court of HENDRICKS County, Indiana,
dated	. I further certify that the following marriage certificate was filed in my office:
I, Shane Taylor	(name), certify that onMarch 29, 1997
(date), at Parkersburg Timothy Cassel Fry of Edgar	in Montgomery County, Indiana.
Cory Ann Hampton of Hendricks Col	unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ Shane Taylor	
Filed and recorded in accordance with the laws of the State of Indiana on	,
	Sharoz Dugar)
	SignedClerk HENDRICKS Circuit Court

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County

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

Female Applicant 50 No 1 Yes 🗆 If No, Medical Examination or Report Dated 8-23-96
Name of Physician CR K

_Circuit Court

MALE APPLICANT Name First Middle Last	FEMALE APPLICANT Name First Middle Last
DARRELL LYNN DANIELS	FREIDA CARRI TOMINISON
Dale of Birth Month 2 Day Year 65	Date of Birth Month Day Year 68
Place of Birth (State or foreign country) TudiANA	Place of Birth (State or foreign country) TNdiANA
Residence Address S CIARKS CRICITY 644 DUDRKS Plansfield	Residence Address Street or BAN City County State 21002 C 01 001/C 0 04/C 14/1 14/10/2005
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: State II CARD	Date of birth verified by: Birth Certificate Dether (Specify) DRIVERS LICENSE
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. Amy Jo Daniels Darrell Juniforminson, Amy Jo Daniels Darrell Juniforminson, (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Residence of mother (if deceased, so state) Residence of mother (if deceased, so state)	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. SAME AS MALE APPLICANT 6. (a) Full name of applicant's father JAMES CAROL TOMLINSON (If adopted, list adoptive parents only). Residence of father (State or foreign country). (b) Full maiden name of applicant's mother BRENDA DEUL HENARD (If adopted, list adoptive parents only). Residence of mother (if deceased, so state). TudiANA
Birthplace of mother (State or foreign country) IND ANA	Birthplace of mother (State or foreign country) INA i ANA
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date Date	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Ss: in this application is true and correct. Signed New Address Gay of 19 19 19 19 19 19 19 1	State of Indiana County of HENDRICKS Signed Combon Tombon Service and correct. Signed New Address Subscribed and sworn to before me this
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) ss: County of	State of Indiana)
	A marriage license having been refused to the above named parties, the
and filed in, authoriz	res and directs the issuance of a marriage license to the above named parties.
I certify that there was filed in my office a marriage license issued by the Cladated 3-11-97 , authorizing the marriage of and Brenda Carol Tomlinson I, Myron Barnard (date), at Indianapolis Darrell Lynn Daniels of Hendricks Counder a marriage license that was issued by the Clerk of the Circuit Court of	Darrell Lynn Daniels I further certify that the following marriage certificate was filed in my office: (name), certify that on March 11, 1997 in Marion County, Indiana, County Indiana (state), and munty Indiana (state) were married by me as authorized MENDRICKS County, Indiana, dated 3-11-97
Signed by:/s/ Myron Barnard Filed and recorded in accordance with the laws of the State of Indiana on	
	Signed Skaror Dugar Clerk
	Signed Clerk HENDRICKS Circuit Court

_Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59

Date of Application

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

Female Applicant 50 No ☐ Yes ☑

If No, Medical Examination or Report Dated

Name of Physician _____

MALE APPLICANT	FEMALE APPLICANT
Name Siret Middle Shet	Name A First Middle A Leet
Date of Birth Month Day Year	Date of Birth Month Day PENN INGTON
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
NEBRASKA	KENTUCKY
Residence Address Street or R.R. City County State State LIZTON JANDRKS IN	Residence Address Street or R.R. 21 W Lizzon HADRKS IN
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married 🗆 OR No. of Previous Marriages 矣
Last Marriage Ended By: Death Divorce Annulment Date 1985	Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 1982
Date of birth verified by: Birth Certificate Wother (Specify) DRIVERS LICENSE.	Date of birth verified by: Birth Certificate Cother (Specify) DRNERS LICEUSE
- DANGES KICEDSE	- SKINGS LICEUSE
Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes	
1. Are you now or have you ever been adjudged to be of unsound mind? No ✓ Yes ☐ If answer is "yes," has the adjudication been removed? No ☐ / Yes ☐	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes Yes
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No ✓ Yes ☐ 4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes Yes
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of applicant's father Joseph FRANK BORS	6. (a) Full name of applicant's father Thom AS JEHERSON CLEMEN
6. (a) Full name of applicant's father 10 Sept. Filth 10 Sept. Fil	6. (a) Full name of applicant's father 1 NOTH AS SETTERSON C. CEMEN (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) DECEASED	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) NEBLASKA (b) Full maiden name of applicant's mother MAGREET ANN FRIECH	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother SARAH DOVE Thomas
(If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother SARAN DOVE TINDMAS (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) DECEASED	Residence of mother (if deceased, so state) TydiANA
Birthplace of mother (State or foreign country) NEBRASKA	Birthplace of mother (State or foreign country) KENTUCKY
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed New Address New Address Clerk of the State of Indiana I swear/affirm that the information given in this application is true and correct. Aday of MARCh, 19 97 HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed X Yours Penning to in this application is true and correct New Address 8 740 N C R 2 I W L S Z TON, T N 46 I 49 Subscribed and sword to before me this 12 day of MARCH 19 9 7 HENDRICKS Circuit County
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana) SS:
County of	County of
Mother ID #	Father ID # ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Cler
County	A marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, authoriz	zes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	lerk of the Circuit Court of HENDRICKS County Indiana
dated, authorizing the marriage of andVrena Pennington	Rex Gene Bors
I, Russell Emmett Sherman	. I further certify that the following marriage certificate was filed in my office: (name), certify that onApril 6, 1997
(date), at	in Marion County, Indiana,
Rex Gene Bors of Hendricks Vrena Pennington of Hendricks Co	County Indiana (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 3-12-97
Signed by: /s/ Russell Emmett Sherman Filed and recorded in accordance with the laws of the State of Indiana on_	,Minister (official designation)
	Signed Sharon Dugan Clork
	Signed Clerk

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 702
File 59
3-12-97

_Circuit Court

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

Female Applicant 50 No X Yes 3.12.97

If No, Medical Examination or Report Dated 3.12.97

Name of Physician DR, JOHNSTON

Name First Middle C Last	FEMALE APPLICANT
Name Transfer Middle Date Concernance	Name Post First Middle Last
Date of Birth Det FFRY Det	Date of Birth Day Year
FEBRUARY 15 1952	Sepiember 1 1963
Place of Birth (State or foreign country)	Place of Birth (State or foreign country) LIDIAJA Residence Address Street or R.R. City County State
Residence Address Street or R.R. Street or R.R. City County State [0.110 E WS 136 BROWSBURG HEND IN 46112	
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages 2
Last Marriage Ended By: Death Divorce Annulment Date 8 9/ Date of birth verified by: Date 8 9/ Date 8 9/	Last Marriage Ended By: Death Divorce Annulment Date 8-96
	Date of birth verified by: Birth Certificate Other (Specify) TODIADA DRIVERS LICENSE
AND CREDIT CARD	
1. Are you now or have you ever been adjudged to be of unsound mind? 1. Ves 1. Ves Yes Y	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? Yes Yes	If answer is "yes," has the adjudication been removed? No Yes 2. Are you 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 No Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children. Aus T. D LEE LAU ACE
	MEGHAS ELIZABETH WALLACE
6. (a) Full name of applicant's father GENE HOWARD PENDERGRAST	6. (a) Full name of applicant's father LAWRENCE LYNNE
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) TIDIAJA	Residence of father (if deceased, so state) TWDIANA
Birthplace of father (State or foreign country) IND A	Birthplace of father (State or foreign country) NEW YORK
(b) Full maiden name of applicant's mother MARTHA ASBURY	(b) Full maiden name of applicant's mother DARBARA KAYE DUDSON
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) INDIANA	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country) <u>Tというい</u>	Birthplace of mother (State or foreign country) TODIAR
Signature of Applicant Date 3-12-97 The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court
State of Indiana County of HENDRICKS Signed SHOW AS ABOVE New Address Mark AS ABOVE Subscribed and sworn to before me this 12 day of MARCH , 19 97 HENDRICKS Circuit Count	State of Indiana County of HENDRICKS Signed
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana) HENDRICKS SS:
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS 3s:	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS ss:
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana) HENDRICKS SS:
Ne, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Subscribed and sworn to before me this day of 19 Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Subscribed and sworn to before me this day of 10 # Clerk A marriage license having been refused to the above named parties, the Court, by written order issued
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana State of Indiana	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Subscribed and sworn to before me this day of 10 # Clerk A marriage license having been refused to the above named parties, the
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Father ID # Subscribed and sworn to before me this day of 19 Clerk A marriage license having been refused to the above named parties, the Court, by written order issued 19 es and directs the issuance of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Father ID # Subscribed and sworn to before me this day of ID # County of Clerk A marriage license having been refused to the above named parties, the County, by written order issued license to the above named parties. SE AND MARRIAGE CERTIFICATE erk of the Circuit Court of HENDRICKS County, Indiana.
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for 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 A marriage license having been refused to the above named parties, the Court, by written order issued 19 ces and directs the issuance of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE erk of the Circuit Court of HENDRICKS County, Indiana, Jeffery Lee Pendergrast County, Indiana,
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for 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 A marriage license having been refused to the above named parties, the Court, by written order issued 19 es and directs the issuance of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE erk of the Circuit Court of HENDRICKS County, Indiana, Jeffery Lee Pendergrast I further certify that the following marriage certificate was filed in my office:
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Father ID # Mother ID # Subscribed and sworn to before me this day of 19 Clerk A marriage license having been refused to the above named parties, the Court, by written order issued ses and directs the issuance of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE Eark of the Circuit Court of HENDRICKS County, Indiana, Jeffery Lee Pendergrast I further certify that the following marriage certificate was filed in my office: (name), certify that on March 14, 1997
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Subscribed and sworn to before me this day of 10 # 10 # 10 # 10 # 10 # 10 # 10 # 10	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Subscribed and sworn to before me this day of 10 # 10 # 10 # 10 # 10 # 10 # 10 # 10	We, the parents of this applicant, hereby give consent for 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 A marriage license having been refused to the above named parties, the Court, by written order issued 19 ses and directs the issuance of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE Lerk of the Circuit Court of HENDRICKS County, Indiana, Jeffery Lee Pendergrast I further certify that the following marriage certificate was filed in my office: (name), certify that on March 14, 1997 in Hendricks County, Indiana, County Indiana (state), and
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana	We, the parents of this applicant, hereby give consent for 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 A marriage license having been refused to the above named parties, the Court, by written order issued 19 ces and directs the issuance of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE Eark of the Circuit Court of HENDRICKS County, Indiana, Jeffery Lee Pendergrast I further certify that the following marriage certificate was filed in my office: (name), certify that on March 14, 1997 in Hendricks County, Indiana, County Indiana (state), and Indiana (State) were married by me as authorized
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Father Mother Subscribed and sworn to before me this day of 10 # Court, by written order issued es and directs the issuance of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE erk of the Circuit Court of HENDRICKS Jeffery Lee Pendergrast I further certify that the following marriage certificate was filed in my office: (name), certify that on March 14, 1997 in Hendricks County, Indiana, County Indiana (state), and unty Indiana (state) were married by me as authorized HENDRICKS County, Indiana, dated 3-12-97

Circuit Court

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County

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

Female Applicant 50 No Y Yes
If No, Medical Examination or Report Dated
Name of Physician Communication Following Assumption

MALE APPLICANT	FEMALE APPLICANT
Name Price Middle Shadarass	Name Shirst On Middle Hast
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country) OHIO	Place of Birth (State or foreign country)
Residence Address Street gr.R.P. PFId IN 46168	Residence Address Street or R.R. Polity Squarty State LIV State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
	4 7
- A MILLERS	- 3211083
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?
Are you related to the female applicant closer than second cousin? No Yes No Yes No Yes	2. Are you related to the male applicant closer than second cousin? Yes 3. Are you now under the influence of an alcoholic beverage? Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
02.140 5.000 0.0005	0.
6. (a) Full name of applicant's father We Shoot gross (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father DOVICE HOLL (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) WASHINGTON	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) OH10 (b) Full maiden name of applicant's mother HOLLETT	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother South A. Durive!
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) INDIANA Birthplace of mother (State or foreign country) OHLO	Residence of mother (if deceased, so state) TN Birthplace of mother (State or foreign country) TN
- Constitution of the cons	ondiplace of motion (online of motion)
ACKNOWLEDGMENT 1 acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a liet of the test offes for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Ann Aura Date 3-14-97	immune deficiency syndrome). Shannon Hail Date 3-12-97
- Date 2111	Date O Applicant
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious befores.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana I swear/affirm that the information given	State of Indiana) I sweat/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS ss: / in this application is true and correct.
New Address Ame A.S. A.S. A.S.	New Address SAME AS ABOVE
Subscribed and sworn to before me this 14 day of MACH, 19 97 HENDRICKS	Subscribed and sworm to before me this
Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS Ss:	State of Indiana) County of HENDRICKS ss:
Father ID #	Father ID #
MotherID #	Mother ID # Subscribed and sworn to before me this day of , 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
The state of the s	es and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cledated, authorizing the marriage of,	erk of the Circuit Court of HENDRICKS County, Indiana, Brian W. Snodgrass
and Shannon M. Hail	. I further certify that the following marriage certificate was filed in my office:
I, Leonard W. Frederick (date), at Indianapolis	(name), certify that on March 21, 1997 in Marion County, Indiana,
Brian W. Snodgrass of Hendricks	County Indiana (state), and
Shannon M. Hail of Hendricks Columber a marriage license that was issued by the Clerk of the Circuit Court of	unty Indiana (state) were married by me as authorized HENDRICKS County, Indiana, dated 3-12-97
Signed by: /s/ Leonard W. Frederick	,(official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	4-1-97 (date).
	Signed Sharor Dugar Clerk
	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59

3-12-97

Date of Application

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

Female Applicant 50 No

If No, Medical Examination or Report Dated

Name of Physician

MALE APPLICANT	FEMALE APPLICANT
ame Harry Thorran Ruddell Jr.	Name Rose First Last Middle Last
te of Birth Month 5-11 Day 9	Date of Birth Month /1-35- He Year
ce of Birth (State or foreign country) 1	Place of Birth (State or foreign country)
idence Address 1 Street or R.R. 2) City County State 4 1/168	Residence Address Street or R.R. City County State
T Abblishme RY Plainful Andrs TV	657 Cobblestone RV Planfuld Hniha to
ious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Marriage Ended By: Death □ Divorce □ Annulment □ Date / 986	Last Marriage Ended By: Death Divorce Annulment Date 1991
- Y Dall/	Date of birth verified by: Birth Certificate Other (Specify)
te of birth verified by: Birth Certificate Other (Specify) Dr., Vers L'Cense	A pures dicine
Are you now or have you ever been adjudged to be of unsound mind? No⊠ Yes □	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
List the full names of any dependent children	5. List the full names of any dependent children.
(a) Full name of applicant's father Narry Warren Ruddell, SC	6. (a) Full name of applicant's father 26 Splace
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Vec Casual Bitholege of father (State or foreign country) Viva with
Birthplace of father (State or foreign country) Thy 'ana	Many State of Marie of Many
(b) Full maiden name of applicant's mother Delor's 79 y/or	
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Lecased	(If adopted, list adoptive parents only) Besidence of mother (if deceased so state) Anatoma
Birthplace of mother (State or foreign country)	Birthplace of mother (If deceased, so state) Shallonian Birthplace of mother (State or foreign country) Virginia
	ADMINISTRATIVE CONTRACT
ACKNOWLEDGMENT	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
acknowledge that I have received information regarding dangerous communicable diseases	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
t are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	immune deficiency syndrome).
nature of Applicant / Quy W Date 3/13/97	Signature of Applicant Aust Markate
nature of Applicant / July Date 11371/	Signature of Applicant 11 () bate
above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
knowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
ork of Court Date	Clerk of Court Date
ate of Indiana Second Sec	State of Indiana) I swear/affirm that the information given ss;
Signed X I in this application is true and correct.	County of HENDRICAS in this application is true and correct. Signed A FUSE & MUUX
New Address SAME	New Address SAME
abscribed and swore to before me this 13 day of March 1997	Subscribed and sworn/to/before me this
LALAN SULPAN Clerk of the HENDRICKS Circuit Court	SARAN LI GAN Clerk of the HENDRICKS Circuit Court
	The state of the s
NSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
e facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
te of Indiana)	State of Indiana)
unty of HENDRICKS ss:	County of HENDRICKS ss:
her ID #	FatherID #
her ID #	MotherID #
oscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this
Clerk	Clerk
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the Cl	erk of the Circuit Court of HENDRICKS County, Indiana, Harry Warran Ruddell, Jr.
d Rose Leah May	. I further certify that the following marriage certificate was filed in my office:
Sharon Dugan	
nte), atDanville	in Hendricks County, Indiana,
ry Warren Ruddell, Jr. of Hendricks	County Indiana (state), and
Leah May of Hendricks Co	unty Indiana (state) were married by me as authorized
der a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 3-13-97
gned by: /s/ Sharon Dugan Hendricks Co	ounty Clerk (official designation)
led and recorded in accordance with the laws of the State of Indiana on	
	Signed Clerk
	SignedClerk
	HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** County Female Applicant 50 No X IC 31-7-9-1. Furnishing false information upon applying for license. If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the Name of Physician Dr. Montago circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Divorce Death Last Marriage Ended By: Date of birth verified by: Birth Certificate Other (Specify) No Yes 🗌 Yes 🗌 No 🗌 No 🗆 Yes 🗌 Yes 🔲 No Yes Yes 🔲 No Yes 🔲 Yes 🔲 No. Yes ACKNOWLEDGMENT **ACKNOWLEDGMENT** that I have received information regarding dangerous communicable diseases that I have received information regarding dangerous communicable diseases Clerk of Court Clerk of Court State of Indiana State of Indiana _ Circuit Court HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County _ Court, by written order issued _ and filed in_ authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of County, Indiana, dated ____3-13-97 , authorizing the marriage of Paul Anthony Quirke and Melinda Kay Giltner . I further certify that the following marriage certificate was filed in my office:
____ (name), certify that on ____ March 22, 1997 I, John Caldwell (name), certify that on _ (date), at ____Avon Hendricks County, Indiana, Paul Anthony Quirke of Marion Indiana (state), and County _ (state) were married by me as authorized Indiana of Hendricks

County_

HENDRICKS

Minister

(date).

County, Indiana, dated .

(official designation)

Clerk

Circuit Court

Melinda Kay Giltner

Signed by: /s/ John Caldwell

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

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 706
File 3-14-97
Date of Application

Circuit Court

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

Female Applicant 50 No X Yes
If No, Medical Examination or Report Dated 3-14-97
Name of Physician Dy Bensen

MALE APPLICANT	FEMALE APPLICANT
Name Nichael First Clark Hond	Name Kara Prist All Middle Last
Date of Birth Month 5-24- Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country) Indiana William	Place of Birth (State or foreign country) Andiana H(1)
Fesidence Address Street or R.R. City County State 53 old North Salen Ry Danielle Hnoke In	Besidence Address Street or P.H. Salam R.J. Danville HnAbs 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 Cother (Specify) Drivers Juines	Date of birth verified by: Birth Certificate Sother (Specify) Durbes License
Are you now or have you ever been adjudged to be of unsound mind? Note Yes	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? No Yes Yes	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes Yes
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children	4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. Kyler Tuaune Harnles
	- The state of the
6. (a) Full name of applicant's father Awan Cavall Long	6. (a) Full name of applicant's father Kenneth John alexander
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Thousand	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother Judith Conn Barber	(b) Full maiden name of applicant's mother Jury Lynthe Malicoal
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country) Albansas	Residence of mother (if deceased, so state) And in the Birthplace of mother (State or foreign country) And in the state of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Allchard C. Jony Date 3-14-97	Signature of Applicant X Kara). Clexander Date 3-14-91
The above applicant has objected to verifying by oath or affirmation or signature to the above	The shows applicant has objected to verifying by eath or effirmation or signature to the above
acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS in this application is true and correct.
New Address Same	New Address
Subscribed and sworn to before me this day of March , 19 977 HENDRICKS Circuit Court	Subscribed and sworn to before me this
Andread Day	School Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID # Mother ID #	Father ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	
and filed in, authorize	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	
I certify that there was filed in my office a marriage license issued by the Cle	rk of the Circuit Court of HENDRICKS County, Indiana.
dated 3-14-97 , authorizing the marriage of	Michael Clark Long
I, Milton Crain	I further certify that the following marriage certificate was filed in my office: (name), certify that on April 5, 1997
(date), at Danville Michael Clark Long of Hendricks	_ in Hendricks County, Indiana,
7 7 77	County (state), and unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 3-14-97
Signed by:/s/ Milton Crain Filed and recorded in accordance with the laws of the State of Indiana on	_ , (official designation)
in accordance with the taws of the state of maidna on	(mare).
Section 1995 Section 1995	Signed Clerk

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County Female Applicant 50 No 又 If No, Medical Examination or Report Dated 3 Name of Physician Dr. Stagmelle **FEMALE APPLICANT** OR No. of Previous Marriages Birth Certificate Other (Specify) No Yes Yes 🔲 No 🗆 Yes 🗌 No 🗆 Yes 🔲 NO Yes 🗌 No B Yes 🗌 No Yes 🗌 Yes 🗌 Nod Yes 🗌 Yes 🔲 Exward Charles Horner, fr. ACKNOWLEDGMENT information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above CONSENT OF PARENTS, PARENT, OR GUARDIAN COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ County _ Court, by written order issued _ , authorizes and directs the issuance of a marriage license to the above named parties.

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

MALE APPLICANT

Never Married

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

Edward Charles Horner, Jr.

Kelly Jo Murrain

Indianapolis

Signed by: /s/ Thomas E. Smith

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

Thomas E. Smith

4-24-97 (date). Signed HENDRICKS

Minister

(name), certify that on _

Indiana

Indiana HENDRICKS

Marion

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

(name), certify that on ____April 19,1997

County, Indiana,

County, Indiana, dated _

(state), and .

(official designation)

(state) were married by me as authorized nty, Indiana, dated 3-14-97

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

County

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS dated 3-14-97, authorizing the marriage of Edward Charles Horner, Jr.

, authorizing the marriage of _

Hendricks

Hendricks

Clerk Circuit Court

County, Indiana,

Clerk of Court

and filed in

(date), at ____

Kelly Jo Murrain

CONSENT OF PARENTS, PARENT, OR GUARDIAN

r Married

Death

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County No 💢 Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the Wright circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Annulment Divorce Date of birth verified by: Birth Certificate Other (Specify) cense Yes 🗌 Are you now or have you ever been adjudged to be of unsound mind? Yes 🔲 No 🗆 Yes 🔲 Yes 🔲 Yes 🔲 Yes 🗌 Yes 🔲 Birthplace of mother (State or foreign country) Indiana ACKNOWLEDGMENT ACKNOWLEDGMENT wledge that I have received information regarding dangerous communicable diseases Signed Mymbru day of March, 19 97 CONSENT OF PARENTS, PARENT, OR GUARDIAN We the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued _ County

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

_ (name), certify that on ____ March 14, 1997

(date).

Staiss Dugar

HENDRICKS

Hendricks

County _Indiana

, Deputy Clerk

County __ Indiana

3-17-97

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

_ County, Indiana,__

_(state), and _

County, Indiana, dated ____

(official designation)

_ (state) were married by me as authorized

Clerk

Circuit Court

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

, authorizing the marriage of _____Michael Keith Stinson

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

Hendricks

dated 3-14-97

(date), at ___ Danville

and Kimberly Dallas Faulk

Kimberly Dallas Faulk of

Signed by: /s/ Susan D. Link

Michael Keith Stinson of Hendricks

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

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

Susan D. Link

Clerk of Court _

State of Indiana

and filed in_

CONSENT OF PARENTS, PARENT, OR GUARDIAN

HENDRICKS

STATE OF INDIANA

Health under Authority of IC 31-7-3 APPLICATION FOR I	1109
HEND	RICKS South 5-9
THE TOTAL PROPERTY OF THE PARTY	County File 37
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license.	Female Applicant 50 No. Yes 1
A person who knowingly furnishes false information to a clerk of the	If No, Medical Examination or Report Dated 3-28-97
circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Name of Physician M. Krichiff
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle D. Last
Bale of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country) / 0 e	Place of Birth (State or foreign country)
Indiana	Indiana 41,774
Residence Address Street or R.R. City County State 40108 The County State Fills	Residence Address Street or R.R. City County State 1887
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death Divorce Annulment Date 1994	Last Marriage Ended By: Death Divorce Annulment Date / GR9
Date of birth verified by: Birth Certificate Other (Specify) Drivers Julies	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?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes," has the adjudication been removed? No Yes Are you related to the male applicant closer then exceed courin?
2. Are you related to the female applicant closer than second cousin? No ✓ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ✓ Yes ☐	2. Are you related to the male applicant closer than second cousin? Not Yes 3. Are you now under the influence of an alcoholic beverage? Not Yes
4. Are you now under the influence of a narcotic drug? No Yes	4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father farlie Elmer Jones	6. (a) Full name of applicant's father Robert Le Whithoch
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) dictional	Residence of father (if deceased, so state) Flavidar
(b) Full maiden name of applicant's mother Marjonic Ancille Marjon	Birthplace of father (State or foreign country), Andronia
(If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother Attended Solvelle Nuglice (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Andiana	Residence of mother (if deceased, so state) Florida
Birthplace of mother (State or foreign country) Indiana	Birthplace of mother (State or foreign country) Indiana
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome). Signature of Applicant XX LAMINE AMA Date 3-14-97	Signature of Applicant & Daniel Ritle Date 3-14-97
Date O. T. Date O. T.	Signature of Applicant
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS Signed Start Signed Signed Signed Start Signed Signe	County of HENDRICKS ss: in this application is true and correct.
New Address TO THINKEY ST., PLAINFIELD, IN 46168	Signed D. Danie Welter R. New Address 409 HANLEY STI, PLAINFIELD, IN 46168
Subscribed and sworn to before me this / H day of Mb1ch 19 977	Subscribert and sworn to Notice me this XH day of March 19.97
Subscribed and sworn to before me this	Subscribed and sworn to delore me this day of March 19 97 Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We the parents of this applicant hereby give consent for this marriage. If only one parent signs
state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
	Property and a specific service of the specific servic
State of Indiana) Countried HENDRICKS ss:	State of Indiana) HENDRICKS SS:
County of	County of HENDRICKS
Father ID # Mother ID #	Father ID # Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT A	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorize	
PETUDN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	E AND MARRIAGE CERTIFICATE erk of the Circuit Court of HENDRICKS County, Indiana,
dated, authorizing the marriage of	
and Carol Dianne Whitlock	I further certify that the following marriage certificate was filed in my office:
I,Jacqueline Ameany	(name), certify that on April 12, 1997
(date), at Plainfield	_inHendricks County, Indiana,
Stephen Earl Jones of Hendricks Carol Dianne Whitlock of Hendricks Con	County Indiana (state), and unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	
Signed by: /s/ Jacqueline Ameany	, Priest (official designation)

Signed_

__ (date).

Horor Ougan

Clerk Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59

Date of Application

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

Female Applicant 50 No P Yes
If No, Medical Examination or Report Dated 3-14-97

Name of Physician

MALE APPLICANT	FEMALE APPLICANT
Name Christopher allan Aunod	Name First Sue Bonta
Date of Birth Month 12 - 18 - 6 9 Year	Oate of Birth Month 7-28-74 Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State 46168	Residence Address Street or R.R. City County State 19668
537 Duffy St. Plainfield Andre IN	537 Duffey St. plainfuld Undbe IN
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Stafus: Never Married DOR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Cother (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
A e were greense	- David Julia
	Are you now or have you ever been adjudged to be of unsound mind? Note: The second of the seco
Are you now or have you ever been adjudged to be of unsound mind? Yes Yes Yes No Yes	Are you now or have you ever been adjudged to be of unsound mind? Yes ☐ If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No Yes ☐	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Javy allen Juned	6. (a) Full name of applicant's father Charles Emery Banta
(If adopted, list adoptive parents only) Residence of father (if deceased so state)	(If adopted, list adoptive parents only)
Birthplace of father (State or foreign country)	Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Whichigan
(b) Full maiden name of applicant's mother Sandra Kay Wheher	(b) Full maiden name of applicant's mother Mary Louise Mipo
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state) Inneres
Surplace of month forms of totally totally, A continue	on inchine to month forms or intellin contrary
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant A Christian Date 3-14-97	Signature of Applicant & Francisco Sue Darcater 3/14/
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
Constitution of the State of th	
State of Indiana) I swear/affirm that the information given SS: Iswear/affirm that the information given in this application is true and correct.	State of Indiana) I swear/affirm that the information given ss:
County of HENDALAS in this application is true and correct.	County of Herricas in this application is true and correct. Signed Services Sul Sax Ha
New Address Sane	New Address Sakle
Subscribed and sword to before me this day of March 19 47	Subscribed and sworn to before me this day of March, 19 97
Clerk of the <u>HENDINGS</u> Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me this day of, 19 Clerk
	A marriage license having been refused to the above named parties, the
and filed in, authoriz	res and directs the issuance of a marriage license to the above named parties.
	THE RESIDENCE OF THE PROPERTY
	SE AND MARRIAGE CERTIFICATE WENDRICKS CONTROL OF THE PROPERTY OF THE PROPERT
I certify that there was filed in my office a marriage license issued by the Cladated 3-14-97, authorizing the marriage of	erk of the Circuit Court of HENDRICKS County, Indiana, Christopher Allan Junod
and, dumorizing the marriage of	I further certify that the following marriage certificate was filed in my office:
I, Roger C. Dierks	(name), certify that on April 12, 1997
(date), atIndianapolis	in Marion County, Indiana,
	County Indiana (state), and unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	
Signed by: /s/ Roger C. Dierks, Ph.D	
Filed and recorded in accordance with the laws of the State of Indiana on	
the state of the s	Signed Clerk
	HENDRICKS Circuit Court

APPLICATION FOR I	MARRIAGE LICENSE	No. 7//
HEND	RICKS County	File 59
	County	3-14-97
		Date of Application
		AND RESIDENCE AND
IC 31-7-9-1. Furnishing false information upon applying for license.	Female Applicant 50 No	
A person who knowingly furnishes false information to a clerk of the	If No, Medical Examination or	Report Dated 3-14-917
circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Name of Physician D. Fla	ryd
MALE APPLICANT	FEMALE A	APPLICANT
Name	Name First	Middle / D Last
Stohn Louglas Splans Date of Birth Month Day Year	Bate of Birth Month	Cloud Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)	72
Positione Address State of Design Country)	Indeed Sittle (State of Foreign country)	iana 46724
Residence Address Street or R.R. City County State 7018	Residence Address Street or R.R.	Lightle Marion In
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous	
	Last Marriage Ended By: Death Divor	rce 💢 Annulment 🗆 Date / 995
		/
Date of birth verified by: Birth Certificate Other (Specify) Drivers dicense	Date of birth verified by: Birth Certificate Other (Sp	Drivers Liverse
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to	o 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 re	
2. Are you related to the female applicant closer than second cousin? No. Yes 3. Are you now under the influence of an alcoholic beverage? No. Yes Yes Yes	Are you related to the male applicant closer tha Are you now under the influence of an alcoholic	
4. Are you now under the influence of an arcotic drug?	Are you now under the influence of an alcoholic Are you now under the influence of a narcotic d	
5. List the full names of any dependent children.	List the full names of any dependent children.	
	[10] (2 10 10 10 10 10 10 10 1	-
2	R	12/6 21.0
6. (a) Full name of applicant's father	(a) Full name of applicant's father (If adopted, list adoptive parents only)	offen tought & Flouch
Residence of father (if deceased, so state)	Residence of father (if deceased, so s	A ())
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign or	ountry) Kentucky 000
(b) Full maiden name of applicant's mother flatence Kuy Aplans	(b) Full maiden name of applicant's moth	ner Petriah Viane Skupe
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so	1 1/2
Birthplace of mother (State or foreign country) Indiana	Birthplace of mother (State or foreign	
		S. apart
ACKNOWLEDGMENT		VLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases hat are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired		tion regarding dangerous communicable diseases test sites for the virus that causes AIDS (acquired
mmune deficiency syndrome).	immune deficiency syndrome).	ACAO A ALLOS
Signature of Applicant Date 3-14.97	Signature of Applicant	1 Cloud Date 3-14-41
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above confirms has absented to residence	
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.	by oath or affirmation or signature to the above
Clerk of Court Date	Clerk of Court	Date
State of Indiana) I swear/affirm that the information given ss: County of HENDRICKS in this application is true and correct.	State of Indiana County of HENDRICKS	I swear/affirm that the information given in this application is true and correct.
Signed Alphon spears	Signed Sesally	X Cloud I'm application is true and correct.
New Address 1/25 Bitteroot Ct Indels In. 46234	New Address 1125 BIHERO	not Ct Indiple IN 44234
Subscribed and sworn to before me this day of March , 19 97 HENDRICKS	Subscribed and sworn to before me this	
Clerk of the Circuit Court	Sharon Vugar Clerk of th	ne HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give	consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent	t unnecessary
State of Indiana)	State of Indiana)	
County of HENDRICKS ss:	County of HENDRICKS	
Father ID #	Father	ID #
dother ID #	Mother	ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this	
Clerk		Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	marriage license having been refus	sed to the above named parties, the
County	Court, by written order issued .	
and filed in, authorize	is and directs the issuance of a marriag	ge license to the above named parties.
RETURN OF MARRIAGE LICENS		
certify that there was filed in my office a marriage license issued by the Cla	rk of the Circuit Court of	HENDRICKS County, Indiana,
dated 3-14-97, authorizing the marriage of	John Douglas Spears	
nndLisa Rena McCloud Susan D. Link		arriage certificate was filed in my office:
(date), atDanville	Handriaka	unty, Indiana,
ohn Douglas Spears of Hendricks	County _ Indiana	(state), and
	unty Indiana (sta	te) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: _/s/ Susan D. Link De		Indiana, dated 3-14-97
Filed and recorded in accordance with the laws of the State of Little	3-17-97 (off	ficial designation)

Signed_

_ (date).

Sharos Wugan

HENDRICKS

Clerk

Circuit Court

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

Signed by: /s/ Susan D. Link

Filed and recorded in accordance with the laws of the State of Indiana on 3-17-97

Kimberly Sue Haggard

Signed by: /s/ Charles C. Lake

Morgan

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

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County No A IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the Name of Physician _ circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Never Married Other (Specify) Birth Certificate Are you now or have you ever been adjudged to be of unsound mind' Nob Yes 🗌 Yes 🔲 No 🗆 Yes 🗌 Yes 🔲 Yes 🗌 Yes 🔲 Yes 🗌 Yes 🗌 Indiana Birthplace of mother (State or foreign country) **ACKNOWLEDGMENT** acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court PLAZNEZELD 4608 CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued _ County . , authorizes and directs the issuance of a marriage license to the above named parties. and filed in_ RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of , authorizing the marriage of ____Robert Glenn Biddle dated 3-14-97 _ . I further certify that the following marriage certificate was filed in my office:

(name), certify that on _____ March 29, 1997 and Kimberly Sue Haggard . (name), certify that on _ I, _ Charles C. Lake Johnson County, Indiana,_ (date), at ____ Greenwood Indiana Hendricks County Robert Glenn Biddle _(state), and _

Indiana

HENDRICKS

4-3-97

Minister

(date).

_ County _

Signed

(state) were married by me as authorized

____ Clerk _Circuit Court

County, Indiana, dated _

_ (official designation)

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** County Female Applicant 50 No A IC 31-7-9-1. Furnishing false information upon applying for license. Yes If No, Medical Examination or Report Dated 2 A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician Dy IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Never Married OR No. of Previous Marriage Not Yes 🗌 No 🗆 Yes 🔲 No 🗌 Yes 🔲 No A Yes 🔲 Yes 🗌 NOD Yes 🗌 Yes 🗌 Not Yes 🗌 Indiana ACKNOWLEDGMENT information regarding dangerous comm The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ County _ Court, by written order issued_ and filed in , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of $\frac{\text{HEN}}{\text{dated}}$ dated $\frac{3-17-97}{\text{dated}}$, authorizing the marriage of $\frac{\text{James Joseph VanderVeen}}{\text{James Joseph VanderVeen}}$ _ County, Indiana, _, authorizing the marriage of _ and __ Darla Jo Shaw . I further certify that the following marriage certificate was filed in my office: (name), certify that on March 29, 1997 I, Ralph Christman (name), certify that on Hendricks (date), at ____Coatesville County, Indiana,

Indiana

Indiana

HENDRICKS

Minister

_ (date).

(state), and

(official designation)

County, Indiana, dated

(state) were married by me as authorized 3-17-97

Clerk Circuit Court

County _

Signed

Hendricks

Darla Jo Shaw

James Joseph VanderVeen of

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

/s/ Ralph Christman

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

Clerk of Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County Female Applicant 50 No Yes
If No, Medical Examination or Report Dated IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Previous Marital Status: Last Marriage Ended By: Yes 🗌 Yes 🗌 No 🗆 No 🗆 Yes 🔲 Yes 🗌 No Not Yes 🗌 Yes 🗌 Yes 🗌 Yes 🔲 Yes 🗌 ACKNOWLEDGMENT ACKNOWLEDGMENT viedge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued. and filed in_ , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Jack Button , authorizing the marriage of _ Rachel Lynn Porter . I further certify that the following marriage certificate was filed in my office: Sharon Dugan (name), certify that on March 27, 1997 (date), at ____ Danville in Hendricks __ County, Indiana,_ Jack Button Hendricks County ___Indiana _(state), and _ Rachel Lynn Porter Hendricks _ County_ Indiana (state) were married by me as authorized

County, Indiana, dated 3-17-97

Circuit Court

Hendricks County Clerk (official designation)

_ (date).

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

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

Signed by: /s/ Sharon Dugan

Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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

Female Applicant 50 No From Yes 125/97
If No, Medical Examination or Report Dated 2/25/97
Name of Physician 12(15/19 Heinen

MALE APPLICANT	FEMALE APPLICANT
Name Jay Fronklin FINN	Name mary Jane Fortune
Date of Birth Month Pay Year	Date of Birth Month Pay Fear 2
Place of Birth (State or foreign country) Place of Birth (State or foreign country) Place of Birth (State or foreign country)	Place of Birth (State or foreign country) OUNENSODYO KY
Residence Address Street or R.R. BYOUNS BUYG HEYOLYKKS FW	Besidence Address Street of R.R. City (County (State -)
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 18/96	Last Marriage Ended By: Death Divorce Annulment Date 8/96
Date of birth verified by: Birth Certificate Other (Specify) Drivers Incense	Date of birth verified by: Birth Certificate Other (Specify) DYIVENS ICONSE
1. Are you now or have you ever been adjudged to be of unsound mind? No 📈 Yes 🗀	Are you now or have you ever been adjudged to be of unsound mind? No- No- Yes □
If answer is "yes," has the adjudication been removed? No. Yes	If answer is "yes," has the adjudication been removed? No.
2. Are you related to the female applicant closer than second cousin? No 🗗 Yes □ 3. Are you now under the influence of an alcoholic beverage? No 🖼 Yes □	2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? . No TYes	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children. MIChael Lee Finn May K Jay FINN	5. List the full names of any dependent children. Michael Le ne tortune II, Mithell James Fortune, Molly anne Fortune
6. (a) Full name of applicant's father FRANK FINN	6. (a) Full name of applicant's father James Lucian Mueller
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Bar baro WF	(If adopted, list adoptive parents only)
Birthplace of father (State or foreign country) UT	Birthplace of father (State or foreign country) Findiana
(b) Full maiden name of applicant's mother Lois Mariun Phelps	(b) Full maiden name of applicant's mother Anne & 112abeth Hargi.
(If adopted, list adoptive parents only) Residence of mother (If deceased, so state) Deceased WT	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Thouand
Birthplace of mother (State or foreign country) WT	Birthplace of mother (State or foreign country) POCK PORT FIND (QNO)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome): 3 18 97	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 3118197	Signature of Applicant May Pre Mueller France Date 3/18/97
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment begause of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given County of HENDRICKS in this application is true and correct.	State of Indiana) I swear/affirm that the information given County of HENDRICKS (SS: in this Application is true and correct.
Signed Jay 1	Signed Marsene Muller Fortune
New Address Subscribed and sworm to before me this day of, 19	Subscribed and sworn/10/before me this 18 day of 3 19 9
Shora Ugan Derk of the HENDRICKS Circuit Court	HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS ss:	State of Indiana) County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID # Subscribed and sworn to before me this day of 19	MotherID #
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
and filed in, authorize	Court, by written order issued
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cle	
dated 3-18-97, authorizing the marriage of	Jay Franklin Finn
and Mary Jane Fortune I. Norman R. Flowers	I further certify that the following marriage certificate was filed in my office: (name), certify that on April 12, 1997
(date), atLawrence	in Marion County Indiana
Jay Franklin Finn of Hendricks	County Indiana (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	unty Indiana (state) were married by me as authorized HENDRICKS County, Indiana, dated 3-18-97
Signed by: /s/ Norman R. Flowers Filed and recorded in accordance with the laws of the State of Indiana on	
Then and recorded in accordance with the taws of the state of maidna on	5-21-97 (date).
And the second s	Signed Skoroz Vugan Clerk
	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59

Date of Application

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

Female Applicant 50 No

If No,

Medical Examination or Report Dated

Name of Physician

MALE APPLICANT	FEMALE APPLICANT
Name RALPH William Cooper	Name ALBERTA MAXINE Spurlock
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
INDIANA	INDIANA
HOSIGENIC Address Street or R.R. City County HUDRIES IN State	Residence Address Street or R.R. CLAYTON LINDRYS IN
7	Previous Marital Status: Never Married OR No. of Previous Marriages /
ast Marriage Ended By: Death Divorce Annulment Date 1990	
ate of birth verified by: Birth Certificate Dother (Specify) DRNERS LICENSE	Date of birth verified by: Birth Certificate Other (Specify)
. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
Are you now under the influence of a narcotic drug? No ☑ Yes ☐	4. Are you now under the influence of a narcotic drug? No Yes
List the full names of any dependent children.	5. List the full names of any dependent children.
	Harten and the second s
(a) Full name of applicant's father John William Cooper	6. (a) Full name of applicant's father ERZIE WEDDLE
(a) Full name of applicant's father JOHN WITTING (If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Residence of father (if deceased, so state)	Residence of father (if deceased, so state) DECEASED
Birthplace of father (State or foreign country) TudiANA	Birthplace of father (State or foreign country) IndiANA
(b) Full maiden name of applicant's mother CARRIE F ROSS	(b) Full maiden name of applicant's mother BESSIE JANE QUERY
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) DECEASEA THE PROPERTY OF THE PRO	Residence of mother (if deceased, so state) Bithology of mother (State or foreign country) TNO ANA
Birthplace of mother (State or foreign country) TUINOIS	Birthplace of mother (State or foreign country)
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date I swear/affirm that the information given in this application is true and correct. Signed New Address Subscribed and sworn obefore me this Clerk of the CONSENT OF PARENTS, PARENT, OR GUARDIAN	immune deficiency syndrome). Signature of Applicant X. Illustra M. Spurlockie 3-18 The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date State of Indiana County of HENDRICKS Signed Allustra M. Spurlock Signed Signed Allustra M. Spurlock Signed Signed Allustra M. Spurlock Signed Signed Allustra M. Spurlock Subscribed and sworn to before me this 18 day of MARCH 1991 Clerk of the HENDRICKS Circuit Courter of the Consent of the Courter of the Courter of the Consent of Parents, Parent, OR GUARDIAN
le, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
ate facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS ss:
ather ID #	Father ID #
Aother ID #	Mother ID #
subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Cle
	A marriage license having been refused to the above named parties, th
	Court, by written order issued
and filed in, authoriz	zes and directs the issuance of a marriage license to the above named parties
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl dated, authorizing the marriage of	
dated3-18-97, authorizing the marriage of	Ralph William Cooper
Alberta Maxine Spurlock	I further certify that the following marriage certificate was filed in my office (name) certify that on April 19, 1997
	The state of the s
(date), at <u>Danville</u> Ralph William Cooper <u>of</u> Hendricks	inHendricks
National State of Handricks	County
under a marriage license that was issued by the Clerk of the Circuit Court of	f HENDRICKS County, Indiana, dated 3-18-97
Signed by: /s/ William H. Strother II	Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	4-29-97 (date).
	Signed Thorox Ougas Cler
	Signed Clerks Circuit Cour

_Circuit Court

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County

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

Female Applicant 50 If No, Medical Exam	No S	Yes 🗆 2 2 C 2	B.S.
If No, Medical Exam	ination or Report	Dated 3-3-7/	2
Name of Physician _	DR. BRETT G	RAHAM	3 15

Name First Middle Last	FEMALE APPLICANT Name First Middle Last
MARK TOOD PRIAR	JANKE MARIE BROWN
Date of Birth Month Day Year SEPTEMBER 2 1970	Date of Birth August 28 1971
Place of Birth (State or foreign country) INDIANA	Place of Birth (State or foreign country) [LU NO S
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
235 LINCOLD BRUNSBURG HEAD IND 46112	9297 DAWS DR. DROWSBURG HEND IS YUII;
Previous Marrial 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 Stother (Specify) TO DRIVERS LICENSE	Date of birth verified by: Birth Certificate Other (Specify) FND DRIVERS UCCASE
Are you now or have you ever been adjudged to be of unsound mind? No No Yes	Are you now or have you ever been adjudged to be of unsound mind? No
If answer is "yes," has the adjudication been removed? No ₩ Yes □	If answer is "yes," has the adjudication been removed? No ₩ Yes ☐
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐ 4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of applicant's father GLOVER PRIAR	6 (a) Full name of applicant's father ARTHUE EMERSON BROWN
6. (a) Full name of applicant's father (3 COVER NAME 1 COVER NAME	6. (a) Full name of applicant's father ARTHUR EMERSON ISROUN (If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) ILLINOIS
Birthplace of father (State or foreign country) KENTICKY	Birthplace of father (State or foreign country) ILLINOIS
(b) Full maiden name of applicant's mother TNARIE (SATTO)	(b) Full maiden name of applicant's mother BEUERLY TANICE HEIDLE
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) LLLI ~UIS
Birthplace of mother (State or foreign country) Kentucky	Birthplace of mother (State or foreign country) TNDIAJA
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court	immune deficiency syndrome). Signature of Applicant X Date 3-19-9 The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court
State of Indiana County of HENDRICKS Signed Signed DR. BRUDSBARG F 4(11) Subscribed and sworn to before me this 19 day of MARCH, 19 47 Clerk of the HENDRICKS Circuit Count	State of Indiana County of HENDRICKS Signed Sanc AS ABOUE Subscribed and sworp to before me this Gerk of the HENDRICKS Clerk of the HENDRICKS I swear/affirm that the information giver in this application is true and correct and correct in this application is true and correct in the correct in this application is true and correct in the correct in the correct in the correct in the correct in this application is true and correct in the correc
CONSENT OF PARENTS PARENT OF CHARDIAN	
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS ss:	State of Indiana) County of HENDRICKS ss:
Father ID #	FatherID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the Court, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
DETURN OF MARRIAGE MARRIAGE	
I certify that there was filed in my office a marriage license issued by the Cladated 3-19-97, authorizing the marriage of	SE AND MARRIAGE CERTIFICATE Lerk of the Circuit Court of HENDRICKS County, Indiana, Mark Todd Priar
andJanice Marie Brown	I further certify that the following marriage certificate was filed in my office:
I, Francis A. Schroering	(name), certify that on April 12, 1997
	inGibsonCounty, Indiana,
	(State), una
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 3-19-97
Signed by: /s/ Francis A. Schroering	, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	4-17-97 (date).
	Thoros Dugan
	Signed Clerk
	HENDRICKS Circuit Court

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County

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

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

Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Pay Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
4117 Koyal Woon way 19 Ha.	4777 Royal Troon Way Plaintie
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 1996	Last Marriage Ended By: Death Divorce Annulment Date 1992
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Rother (Specify) Dirtuers License
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes
If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? No 7 Yes 7	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? NO Yes	Are you related to the male applicant closer than second cousin? No Yes No Yes No Yes No Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children. Jessica tritchett Logan Pritchett	5. List the full names of any dependent children. Charles Wood Tacob Wood, Surah Wood'
6. (a) Full name of applicant's father Stephen D. Pritchett	6. (a) Full name of applicant's father Jason Hamilton Jr.
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) TN	Residence of father (if deceased, so state) 10
Birthplace of father (State or foreign country) The (b) Full maiden name of applicant's mother Tene C. Morris	Birthplace of father (State or foreign country) IN (b) Full maiden name of applicant's mother Sociolica Clark',
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) TN
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) I-N
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndreme).
Signature of Applicant Date 3/19/97	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.	The above applicant has objected to verifying by oath or affirmation or signature to the above
Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court
	AND AND PROPERTY OF THE PROPERTY OF THE PARTY OF THE PART
State of Indiana I swear/affirm that the information given Security of HENDRICKS Is the security of the sec	State of Indiana) I swear/affirm that the information given
County of REVERCES in this application is true and correct.	County of HENDRICKS in this application is true and correct. V Signed
New Address	New Address
Subscriped and sworn to be one me this day of HENDRICKS	Subscribed and sworp to before me this day of, 19
Clerk of the HENDRICKS Circuit Court	Librar Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID # Subscribed and sworn to before me this day of 19	Mother ID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me this day of, 19Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, authoriz	zes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Co	SE AND MARRIAGE CERTIFICATE When the Circuit Court of HENDRICKS County Indiana
dated3-19-97, authorizing the marriage of	
and Debra K. Wood	I further certify that the following marriage certificate was filed in my office: (name), certify that on April 12, 1997
I, Rod E. Smith (date). at Indianapolis	Marion
Oavid M. Pritchett of Hendricks	Indiana County, Indiana,
	County(state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	f HENDRICKS County Indiana dated 3-19-97
Signed by:/s/ Rod E. Smith Filed and recorded in accordance with the laws of the State of Indiana on	Minister (official designation)
nea and recorded in accordance with the laws of the state of Indiana on_	(uaie).
	Signed Sharar Ougas Clerk
	Signed Clerk HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

File

J19

No.

HENDRICKS

County

File

J-Jo-J77

Date of Application

Female Applicant 50 No ★ Yes □
If No, Medical Examination or Report Dated 3-19-97

Name of Physician → Hemsell

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

MALE APPLICANT	FEMALE APPLICANT
Name & First Robert Middle asmun	Name First Middle Last Last Ville Last
Date of Birth Month 2 7 - 45	Date of Birth Mooth Q- 8- 044 Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
1876 Comahill W. Planfild Anals In	1532 Winding Out To Brownshing Andes
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 1996	Last Marriage Ended By: Death Divorce Annulment Date 1996
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Tother (Specify)
- A Ewis grant	- A private grane
Are you now or have you ever been adjudged to be of unsound mind? Note Yes □ Yes □ Yes □ Yes □ Note Yes □ Yes □ Yes □	Are you now or have you ever been adjudged to be of unsound mind? Yes
1. Are you now or have you ever been adjudged to be of unsound mind? Yes If answer is "yes," has the adjudication been removed? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? 1. Yes 1. If answer is "yes," has the adjudication been removed? 1. Yes Ye
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? Note 1 Yes □ State the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
c. List the full ratios of any dependent children.	Sunding The strains of the strains o
6. (a) Full name of applicant's father Robert Alamlin Osmun	6. (a) Full name of applicant's father Wayne Watter Wiggs
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	(If adopted, list adoptive parents only)
Birthplace of father (State or foreign country) Muchiaan	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Evelyn Caralyn Sticky	(b) Full maiden name of applicant's mother alga Marie French
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)
Distribute of mother (state of loreign country) Scaring at	Birdiplace of mother (State of loreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have deceived information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the lest sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Date 3-20-97	Signature of Applicant South and La Septender
101.	A - / Coo
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
The first design of the second	
State of Indiana I swear/affirm that the information given State of Indiana I swear/affirm that the information given	State of Indiana I swear/affirm that the information given
County of HENDRICAS in this application is true and correct. Signed X Henting Ween in this application is true and correct.	County of REVORTED Sand in this application is true and correct.
New Address 5896 ANNOANTHILL CT PLAYINTHELD IN 46/6	New Address 5876 annex Nell Ct. Man feeld
Substribed and sworm to before me this 30 day of Mach, 19 97	Subscribed and swift o before me this 20 day of March , 19 977 46
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana
County of HENDRICKS ss:	State of Indiana) County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of
	A marriage license having been refused to the above named parties, the
County	Court, by written order issued es and directs the issuance of a marriage license to the above named parties.
and med in, authorize	es and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana,
dated 3-20-97, authorizing the marriage of and Wendy Wayne Sandlin	
I, Linda E. Brown	I further certify that the following marriage certificate was filed in my office: (name), certify that onMarch 21, 1997
(date), at Plainfield	_ in Hendricks County, Indiana,
Stephen Robert Osmun of Hendricks	County Indiana (state), and
Wendy Wayne Sandlin of Hendricks Country of Manager a magning license that was issued by the Clark of the Circuit Country of	unty Indiana (state) were married by me as authorized HENDRICKS County Indiana dated 3-20-97
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ Linda E. Brown	
Filed and recorded in accordance with the laws of the State of Indiana on	4-17-97 (date).
	Starge (care)
	SignedClerk
BOYCE FORMS * SYSTEMS 1-800-382-8702 1477	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59

No. 770
File 59
Date of Application

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

Female Applicant 50 No

If No, Medical Examination or Report Dated

Name of Physician

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last + 104d	Managhristine First C Middle Perry
Date of Birth Month Day 3 Year SY	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
2179 Hawthorne Ct Danvillo New IN	2179 Houthorne of Danville Hend IN
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Dother (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? No □ Yes □ 2. Are you related to the female applicant closer than second cousin? No □ Yes □ 3. Are you now under the influence of an alcoholic beverage? No □ Yes □ 4. Are you now under the influence of a narcotic drug? No □ Yes □	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? No Yes □ Are you related to the male applicant closer than second cousin? No Yes □ Are you now under the influence of an alcoholic beverage? No Yes □ Are you now under the influence of a narcotic drug? No Yes □
5. List the full names of any dependent children.	5. List the full names of any dependent children. Michael, Christopher B
6. (a) Full name of applicant's father Walter & Flord (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 Service IT, service	6. (a) Full name of applicant's father ETNESTO M CUD a (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Delaware Birthplace of father (State or foreign country) Participates (b) Full maiden name of applicant's mother Residence M Van Dar Mulhen
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 3-21-97 3/21/97	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Once 19 19 19 19 19 19 19 19 19 19 19 19 19
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court	The above applicant has objected to verifying by oath or athemation or signature to the above acknowledgment because of religious beliefs. Clerk of Court
State of Indiana County of HENDRICKS Signed Address New Address Subscribed and sworn of before me this day of HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed New Address Subscribed and sworn to before me this day of HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSCIENT OF PROPERTY AND PROPERTY OF PROP
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS) Ss:	State of Indiana) County of HENDRICKS) Ss:
Mother ID #	MotherID #
Subscribed and sworn to before me thisday of	Subscribed and sworn to before me thisday of, 19Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cle dated	E AND MARRIAGE CERTIFICATE ork of the Circuit Court of HENDRICKS County, Indiana, Michael E. Floyd
and Christine C. Perry I, Sharon Dugan	I further certify that the following marriage certificate was filed in my office: (name), certify that on May 2, 1997
(date), atDanville	_in Hendricks County, Indiana,
Charletine C Deserve a Headwich	County Indiana (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	dricks County Clerk (official designation)
. The and recorded in accordance with the taws of the state of Indiana on	(date).
BOYCE FORMS * SYSTEMS 1-800-382-8702 1477	Signed Lass Degas Clerk HENDRICKS Circuit Court
	Curami Court

Clerk

Circuit Court

HENDRICKS

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County Female Applicant 50 No 💢 Yes 🛚 If No, Medical Examination or Report Dated IC 31-7-9-1. Furnishing false information upon applying for license. Yes A person who knowingly furnishes false information to a clerk of the Name of Physician Trupple circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Date of birth verified by: Birth Certificate Other (Specify) NOR Are you now or have you ever been adjudged to be of unsound mind? Yes 🗌 NOTE No 🗆 Yes 🗌 No 🗆 Yes 🔲 er is "yes," has the adjudication been removed? NOD Yes 🔲 No D Yes 🔲 Yes 🗌 No X Yes 🔲 Yes 🔲 Yes 🗌 ACKNOWLEDGMENT ACKNOWLEDGMENT I have received information regarding dangerous com that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court State of Indiana Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, the parents of this applicant, hereby give consent for this marriage. If only one parent signs State of Indiana HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ County __ Court, by written order issued_ and filed in_ , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of County, Indiana, 3-21-97 Charles Frederick Dykins II _, authorizing the marriage of ____ and Kathryn LouAnn Stewart . I further certify that the following marriage certificate was filed in my office: I, __ James E. Byerly _ (name), certify that on April 5, 1997 (date), at Plainfield Hendricks ___ County, Indiana, Charles Frederick Dykins II County Indiana Hendricks __(state), and _ Kathryn LouAnn Stewart Hendricks _ County _ Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of _ _County, Indiana, dated ____3-21-97 /s/ James E. Byerly Minister _ (official designation) Filed and recorded in accordance with the laws of the State of Indiana on_ 4-16-97

Signed _

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59

5-14-97
Date of Application

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

Female Applicant 50 No P Yes
If No, Medical Examination or Report Dated 3-21-97

Name of Physician Dr. Maynard

MALE APPLICANT	FEMALE APPLICANT
David Charles Sperry Last	Caroline Mane Kowal
Date of Birth Month 2-17-7/ Vear	Date of Birth Month 10 - 13 - 72 Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State 267 W Sanivac Dr. A2 Rockester Marviac MY
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married O OR No. of Previous Marriages
	THE RESERVE AND DESCRIPTION OF THE PERSON OF
	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Drivers License	Date of birth verified by: Birth Certificate Other (Specify) Doubles Jucinese
Are you now or have you ever been adjudged to be of unsound mind? Not Yes	Are you now or have you ever been adjudged to be of unsound mind? No. Yes Yes
If answer is "yes," has the adjudication been removed? No □ Yes □	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
Are you related to the female applicant closer than second cousin? No. Yes. No. Yes. No. Yes.	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No. Yes Yes Yes	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes Yes Yes Yes Yes Yes Yes Yes
5. List the full names of any dependent children 10	4. Are you now under the influence of a narcotic drug? No. Yes 5. List the full names of any dependent children.
	THE RESERVE OF THE PERSON NAMED IN COLUMN 19 19 19 19 19 19 19 19 19 19 19 19 19
a second of the Course Interest	9.1. + V.
6. (a) Full name of applicant's father Kalph Censon Splving (If adopted, list adoptive parents only)	Full name of applicant's father Robert Kowal
Residence of father (if deceased, so state)	(If adopted, list adoptive parents only)
Birthplace of father (State or foreign country) Training,	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother and ula Helen De Fusco	(b) Full maiden name of applicant's mother flan fours & Puffer
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)
- The control	Birthplace of mother (State or foreign country) New York
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant y / and C. Sperial Date 5-16-97	Signature of Applicant X Caroline M. Kourl Date 5-14-97
	A Date of the second of the se
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs.
Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss: In this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
New Address 191 Rale ian St. Rochester NY 14620	Signed X Caroline M. Koust
Subscribed and sworn to before me this	New Address 191 Raleigh St. Rochester NY 14620 Subscribed and sworn to before me this // day of Mills to GD
HENDRICKS Circuit Court	MENDENES T
shares organ	Staron Dugan Clerk of the HENDRICAN Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID #	Father 1D #
MotherID # Subscribed and sworn to before me thisday of	Mother ID #
Subscribed and sworn to before me thisday of	Subscribed and sworn to before me this day of 19
	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
, autnoriz	tes and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cla	
dated5-16-97 , authorizing the marriage of andCaroline Marie Kowal	
I, Joseph F. Schaedel	. I further certify that the following marriage certificate was filed in my office: (name), certify that on 7-5-97
(date), atBrownsburg	in Hendricks County, Indiana,
David Charles Sperry of Monroe	County New York (state), and
Caroline Marie Kowal of Monroe Con	unty New York (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ Joseph F. Schaedel	HENDRICKS County, Indiana, dated 5-16-97
Filed and recorded in accordance with the laws of the State of Indiana on	7-9-97 (data) (official designation)
inc saire of me state of mataria on_	Theres Queen
	Signed Clark
	HENDRICKS Ci Clerk

_Circuit Court

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County

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

Female Applicant 50 No 🕱 Yes 🗆
If No, Medical Examination or Report Dated 3-19-97
Name of Physician Date Kirtley

A STATE OF THE PERSON NAMED IN COLUMN 1997 AND ADDRESS OF THE PERSON NAM	
MALE APPLICANT	FEMALE APPLICANT
Cut Michael Wright	Sensifer Lynn Davis
Date of Birth Month 6-12-71	Page of Birth Month 3-1-79
Place of Birth (State or foreign country) Andiana	Place of Birth (State or foreign country)
Residence Address / Street or R.R. City County State Holle 8	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	506 Aira Price Indpls Morion Ind Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Drivers Jicense	Date of birth verified by: Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No X Yes Yes Y
If answer is "yes," has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? Yes	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes □	3. Are you now under the influence of an alcoholic beverage? No Yes ☐
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of applicant's father Jawson Charles Wright	6. (a) Full name of applicant's father Robert Brinson
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Andiana Birthplace of father (State or foreign country) Andiana	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Mary Melinda Sungar	(b) Full maiden name of applicant's mother Agelia Carlene Travia
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Judigma	Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Andrana	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable disease
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Date 3-21.97	immune deficiency syndrome). Signature of Applicant X Date
Date 9	Signature of Applicant Control Date
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana)I swear/affirm that the information giver
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS SS: SS: In this application is true and correct
Signed & Chut Winght New Address 640 Coloblestone Rd Plainfield IN 46168	Signed X Control Contr
Subscribed and sworns before me this 2 day of March 19 97	Subscribed and sworn properore me this 2 day of April 1997
Harar Dugar Clerk of the HENDRICKS Circuit Court	Stars Cuestierk of the HENDRICKS Circuit Cour
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary
	State lace when made the consent of the other parent differences.
State of Indiana)	State of Indiana)
County of HENDRICKS	County of HENDRICKS SS:
Father ID # Mother ID #	Father ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this
Clerk	Cler
COMPLETE IE MARRIAGE LICENSE ISSUED BY ORDER OF COURT	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, theCourt, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cle	SE AND MARRIAGE CERTIFICATE erk of the Circuit Court of HENDRICKS County Indiana
dated 3-21-97, authorizing the marriage of	erk of the Circuit Court of HENDRICKS County, Indiana, Curt Michael Wright
andJennifer Lynn Davis	I further certify that the following marriage certificate was filed in my office: (name), certify that onMarch 22, 1997
I, J. Franklin Dennis	ri
(date), at New Albany Curt Michael Wright of Hendricks	_ in Floyd County, Indiana, County Indiana (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 3-21-97
Signed by: /s/ J. Franklin Dennis	,
Filed and recorded in accordance with the laws of the State of Indiana on	4-1-97 (date).
是一个人,但是一个人的,他们也没有一个人的。 第一个人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的	Signed Sharos Dugas
	Signed Clerk HENDRICKS Circuit Court
	Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 774 File 59 3-24-97

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

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

MALE APPLICANT	FEMALE APPLICANT
Daniel Gillon Newcomber Date of Birth Day Vear	Nageo Cather First Ann Middle Smeeling Day Smeeling
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street of R.R. A City County State In HU121	Regidence Address/ Street or R.R. City County State #412.1
1903 Church Street Coatswill Hudbe	7903 Church Sto Coatesville Andre IN
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 1993	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Drivers Friends	Date of birth verified by: Sirth Certificate Sother (Specify) Andiemou TD
Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No No No Yes ☐	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 7. No. Yes Yes Yes Yes	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes Yes 7.
5. List the full names of any dependent children Samantha Lynn Venctore	5. List the full names of any dependent children. Heaven Marie Smellis Samantha Lynn Newcomer
6 (a) Full name of annicant's father Ke as noth, Essen of Marie Maria	6. (a) Full name of applicant's father Quin Pale Smeeting
6. (a) Full name of applicant's father fernally Eugene NewCorab a (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Turn Vale Smilling (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) pennsylvania	Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country). Personaghiana	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother flasensing flusher (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother Diane Jouise Gatter
Residence of mother (if deceased, so state) Indiana	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country) Indiana	Birthplace of mother (State or foreign country) Indiana
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant A Daniel aller Newcombate 3/24/94	Signature of Applicant X Heather ann Smellink Date 3-24-97
MATERIAL REPORTS AND ADDRESS OF THE PARTY OF	A There is a special of the second of the se
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court	acknowledgment because of religious beliefs.
Date	Clerk of Court Date
State of Indiana) I swearlaffirm that the information given ss:	State of Indiana) I swear/affirm that the information given
Signed & Manual aller New Corner	County of HENDRICKS in this application is true and correct.
New Address Same	New Address Same
Subscribed and sworn to before methis 24 day of March, 19 97	Subscribed and sworn of before me this 24 day of March 19 97
Clerk of the HENDRICKS Circuit Court	Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	
County of HENDRICKS ss:	State of Indiana) County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
AND THE RESIDENCE OF THE PARTY	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, the
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties
RETURN OF MARRIAGE LICENS	
I certify that there was filed in my office a marriage license issued by the Cledated 3-24-97, authorizing the marriage of	erk of the Circuit Court of County, Indiana, Daniel Allen Newcomer
and Heather Ann Smeelink	I further certify that the following marriage certificate was filed in my office:
I, Sharon Dugan	(name), certify that on March 26, 1997
	T-3:
	County Indiana (state), and unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 3-24-97
Signed by: /s/ Sharon Dugan Hend	ricks County Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	4-1-97 (date).
The Control of the Co	Signed Signed
	Signed Clerk HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59

3-24-97
Date of Application

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

MALE APPLICANT	FEMALE APPLICANT
Name Kevin James O'Malle Last	Name Last Powell Last
Date of Birth Month 3-5 - 49 Day Year	Ogle of Birth Month 9-54 Oay Year
Place of Birth (State or foreign country) Alaurail	Place of Birth (State or foreign country)
Residence Address Street or FI.R. City County State 46/168	Residence Address Street or R.R. City County State 1012 Codey Lane Plainfield Under In 46168
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 1995	Last Marriage Ended By: Death Divorce Annulment Date 1991
Date of birth verified by: Birth Certificate Of Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
- Dievers gicense	- Duvis queles
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? Yes	If answer is "yes," has the adjudication been removed? No Yes □ 2. Are you related to the male applicant closer than second cousin? No ∀Yes □
3. Are you now under the influence of an alcoholic beverage? No□ Yes □	3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children. Mugan Saily O'Neidl	5. List the full names of any dependent children 20
Seann News Owill	
6. (a) Full name of applicant's father Walter Sames O'Neill	6. (a) Full name of applicant's father Dale In Powell
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Quisanta	Residence of father (if deceased, so state) Andiana
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Linguista Elvich	(b) Full maiden name of applicant's mother Barbara 4. Caster
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (If deceased, so state) Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
signature of Applicant × XVV WAY AND THE 3/4 1/67	immune deficiency syndrome). Signature of Applicant A To Hymn Powell Date 3-24-9-
Signature of Applicant X Out Onto Date 1/2/1/1/	Signature of Applicant Date Date
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana I swearly firm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss: n this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed X Kly Johns O Mills	Signed & John Towell
New Address 5 Am	New Address SAme
Subscribed and sworn to refere me this	Subscribed and sworn to before me this 4 day of March , 19 97 HENDRICKS Circuit Court
Circuit Court	Circuit Coun
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me this day of, 19Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	
I certify that there was filed in my office a marriage license issued by the Cle dated3-24-97	erk of the Circuit Court of HENDRICKS County, Indiana,
, amnoriting the marriage of _	I further certify that the following marriage certificate was filed in my office:
	(name), certify that on April 5, 1997
(date), at <u>Indianapolis</u>	in Marion County, Indiana.
Kevin James O'Neill of Hendricks	County Indiana (state), and
Jo Lynn Powell of Hendricks Con-	inty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ Jane Voelkel	
Filed and recorded in accordance with the laws of the State of Indiana on	
	SignedClerk
BOYCE FORMS + SYSTEMS 1-800-3824702 1477	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59

3-25-97

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a 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 - 6-97
Name of Physician Machan

MALE APPLICANT	FEMALE APPLICANT
Name Scall First Middle Last	Name Kim Marie Holmes Last
Date of Birth Month Day Year	Date of Birth Monthy 7 1/2 577
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Besidence Address Street or R.R. City County State 44168	Residence Address Street or R.R. City County State #6/68
to meny year plainfield Anaps In	737 Kemp Court plainfield Anoles In
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 1988	Last Marriage Ended By: Death Divorce Annulment Date 1995
Date of birth verified by: Birth Certificate Dother (Specify) Drivers dicense	Date of birth verified by: Birth Certificate A Other (Specify) Drivers dicense
Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes	Are you related to the male applicant closer than second cousin? Not Yes Not Yes Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children. Brock Udam Swung	5. List the full names of any dependent children (Iskly Marie Holmes
The same property of the same property of the same of	James games Harmes
6. (a) Full name of applicant's father Yene Boker	6. (a) Full name of applicant's father James Bounded King
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of father (State or foreign country) The Therapiera	Residence of father (if deceased, so state) Januaria
(b) Full maiden name of applicant's mother Myssia Lee Thilson	(b) Full maiden name of applicant's mother wanelly fundall Johns
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state) Shakama
- Charles (State of Foreign Country)	Birthplace of mother (State or foreign country) The Constitution
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome)
Signature of Applicant A Scotts Wessey Date 3/25/97	Signature of Applicant X M M. TO MUS Date 3/25/97
The above applicant has objected to verifying by oath or affirmation or signature to the above	The chara continue has chicated to positive hyperby affirmation of the character of the cha
acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I sweatlaffirm that the information given
County of HENDRICKS in this application is true and correct.	State of Indiana I swear/affirm that the information given Ss: In this application is true and correct.
Signed A Scott Sugar	Signed X 9 m / h. Holmos
Subscribed and sworm before me this	Subscribed and sworn to before me this 25 day of March 19 97
Haroz Dugas Clerk of the HENDRICKS. Circuit Court	HONDRICKS Circuit Court
	show sager
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS) ss:	State of Indiana) Countries HENDRICKS ss:
Father ID #	County of
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, the
and filed in, authorize	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties
RETURN OF MARRIAGE LICENS	
I certify that there was filed in my office a marriage license issued by the Cledated, authorizing the marriage of	
and Kim Marie Holmes	I further certify that the following marriage certificate was filed in my office:
I, David L. Garshaw	(name), certify that on April 12, 1997
Scott Eric Sweeney of Hendricks	_ in Hendricks County, Indiana, County Indiana (state), and
Kim Marie Holmes of Hendricks Con	unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 3-25-97
Signed by: /s/ David Garshaw Filed and recorded in accordance with the laws of the State of Indiana on	_ , Minister (official designation)
The and recorded in accordance with the laws of the State of Indiana on	Signed Signed (date).
· · · · · · · · · · · · · · · · · · ·	Signed Clerk
	HENDRICKS Civic Cork

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

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

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last PINE
Date of Birth Month / Day Year	Date of Birth Day Year
Place of Birth (State or foreign country) Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
INDIANA	INDIANA
Residence Address Street or R.R. City County State 1007 VALLEY VIEW DRAPT3 PLA INFIELD TID	Residence Address Street or R.R. City County State 1007 VALLEY VIEW DRAPT3 PERINFIELD 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: Derifficate Other (Specify) DRIVERS LICENSE	Date of birth verified by: Birth Certificate Dother (Specify) DRIVERS WICENSE
Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No ✓ Yes ✓
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of a narcotic drug? No Yes Yes	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes Ves Ves Ves Ves Ves Ves Ves V
List the full names of any dependent children.	5. List the full names of any dependent children.
THE CAPA	20.24
6. (a) Full name of applicant's father WAYNE EUGENE GORDON (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father RALPH WILLIAM PINE, JR
Residence of father (if deceased, so state) TDD*/AN A	(If adopted, list adoptive parents only) Residence of father (if deceased, so state) TLL INDIS
Birthplace of father (State or foreign country) INDIANA	Birthplace of father (State or foreign country) IND / ANA
(b) Full maiden name of applicant's mother OYNTHIA LOU TRENT	(b) Full maiden name of applicant's mother CYNTHIA LAND
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) TNDIANA Birthplace of mother (State or foreign country) TNDIANA	Residence of mother (if deceased, so state) TND / PN PA Birthplace of mother (State or foreign country) TND / PN PA
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X M M 2L Date 3-25-97	Signature of Applicant X Map & Allew Tuli Date 3/25/97
	701
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
Date	Cierk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS in this application is true and correct.	County of HENDRICKS in this application is true and correct.
New Address 1007 VALLEY VIEW DRAFT 3 PLAINFIELD	New Address 1003 WALLEY VIEW DR APT3 PLAINFIELD
Subscribed and sworm before me this 25 day of March, 1997	Subscribed and sworn of before me this 25 day of March 19 97
HENDRICKS Circuit Court	Sharan Cugar Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTE PARENT OF CHARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) Countries HENDRICKS SS:	State of Indiana) HENDRICKS ss:
County of HENDARCAS) Father ID #	County of
Mother ID #	Patner
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	
dated, authorizing the marriage of	Todd M. Gordon
and Angel A. Pine	I further certify that the following marriage certificate was filed in my office:
I, Sharon Dugan	(name), certify that on March 25, 1997
	in Hendricks County, Indiana, (state) and
9	County Indiana (state), and Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	
Signed by: /s/ Sharon Dugan Hendricks Co	ounty Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	4-1-97 (date).
	Shows Dugar
	Signed Clerk
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

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

MALE APPLICANT	FEMALE APPLICANT
e Widdle Last	Name Vice Sul Morgan
A Birth Month Johnson Year	Date of Birth Month 9- 7-5 Day Year
of Birth Month Day Year 17-23-58 See of Birth (State or foreign country)	Place of Birth (State or foreign country)
f101:49	Residence Address Street or R.R. Street or R.R. State
jdence Address Street or R.H. City County State 47834	Residence Address Street or R. R. Street or R. Street o
vious Marrial Status: Never Married OR No. of Previous Marriages 2	Previous Marital Status: Never Married OR No. of Previous Marriages
1000	Last Marriage Ended By: Death Divorce Annulment Date 1994
t Marriage Ended By: Death Divorce Annulment Date 1989	- To Distance
e of birth verified by: Birth Certificate Other (Specify) Drivers Juine	Date of birth verified by: Birth Certificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? Ne Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No Yes Yes Yes Yes
Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than soons of the years of the property of the years
Are you now under the influence of an alcoholic beverage?	Are you now under the influence of an according developer. Are you now under the influence of a narcotic drug? No. Yes
Are you now under the influence of a narcotic drug? No Yes No Yes No Yes No Transport of any dependent children Cha 2 MonTona Tahuson	5. List the full names of any dependent children.
List the full names of any dependent children. Cha2 Mon ong Johnson	
	sul same of applicant's father // 'CK Lov'Ch
(a) Full name of applicant's father Erwin James Covull	6. (a) Full hame or applicant a lawy
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state) \(\sqrt{e} \) \(\leq \)
Residence of father (if deceased, so state) Malana	as the least of feather (State or foreign country) VII A A S/O (1.4)
Birthplace of father (State or foreign country) Tougha (b) Full maiden name of applicant's mother Theather Country Duggan	(b) Full maiden name of applicant's mother 1019 May Cline
(b) Full maiden name of applicant's mother fraction (if adopted, list adoptive parents only)	(If extented list adoptive parents ONIV)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) West 7: rg:n:q
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) West Virginia
	ACKNOWLEDGMENT
ACKNOWLEDGMENT acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
acknowledge that I have received information regarding dangerous communities and a list of the test sites for the virus that causes AIDS (acquired that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired that are sexually transmitted).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
mmune deficiency syndrome).	immune deficiency syndrome). Alue Sul Mag and Date 3-27-
Signature of Applicant X Market Date Date	Signature of Applicant
The state of the s	The above applicant has objected to verifying by oath or affirmation or signature to the above
The above applicant has objected to verifying by oath or affirmation or signature to the above	acknowledgment because of religious beliefs.
acknowledgment because of religious beliefs. Date	Clerk of Court Date
Clerk of Court) I swear/affirm that the information given
State of Indiana) I swear/affirm that the information given	State of Indiana
County of HENDRICKS in this application is true and correct.	County of HENDRICAS in this application is true and correct. Signed A Aluee Sup Mayare
Signed New Address Sample	New Address 9695 County 19. 9500 E Du
Subscribed and sworn to before me this day of March, 19	Subscribed and sworn to perfore me this
HENDRICKS Circuit Court	Shoron Green of the HENDALDS Circuit Court
	CONSENT OF PARENTS, PARENT, OR GUARDIAN
CONSENT OF PARENTS, PARENT, OR GUARDIAN	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	state facts which make the consent of the other parent unnecessary
state facts which make the consent of the other parent unnecessary	
State of Indiana)	State of Indiana) HENDRICKS SS:
County of	County of
Father ID #	rainet
Mother ID #	Mother
Subscribed and sworn to before me thisday of, 19Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
	Court by written order issued
and filed in, author	rizes and directs the issuance of a marriage license to the above named parties.
PETURN OF MARRIAGE LICE	NSE AND MARRIAGE CERTIFICATE
I contify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana,
I certify that there was filed in my office a marriage license issued by the dated 3-27-97, authorizing the marriage of	Mark Kevin Johnson
and Alice Sue Morgan	. I further certify that the following marriage certificate was filed in my office:
I, Sharon Dugan	(name), certify that on
(date) at Danville	
Mark Kevin Johnson of Clay Hendricks	County Indiana (state) were married by me as authorized
Alice Sue Morgan of Hendricks under a marriage license that was issued by the Clerk of the Circuit Court Hendrick	of HENDRICKS County, Indiana, dated 3-27-97
Giorned by: /c/ Sharon Duddii inclide 10.	ks County Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on.	4-1-97 (date).
	(harasil hears)
	Signed Cler
	HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** County Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. No A If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** No Yes Not No 🗆 Yes 🗌 No 🗆 Yes 🗌 is "yes," has the adjudication been removed? No Yes No N Yes 🗌 Not Yes 🗌 Yes 🗌 No D Yes 🗌 Yes 🗌 liane Hope chall Wilson ACKNOWLEDGMENT have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court State of Indiana CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County . Court, by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS County, Indiana, I further certify that the following marriage certificate was filed in my office: (name), certify that on March 29, 1997 and _ Teri Lynn Wilson Kenneth Smith (name), certify that on . (date), at ____Indianapolis Marion County, Indiana,

County _ Indiana

Signed

Hendricks

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

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

Indiana

HENDRICKS

Minister

(date).

(state), and

(official designation)

County, Indiana, dated

HENDRICKS

(state) were married by me as authorized

Clerk

Circuit Court

Donald Gene Hooper

Signed by: /s/ Kenneth Smith

Teri Lynn Wilson

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59

Date of Application

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

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

Name of Physician

MALE APPLICANT	FEMALE APPLICANT
Name A stt Conthony Middle Hentennia!	Name First D Niddle Last
Date of Birth Month Year	Date of Birth Month (Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City. County State #4//
975 N 625E Brownship Andles IN	4975 N 4358 Brunshing Hosps In
revious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
ast Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date 1991
tate of birth verified by: Birth Certificate Dether (Specify) Drivers License	Date of birth verified by: Birth Certificate Divers Spicense
. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of a narcotic drug? No Yes	3. Are you now under the influence of an alcoholic beverage?
Are you now under the influence of a narcotic drug? List the full names of any dependent children.	 Are you now under the influence of a narcotic drug? List the full names of any dependent children. Macing Lynn Care
List the fair names of any dependent criticism.	Cailles Taylor Carliste
(a) Full name of applicant's father Louice Ernest Hutenstein	6. (a) Full name of applicant's father Chestra Lyron Brown
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Andigence	Residence of father (if deceased, so state) Indicarra
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Sighanic Unn Fragee	(b) Full maiden name of applicant's mother Tuetta Demontrel
(If adopted, list adoptive parents only) Residence of mother (if deceased so state)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Indignal Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
The water the same of the same	Je contains
ACKNOWLEDGMENT acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
at are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the jest sites for the virus that causes AIDS (acquired
mune deficiency syndrome).	immune deficiency syndrome). A MAN / 2/17/07
gnature of Applicant (1) Cott (1. 4) Pate 3-27-97	Signature of Applicant XXIII G Date 1/4/
he above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
cknowledgment because of religious beliefs. Ierk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
	Out of odds
tate of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
ounty of HENDRICKS in this application is true and correct.	County of HENDRICKS in this application is true and correct.
Signed A DOM W. The	Signed Signed Some
New Address SAME ubsertised and sworn to before me this 27 day of March 19 97	New Address / Sum C
HENDRICKS . Circuit Court	Subscribed and sworn prefore me this
Solid to the solid	State of the Circuit Court
DISENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
e, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
te facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
	State of Indiana)
HENDRICKE SS:	County of HENDRICKS SS:
ounty of HENDRICKS ss:	County or
ounty of <u>HENDRICKS</u> ss: ther ID #	County of
ther ID # ID #	Father ID #
ther ID # ID #	Father ID #
ther ID #	Father ID # Mother ID # Subscribed and sworn to before me this day of, 19 Clerk
ounty of	Father ID #
unty of ID #	Father ID #
ther ID #	Father
ther ID #	Father
ounty of	Father
ounty of HENDRICKS SS: Other ID # ID	Father
county of	Father
certify that there was filed in my office a marriage license issued by the Cleated 3-27-97, authorizing the marriage of, authorizing the marriage of, authorizing the marriage late), at Indianapolis	Father
county of	Father
ather	Father
certify that there was filed in my office a marriage license issued by the Cleated	Father
certify that there was filed in my office a marriage license issued by the Clerk RETURN OF MARRIAGE LICENSE RETURN OF MARRIAGE RETURN OF MARRIAGE LICENSE RETURN OF MARRIAGE LICENSE RETURN OF MARRIAGE LICENSE RETURN OF MARRIAGE LICENSE RETURN OF MA	Father
certify that there was filed in my office a marriage license issued by the Cleated 3-27-97 , authorizing the marriage of my of my office a marriage license issued by the Cleated 1 are not my office a marriage license issued by the Cleated 1 are not my office a marriage license issued by the Cleated 1 are not my office a marriage license issued by the Cleated 1 are not my office a marriage of 1 authorizing the marriage of 1 are not my office a m	Father

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

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

wer is "yes," has the adjudication been removed?

OR No. of Previous Marriages Divorce

ACKNOWLEDGMENT

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County Female Applicant 50 No Yes
If No, Medical Examination or Report Dated IC 31-7-9-1. Furnishing false information upon applying for license. Yes A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician M. Winday MALE APPLICANT **FEMALE APPLICANT** Death Divorce 🗌 Annulment inters sicense NG Yes NO Yes 🗌 No 🗆 Yes 🗌 No 🗌 Yes 🗌 Are you related to the female applicant closer than second cousin? No Yes No Yes 🗌 No. Yes 🔲 NO Yes 🔲 Yes 🗌 No. Yes 🔲 her (State or foreign country)___ **ACKNOWLEDGMENT** that I have received information regarding dangerous communicable diseases that I have received information regarding dangerous communicable diseases tted, and a list of the test sites for the virus that causes AIDS (acquired The above applicant has objected to verifying by oath or affirmation or sig Clerk of Court

State of Indiana HENDRICKS

_ , 19 97

_ Circuit Court

HENDRICKS

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of _ County, Indiana, dated 4-1-97 , authorizing the marriage of ____ Kevin Dean Brown Sara Ann Ratliff . I further certify that the following marriage certificate was filed in my office: J. Richard Hunt I, _ _ (name), certify that on ___ May 10, 1997 Speedway (date), at _ Marion County, Indiana,_ Kevin Dean Brown County _ Indiana _(state), and _ Sara Ann Ratliff Hendricks Indiana (state) were married by me as authorized County___ under a marriage license that was issued by the Clerk of the Circuit Court of _ County, Indiana, dated 4-1-97 /s/ J. Richard Hunt

Signed .

_ (date).

Minister

5-21-97

CONSENT OF PARENTS, PARENT, OR GUARDIAN

the parents of this applicant, hereby give consent for this marriage. If only one parent signs

(official designation)

Clerk Circuit Court

Clerk of Court

State of Indiana

CONSENT OF PARENTS, PARENT, OR GUARDIAN

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59
H-1-91
Date of Application

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

Female Applicant 50 No Yes
If No, Medical Examination or Report Dated 4-1-97

Name of Physician 14. Boothe

MALE APPLICANT	FEMALE APPLICANT
Subal First Stave Middle Marsh	Sulia Brooks Doswich Last
Days of Birth Magth 9-94-69 Day Year	Date of Birth Month /- 7 -70
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State 46/1/2	Residence Address Street or R.R. City County State #4/1
416 Vonnelly Drive Brownsharg Andles IN	6 914 Donnelly Princ Growshurg House Ind
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date 1992
Date of birth verified by: Birth Certificate State (Specity) Douvers Liense	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?	Are you now or have you ever been adjudged to be of unsound mind? No ✓ Yes ✓
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? Vering No Yes Yes Yes	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes Yes Yes
5. List the full names of any dependent children Lessie March	5. List the full names of any dependent children. Alse Covin Mars
DN 6 Ward	Plai DI
6. (a) Full name of applicant's father David Eugene 17 favor	6. (a) Full name of applicant's father James Blaine Uplus (If adopted list adoptive parents only)
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	(If adopted, list adoptive parefits only) Residence of father (if deceased, so state) Continue Continue
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Kentucky
(b) Full maiden name of applicant's mother Carlol Diane Skellussn	(b) Full maiden name of applicant's mother hardatte Le presc
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of mother (if deceased, so state) Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
- Turing of money (state of total of total of total of the state of total o	only the or more country of the state of
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant X World Date 4-1-97	immune deficiency syndrome). Signature of Applicant X Mulia B. Dolwich Date 4-1-97
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss: Main this application is true and correct.	County of HENDRICKS SS: in this application is true and correct.
Signed A City S. 1 Wash	Signed X Julia D. Hollwick New Address Same
New Address Subscribed and sworn to before me this day of Duil 19 97	Subscribed and sworn to perfore me this day of
Circuit Court	HENDRICKS Circuit Court
Thoron Dugan	shows of
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
state lasts which make the consent of the other parent uninecessary	state ladis which make the consent of the other parent differensially
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS ss:
FatherID #	Father ID #
Mother ID # Subscribed and sworn to before me this day of, 19	Mother ID # Subscribed and sworn to before me this day of 19
Clerk	Clerk
	A marriage license having been refused to the above named parties, the
	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
The state of the s	and the second of a marriage needed to the above named parties.
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	
dated4-1-97 , authorizing the marriage of andJulia Brooke Dolwick	I further certify that the following marriage certificate was filed in my office:
I, Sharon Dugan	(name), certify that on April 1, 1997
(date), at Danville	_ in Hendricks County, Indiana,
Jubal Starr Marsh of Hendricks	County Indiana (state), and
Julia Brooke Dolwick of Hendricks Co	
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ Sharon Dugan Hendricks	County, matana, datea 1117
Filed and recorded in accordance with the laws of the State of Indiana on_	
The New York and the State of t	Signed Clerk
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59
U-1-9-7
Date of Application

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

Female Applicant 50 No Ves Using If No, Medical Examination or Report Dated 3-24-97

Name of Physician Stephen C. Heeger

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last Kline	Name Tammy S Morgan
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
2448 C Mendowlark Pifox Hendricks IN	2448 C. Mendowlark PIFd. Hendricks 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 93	Last Marriage Ended By: Death Divorce Annulment Date QO Q5
	Description of the second of t
- US. License	- Dr. Licerise
£ 000 - 10. GIP8 #	#8913-98-2183
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed? No ✓ Yes □	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No ✓ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ✓ Yes ☐	2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children. Roger Meb - 14
	Morgan Neb-10°
6. (a) Full name of applicant's father albert Raymond Kline	6. (a) Full name of applicant's father John Elmer Morgan
(If adopted, list adoptive parents only)	6. (a) Full name of applicant's father John Elmer Morgan (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Deceased	Residence of father (if deceased, so state). Indiana
Birthplace of father (State or foreign country) Pennsylvania	Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Margaret Minniekonapp	(b) Full maiden name of applicant's mother Marilyn Francis Clevelar
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Do Ceas a	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country) Pennsylvania	Birthplace of mother (State or foreign country) Indiana
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases
immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Don Duno Date 1 April 7+	Signature of Applicant Tany Morgain Date 41-47
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above
Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
The second secon	
State of Indiana) I swear/affirm that the information given County of HENDRICKS ss:	State of Indiana) I swear/affirm that the information given
County of HENDRICAS in this application is true and correct. *\(\) Signed Nonald Kline	County of HENDRICES in this application is true and correct.
New Address 2448 C Manawlark way Pital	New Address Same
Subscribed and sworn to refere me this 1944 day of April 19 97	Subscribed and sworn to before me this 15+7 day of April 19 97
HENDRICKS Circuit Court	Standard Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS SS:	State of Indiana) Country of HENDRICKS SS:
County of	County of HENDRICKS
Father ID # Mother ID #	Father ID # Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authoriz	tes and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clated $4-1-9.7$	erk of the Circuit Court of HENDRICKS County, Indiana,
, dunorizing the marriage of _	I further certify that the following marriage certificate was filed in my office:
Kenneth Smith	(name), certify that on _April 6, 1997
(date), at Plainfield	_ in _ Hendricks County, Indiana,
Mammar Core Manager	County Indiana (state), and
Tammy Sue Morgan of Hendricks Counder a marriage license that was issued by the Clerk of the Circuit Court of	nunty Indiana (state) were married by me as authorized
Signed by:/s/ Kenneth Smith	County, Indiana, dated 4-1-97 Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	4-8-97 (date).
	110
	Signed Clerk
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59

HENDRICKS Date of Application

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

Female Applicant 50 No X Yes I If No, Medical Examination or Report Dated H-1-97 Name of Physician Aucha

MALE APPLICANT	FEMALE APPLICANT
Name Pelles First Robert Middle Savage	Ahelley First ann Middle Last
Sayl of Bylith J - 28-74 Year	Date of Birth Month 1 - 71 - Day
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State 40/32	Residence Address Street or R.R. City County State 4(1)
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married Stor No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Drivers Juines	Date of birth verified by: Rairth Certificate Dother (Specify) Drusses License
Are you now or have you ever been adjudged to be of unsound mind? Notice Yes	Are you now or have you ever been adjudged to be of unsound mind? No X Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? Note: Yes: Yes: Yes: Yes: Yes: Yes: Yes: Ye	2. Are you related to the male applicant closer than second cousin? No. Yes Yes
Are you now under the influence of an alcoholic beverage? Not Yes Yes Yes Yes	Are you now under the influence of an alcoholic beverage? No Yes Yes Yes Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
a standard Description Control land	a constant a Città De Cita
6. (a) Full name of applicant's father Humbs botton School (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father family (If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Indiana,
(b) Full maiden name of applicant's mother Carol Faye Brookshire	(b) Full maiden name of applicant's mother for Common, Briggs
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome)
Signature of Applicant Affroy Court Date 9-2-97	Signature of Applicant & Selly and ayres Date 4-2-97
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana 1 swear/affirm that the information given County of HENDRICKS 4 to this application is two and approximately the state of the st	State of Indiana) I swear/affirm that the information given ss:
County of HENDRICKS In this application is true and correct. Signed A about Turner	County of RENDICES in this application is true and correct. Signed X Shelley ann agus
New Address Sam	New Address Same
Subscribed and sworn to before me this day of Ciput, 19 97	Subscribed and sworn to before me this 2 day of Apr: 1, 19 97
Librar Lugas Clerk of the HENDRICKS Circuit Court	Stator Dugas elerk of the HENDRICKS A Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS PARENTS OF CHARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs.
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS) Ss:	State of Indiana) ss:
Father ID #	County of
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana,
dated 4-2-97, authorizing the marriage of	
I. Mark Savage	I further certify that the following marriage certificate was filed in my office: (name), certify that onApril 5 , 1997
(date), at Brownsburg	in Hendricks County, Indiana,
Jeffrey Robert Savage of Hendricks	County Indiana(state), and
Shelley Ann Ayres of Hendricks Con	unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	
Signed by: /s/ Mark Savage Filed and recorded in accordance with the laws of the State of Indiana on	(Official designation)
The did recorded in accordance with the taws of the state of matana on	(unite).
	Signed Signed Clerk
	Signed Clerk

_Circuit Court

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County

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

Female Applicant 50 No X Yes I If No, Medical Examination or Report Dated 3-2/-Name of Physician 24 Handuson Henderson

MALE APPLICANT	FEMALE APPLICANT
Name hel First Middle Kelly Last	Name Sandara Kari Killing Last
Date of Birth Day Year 12-19-57	Date of Birth Month 9-13-65
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
gesidence Address Street or RM Coly County State 46731	Residence Address Street A.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 1996	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
Louvis queins	- * Winers opens
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes □	Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? No. Tyes Yes Yes	2. Are you related to the male applicant closer than second cousin? Not Yes 3. Are you now under the influence of an alcoholic beverage? Not Yes Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children. Flerich Burken Dully Nicholas Burken Kelly	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Pyrane Engine Kellis	6. (a) Full name of applicant's father Claverice Melvin Raid
(If adopted, list adoptive parents only)	6. (a) Full name of applicant's father ("Labeling of Applicant's f
Residence of father (if deceased, so state) Andigma	Residence of father (if deceased, so state) opland
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Hola White Vancley	Birthplace of father (State or foreign country) Sydemical (b) Full maiden name of applicant's mother Cartal Cann Bash
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (If deceased, so state)	Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome). Milly grully	immune deficiency syndrome). Sandra K. Bailey Date 4-3-97
Signature of Applicant Date 1174	Signature of Applicant Acceptance of Applicant Date 7
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Ss: I swear/affirm that the information given in this application is true and correct.	State of Indiana) I swear/affirm that the information given County of HENDRICKS ss: // // im this application is true and correct.
Signed A Thicked of Th	Signed & Hardrack. Barley
New Address 9021 W. S. ACHRON 57, WAYS. 4623/ Supervised and sworm of petere me this 3 day of CHAD 19 97	New Address 9021 gackson St. Indps. IN 46231 Subscribed and sworn to before me this 3 day of April 19 977
Staron Lugar Clerk of the HENDRICKS Circuit Court	derk of the HENDRICKS Circuit Court
	Show Sugar
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana	State of Indiana)
County of	County of HENDRICKS ss:
Father ID # Mother ID #	Father ID #
Subscribed and sworn to before me thisday of, 19	MotherID #
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, the
and filed in, authorize	Court, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	
I certify that there was filed in my office a marriage license issued by the Cledated, authorizing the marriage of	Mikel Eugene Kelly
and Sandra Kay Bailey	I further certify that the following marriage certificate was filed in my office:
I, John Caldwell	(name), certify that on April 4, 1997 in Hendricks County, Indiana,
Mikel Eugene Kelly of Hendricks	County Indiana (state), and
Sandra Kay Bailey of Marion Con	unty <u>Indiana</u> (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ John Caldwell	
Filed and recorded in accordance with the laws of the State of Indiana on	4-8-97 (date).
	Signed Shoror Dugan
	Signed Clerk HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 736
File 59
H- 3-97
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a 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 - 97 Name of Physician D4. Oakerson

MALE APPLICANT	FEMALE APPLICANT
Name Vichael First Les Just Brown, Jr. Date of Birth Month, J. Day	Name Pirst Marie Oficine Date of Birth Month Month Day 0
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. APTIS Previous Marital Status: Never Married OR No. of Previous Marriages Residence Address State Her 168 Previous Marital Status: Never Married OR No. of Previous Marriages	Residence Address Street or R.R. Apt 15 Previous Marital Status: Never Marriage OR No. of Previous Marriages Residence Address Strate 40 Apt 15 Placinful Status Never Marriage OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: ABirth Certificate Other (Specify) Drivers ficense	Date of birth verified by: Sigirth Certificate Other (Specify) Duinbus Luciens
Are you now or have you ever been adjudged to be of unsound mind? No ✓ Yes ✓ Yes	Are you now or have you ever been adjudged to be of unsound mind? Note Yes
If answer is "yes," has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? Yes Yes	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes Yes
3. Are you now under the influence of an alcoholic beverage? Yes Yes	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
Michael Lu & Alan Ca	Out of the Office
6. (a) Full name of applicant's father / fuchable full function, St. (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Douglas Outhur Ohim (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Indiana	Residence of father (if deceased, so state) Andicina
Birthplace of father (State or foreign country) Angliana	Birthplace of father (State or foreign country) Indiana 0 4
(b) Full maiden name of applicant's mother flottah Kay Brilliott	(b) Full maiden name of applicant's mother fance Kay Stands
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only). Residence of mother (if deceased, so state).
Birthplace of mother (State or foreign country) arbansas	Birthplace of mother (State or foreign country) Indiana
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the less sizes for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome). Signature of Applicant & STORCO STUME Page 4-3-97
Signature of Applicant National Date 73	Signature of Applicant XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana	State of Indiana) I swear/affirm that the information given
County of HENDRICKS in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed Affred In New Address Same	Signed Alamana M. Orusmo
Subscribed and sworn to proper me this 3 day of april 1997	New Address Subscribed and sworn to before me this 3 day of Azyl 1997
Harar Dugater of the HENDRICKS Circuit Court	Thoras Dugas derk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) HENDRICKS SS:	State of Indiana)
County of TENDRICKS	County of HENDRICKS ss:
Father ID # Mother ID #	FatherID #
Subscribed and sworn to before me thisday of	Mother ID # Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
and filed in, authorize	Court, by written order issued
RETURN OF MARRIAGE LICENS	
I certify that there was filed in my office a marriage license issued by the Cladated, authorizing the marriage of, authorizing the marriage of,	Michael Lee Lipthicum Jr. County, Indiana,
	I further certify that the following marriage certificate was filed in my office:
I,Douglas A. Ohime	(name), certify that on May 31, 1997
(date), at Plainfield	_ in Hendricks County, Indiana,
mara Marie Ohime of Hendricks Com	
under a marriage license that was issued by the Clerk of the Circuit Court of	unty Indiana (state) were married by me as authorized HENDRICKS County, Indiana, dated 4-3-97
Signed by: /s/ Douglas A. Ohime	
Filed and recorded in accordance with the laws of the State of Indiana on	6-3-97 (date).
	Signed Clerk
	SignedClerk
	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 737
File 59
4-3-97

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

Female Applicant 50 No V Yes I

If No, Medical Examination or Report Dated

Name of Physician Theodore OL Pooler

HENDRICKS

Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name Exel & woodrock Ir.	Name angela Keers
Date of Birth Month Dey Year 3	Date of Birth Day Year
Place of Birth (State or toneign country) Indiana	Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. City Courty State 371 York town in Inapis Hendricks IN	Residence Address Street or R.R. City County State 371 Yorktaan Ln. Indals Hendricks 1
Previous Marriad Status: Never Married CR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annument Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Stirth Certificate Scher (Specifie) Dr.S. License	Date of birth verified by: Birth Certificate Sother (Specify) Dr.S. License
Are you now or have you ever been adjudged to be of unsound mind? No Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? Yes
3. Are you now under the influence of an alcoholic beverage? No 🗹 Yes 🗆	3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. None None	4. Are you now under the influence of a narcotic drug? No P Yes 5. List the full names of any dependent children. NO P.
a Lot the no names or any dependent criticient.	5. List the full names of any dependent children. NODE.
6. (a) Full name of applicant's father EXEL T. WOODCOCK ST.	a. (a) Full name of applicant's tather Stephen C. Keers
(If adopted, list adoptive parents only)	6. (a) Full name of applicant's tather Stephen C. Meers (If adopted, list adoptive parents only).
Residence of father (If deceased, so state) Indiana Birthplace of father (State or foreign country) Kentucky	Residence of father (if deceased, so state) Indiana
(b) Full maiden name of applicant's mother Shirley Q. Profit+	Birthplace of father (State or foreign country) Fndiana (b) Full maiden name of applicant's mother Conie F. Goolsby
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Thouana Birthplace of mother (State or foreign country) Kentucky	Residence of mother (if deceased, so state) Indiana Birthplace of mother (State or foreign country) Indiana
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant 714 1/90/00/00 - Date 43.91	Immune deficiency syndrome).
Date 1	Signature of Applicant Date Date
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS 1 ss: I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS ss: I swear/affirm that the information given in this application is true and correct.
X Signed Will WOOLOV Y)-	X signed Mayell K. Kolor
New Address Same as a Colove Subscribed and sworn togethere me this day of 19	New Address Same as above Subscribed and sworn to before me this day of 19
Sharon Duganderk of the HENDRICKS Circuit Court	Maior Degas Chrk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state racis which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) 68:	State of Indiana) HENDRICKS ss:
Father ID #	FatherID #
Mother ID #	Mother
Subscribed and sworn to before me this	Subscribed and sworn to before me this
County	A marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, authoriz	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana,
dated, authorizing the marriage of andAngela K. Keers	
I, Kenneth Taylor	. I further certify that the following marriage certificate was filed in my office: (name), certify that on April 5, 199
(date), at Indianapolis	in Harion County, Indiana,
Annual V Variation of Handwicks	County Indiana (state), and unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 4-3-97
Signed by: Kenneth Taylor Filed and recorded in accordance with the laws of the State of Indiana on	
The and recorded in decordance with the laws of the state of tradata on_	(unit).
	Signed Sharos Dugas

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under	Female Applicant 50 No ☐ Yes If No, Medical Examination or Report Dated Name of Physician
IC 31-7-3 commits a Class D felony.	Name of Physician
MALE APPLICANT	FEMALE APPLICANT
ame First A Middle Last	Namey +0 First Middle 0 Last
ate of Birth J Month Day Year Year	pate of Birth Honth 4-17-45 Year
ace of Birth (State or foreign country)	Place of Birth (State or foreign country) Sellingis
sidence Address County State 160 10	Residence Address Street or R.R. City County State 8910 Aunget County Brownsborn Andba
vious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
t Marriage Ended By: Death Divorce Annulment Date 1996	Last Marriage Ended By: Death Divorce Annulment Date 1990
te of birth verified by: Birth Certificate Other (Specify) Drivers License	Date of birth verified by: Birth Certificate Mother (Specify) Duivers License
Are you now or have you ever been adjudged to be of unsound mind? No ✓ Yes ✓	Are you now or have you ever been adjudged to be of unsound mind? Note: Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? No Yes Yes	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No ✓ Yes ☐
List the full names of any dependent children	5. List the full names of any dependent children.
(a) Full name of applicant's father Charles Spellman	6. (a) Full name of applicant's father Acial Brokland Dear
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Yeclased	Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Kentucky
(b) Full maiden name of applicant's mother Than VI lavie Carpender (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother fight Eller function (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Seclasia
Birthplace of mother (State or foreign country) Andicasa	Birthplace of mother (State or foreign country) Allinois
ACKNOWLEDGMENT acknowledge that I have received information regarding dangerous communicable diseases at are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired mune deficiency syndrome). But	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant
	Signature of Approximation of the Approximation of
e above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
knowledgment because of religious beliefs. Park of Court	acknowledgment because of religious beliefs. Clerk of Court Date
ate of Indiana) I swear/affirm that the information given ss: in this application is true and correct.	State of Indiana) I swear/affirm that the information given County of HENDRICKS in this application is true and correct.
signed X Ruth a Baker in this application is true and correct.	County of in this application is true and correct. Signed X Aug Challes
New Address SAME	New Address 8910) SUNSET ERT, Brownsburg, In.
bscribed and sworn to before me this	Subscribed and sworn to before me this
INSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
te facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
ate of Indiana) ss:	State of Indiana)
unty ofHENDRICKS	County of HENDRICKS ss:
ther ID #	Father ID # Mother ID #
bscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me this day of, 19Clerk
	A marriage license having been refused to the above named parties, theCourt, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS certify that there was filed in my office a marriage license issued by the Cle	
tted $4-3-97$, authorizing the marriage of G	REGG CHARLES SPELLMAI)
NO RUTH A. BAKER	I further certify that the following marriage certificate was filed in my office:

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

HENDRICKS County, Indiana, dated 4-3-97.

Abaducks County Current designation)

4-3-97

_(state), and RUTH A

(state) were married by me as authorized

_ Clerk Circuit Court

_ County, Indiana,_

(name), certify that on ____

IN HENDRICKS

County INDIANA

County TND/ANA
HENDRICKS

Signed _

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

I, SHARON DUGAN

BAKER OF HENDRICKS

Signed by: Should Que an

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

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

(date), at DANVILLE

Circuit Court

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County

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

Female Applicant 50 No 20 Yes 3.14.97
If No, Medical Examination or Report Dated 3.14.97
Name of Physician Thomas D. Huth, M.D.

MALE APPLICANT	FEMALE APPLICANT
Name Devict Middle Clast	Name Lastrie A. Bullock
Date of Birth Month Day Year	Date of Birth Month Day Event
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
50 BIVELTIOTH STOWN ADUITY IN	a ray Granta Cir N. Iralangon
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 1994	Last Marriage Ended By: Death Divorce Annulment Date 1988
Date of birth verified by: Birth Certificate Dother (Specify) Drivers License	Date of birth verified by: Birth Certificate QOther (Specify) DY IVOYS ICONSO
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes I	Are you now or have you ever been adjudged to be of unsound mind? No Yes No Yes No Yes
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of a narcotic drug? No Yes	Are you now under the influence of an alcoholic beverage? No Yes No Yes No Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children. Kelly Bullock
6. (a) Full name of applicant's father Fox Dean Clark	6. (a) Full name of applicant's father Paul R. Stout
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Mary Ruth Fillet	(b) Full maiden name of applicant's mother Romonia N. Alyea
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Deceased
Birthplace of mother (State or foreign country) IIV	Birthplace of mother (State or foreign country) TN
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome)
Signature of Applicant Taxil E. Club Date 4/3/97	Signature of Applicant) all le Elle De 13/97
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS Signed Samuel E- Cluster Signed S	County of HENDRICKS find this application is true and correct.
New Address	New Address
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of, 19
successive	HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs.	CONSENT OF PARENTS, PARENT, OR GUARDIAN
state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana)	Chan of Indiana
County of HENDRICKS ss:	State of Indiana) County of HENDRICKS Ss:
FatherID #	Father ID #
Mother ID # Subscribed and sworn to before me this day of, 19	Mother
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cladated, authorizing the marriage of,	
and Laurie A. Bullock	I further certify that the following marriage certificate was filed in my office:
I, Sky Allen (date), at Richmond	in Wayne County, Indiana,
Daniel E. Clark of Hendricks	CountyIndiana(state), and
Laurie A. Bullock of Marion Counter a marriage license that was issued by the Clerk of the Circuit Court of	unty Indiana (state) were married by me as authorized HENDRICKS County Indiana dated 4-3-97
Signed by: /s/ Sky Allen	Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	6-12-97 (date).
and the state of t	Signed Staron Organ Clerk
	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File $\frac{59}{4-4-97}$

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

Female Applicant 50 No F Yes I If No, Medical Examination or Report Dated 2-/2-97

Name of Physician John M Brown MD

MALE APPLICANT	FEMALE APPLICANT
Name BRUCE ALAN PLEST	Name JANIS KAY STRANGE
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Indiana	IND. ANA
Residence Address GRANT BROWNSBURG HNDRIN TI	Residence Address 29 N GRANT BROWN-BURG HNDRKS 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 1983	Last Marriage Ended By: Death Divorce Annulment Date 1989
1105	
Date of birth verified by: Birth Certificate Dother (Specify) DRIVERS CICENSE	Date of birth verified by: Birth Certificate Cother (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No ✓ Yes ☐	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No Yes Yes 2. Are you related to the male applicant closer than second cousin? No Yes
2. Are you related to the female applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes Yes	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
Shanna Marie Pfeifer	
6. (a) Full name of applicant's father ROBERT FRANKIN PfE:FER	6. (a) Full name of applicant's father JAMES OSCAR WEddle
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) TNdIANA	Residence of father (if deceased, so state) DECEASED
Birthplace of father (State or foreign country) That ANA (b) Full maiden name of applicant's mother JUNE DELURES BLOOM	Birthplace of father (State or foreign country) Tudi AuA (b) Full maiden name of applicant's mother Ruby Edna Beech Am
(b) Full maiden name of applicant's mother—UNE DECURES DOFFN (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother DUBY CANA DEECHAM (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Tudi AnA	Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Tudi ANA	Birthplace of mother (State or foreign country) Wiscoustu
	ANALOW STOCKER
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome)
Signature of Applicant Duce A Pfeifer Date 4-4-97	Signature of Applicant A Saw Many Date T 9-11
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss:	County of HENDRICKS ss: in this application is true and correct.
Signed Bruce A Heiter	Signed & Sam Kathange
New Address SAME AS Above Subscribed and sworn to before me this day of, 19	New Address SAME AS ABOV E Subscribed and sworn to before me this
Clerk of the HENDRICKS Circuit Court	Sussided and swift to be the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
state tacts which make the consent of the other parent unitdoessary	state lacts which make the consent of the other parent unincessary
State of Indiana)	State of Indiana)
County of HENDRICKS	County of HENDRICKS SS:
Father ID #	Father ID # Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IE MADDIAGE LICENSE ISSUED BY ORDER OF COURT	A marriage license having been refused to the above named parties, the
	Court, by written order issued
and filed in, authoriz	es and directs the issuance of a marriage license to the above named parties.
DETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cla	
dated $4-4-97$, authorizing the marriage of	
and Janis Kay Strange	I further certify that the following marriage certificate was filed in my office:
I, Robert F. Gammon (date), at Indianapolis	in Marion May 10, 1997 County, Indiana.
Bruce Alan Pfeifer of Hendricks	
Janis Kay Strange of Hendricks Co	unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	
Signed by: /s/ Robert F. Gammon Filed and recorded in accordance with the laws of the State of Indiana on	
Filed and recorded in accordance with the laws of the State of Indiana on	
THE RESERVE OF THE PARTY OF THE	Signed Clerk
	HENDRICKS Circuit Court

_Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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

Female Applicant 50 No ⋈ Yes □
If No, Medical Examination or Report Dated 4/3/97
Name of Physician LOVEL □

MALE APPLICANT	FEMALE APPLICANT Name First Middle Last
Name First Middle Last Ray Allan Jones	KARIE J FISHER
Date of Birth Month Day Year	Date of Birth Month H - 25 Day 73 Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
INDIANA	Indiana
Residence Address Street or R.R. City County MAR 10 iState 1925 HIGH EACHE TRAIL APTSRI TNDPLS	Residence Address High Street or B.R. Danville Lindle Fr
11 2 2 4 1	Previous Marital Status: Never Married OR No. of Previous Marriages
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Marined & OH No. of Previous Marinages
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) ☐ RIVERS LICENSE	Date of birth verified by: Birth Certificate Other (Specify) Drivers Juins
1. Are you now or have you ever been adjudged to be of unsound mind? Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No. Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
and the state of t	and the state of t
6. (a) Full name of applicant's father pullar Matthew Jones	6. (a) Full name of applicant's father Jeffrey Kent Fisher
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Andland	Residence of father (if deceased, so state) Indignal
Birthplace of father (State or foreign country) Kentucky	Birthplace of father (State or foreign country) Andiano
(b) Full maiden name of applicant's mother Larbour The Shields	(b) Full maiden name of applicant's mother Carla June Oxfor
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Indiana	Residence of mother (if deceased, so state) Andique
Birthplace of mother (State or foreign country) Kentucky	Birthplace of mother (State or foreign country) of plakessa
t de la constant de l	
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable disease
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire
immune deficiency syndrome).	immune deficiency syndrome).
Signature of Applicant X Matthew Long Miles Jones Date 4-3-97	Signature of Applicant & Thanis of Fusher Date 4-3-9
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana	Date of Indiana
State of Indiana) I swear/affirm that the information given ss: Ounty of HENDRICKS An this application is true and correct.	State of Indiana) I swear/affirm that the information give SS:
County of In this application is true and correct.	County of HENDRICKS in this application is true and correct signed Signed Saring Ausher
New Address Indianapolis In 46224	
	New Address 1925 HIGH POOLE TRAIL HOT 881, INDUIS IN 41022
Subscribed and sworn to defore me this 1 5 day of While 1991	New Address 1925 HIEH Eagle TRAIL Apt 881, INSPES, IN 4622 Subscribed and sworn to before me this 2 day of CDV 1997
HENDRICKS HENDRICKS	Subscribed and sworn to before me this day of april, 1997
LA LABOR LOCAL HENDRICKS	Subscribed and sworn to before me this
Skars Urgan Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this day of
CONSENT OF PARENTS, PARENT, OR GUARDIAN	Subscribed and sworn to before me this
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	Subscribed and sworn to before me this
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	Subscribed and sworn to before me this
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	Subscribed and sworn to before me this
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana) SS:	Subscribed and sworn to before me this
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Circuit Court	Subscribed and sworn to before me this
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS SS:	Subscribed and sworn to before me this
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS SS: Father ID # Mother ID #	Subscribed and sworn to before me this
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS SS: Father ID # Mother ID #	Subscribed and sworn to before me this
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Ss: Father ID # Mother ID # Subscribed and sworn to before me this day of 19 Clerk	Subscribed and sworn to before me this
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Subscribed and sworn to before me this day of 10 # Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County	Subscribed and sworn to before me this
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Subscribed and sworn to before me this day of 10 # Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County	Subscribed and sworn to before me this
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Father ID # Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County, authorize and filed in, authorize	Subscribed and sworn to before me this
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Father ID # Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County	Subscribed and sworn to before me this
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Father Mother Subscribed and sworn to before me this day of 19 Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County and filed in , authoriz RETURN OF MARRIAGE LICENSE	Subscribed and sworn to before me this
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Father Mother Subscribed and sworn to before me this day of 19 Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County and filed in , authoriz RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cledated 4-3-97 , authorizing the marriage of 19	Subscribed and sworn to before me this
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Subscribed and sworn to before me this day of 10 # Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County and filed in , authoriz RETURN OF MARRIAGE LICENSE	Subscribed and sworn to before me this
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Father Mother Subscribed and sworn to before me this day of 19 Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County and filed in , authoriz RETURN OF MARRIAGE LICENS RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cledated 4-3-97 and Karie Jae Fisher I, Nancy S. Dickinson	Subscribed and sworn to before me this
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Father Mother Subscribed and sworn to before me this County and filed in RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cledated 4-3-97 and Karie Jae Fisher I, Nancy S. Dickinson (date), at Mooresville	Subscribed and sworn to before me this
Consent of Parents, Parent, or Guardian We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Subscribed and sworn to before me this day of 10 # 10 # 10 # 10 # 10 # 10 # 10 # 10	Subscribed and sworn to before me this
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Subscribed and sworn to before me this day of 10 # Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County and filed in , authoriz RETURN OF MARRIAGE LICENSE RETURN OF MARRIAGE RETURN OF MARRIA	Subscribed and sworn to before me this
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Father Mother Subscribed and sworn to before me this day of 19 Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County and filed in , authorize RETURN OF MARRIAGE LICENSE RETURN OF MARRIAGE LICENSE RETURN OF MARRIAGE LICENSE I certify that there was filed in my office a marriage license issued by the Cledated 4-3-97 , authorizing the marriage of and Karie Jae Fisher I, Nancy S. Dickinson (date), at Mooresville hew Ray Allan Jones of Marion rie Jae Fisher of Hendricks Counder a marriage license that was issued by the Clerk of the Circuit Court of the county of the	Subscribed and sworn to before me this
Clerk of the HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Father Mother Subscribed and sworn to before me this day of 19 Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County and filed in , authoriz RETURN OF MARRIAGE LICENSE I certify that there was filed in my office a marriage license issued by the Cledded 4-3-97 , authorizing the marriage of 1, Nancy S. Dickinson (date), at Mooresville thew Ray Allan Jones of Marion rie Jae Fisher of Hendricks Counter of Signed by: /s/ Nancy S. Dickinson	Subscribed and sworn to before me this
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Subscribed and sworn to before me this day of 10 # Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County and filed in , authoriz RETURN OF MARRIAGE LICENSE RETURN OF MARRIAGE RETURN OF MARRIA	Subscribed and sworn to before me this
Consent of Parents, Parent, Or Guardian We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Subscribed and sworn to before me this day of 10 # 10 # 10 # 10 # 10 # 10 # 10 # 10	Subscribed and sworn to before me this
Consent of Parents, Parent, or guardian We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Subscribed and sworn to before me this day of 10 # Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County and filed in 7, authorizing the marriage of 2, authorizing the marriage of 3, authorizing the marriage of 4, authorizing the marriage of 3, authorizing the marriage of 4, authorizing the marriage of 5, authorizing the marriage of 6, authorizing the 6, authorizing t	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Father Mother Subscribed and sworn to before me this day of 10 #
Consent of Parents, Parent, Or Guardian We, the parents of this applicant, hereby give consent for 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 Great By Order Of Court. Complete IF Marriage License Issued by Order Of Court. County and filed in RETURN OF Marriage License issued by the Claded 4-3-97 and Karie Jae Fisher I, Nancy S. Dickinson (date), at Mooresville hew Ray Allan Jones rie Jae Fisher John Marriage license that was issued by the Clerk of the Circuit Court of Signed by: // Nancy S. Dickinson Filed and recorded in accordance with the laws of the State of Indiana on Filed and recorded in accordance with the laws of the State of Indiana on Filed and recorded in accordance with the laws of the State of Indiana on Filed and recorded in accordance with the laws of the State of Indiana on Filed and recorded in accordance with the laws of the State of Indiana on Filed and recorded in accordance with the laws of the State of Indiana on Filed and recorded in accordance with the laws of the State of Indiana on	Subscribed and sworn to before me this

Clerk of Court _

and filed in_

(date), at _

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

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

Signed by: /s/ Stephen White

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS Female Applicant 50 No X IC 31-7-9-1. Furnishing false information upon applying for license. If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the Name of Physician Gregory hork circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Other (Specify) Drivers License Date of birth verified by: Birth Certificate hoense No D Yes 🗌 Are you now or have you ever been adjudged to be of unsound mind? Yes 🗌 Yes 🔲 Yes 🔲 Yes 🔲 (a) Full name of applicant's father PICh Ord Full name of applicant's father Thomas Burks Haltaker er (if deceased, so state) Induana father (State or foreign country) Indiana foreign country) Induana Eleanor Adamson of applicant's mother Carla Owens other (if deceased, so state) Indiana mother (if deceased, so state) Indiana Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) MISSOUVI **ACKNOWLEDGMENT** ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court HENDRICKS HENDRICKS HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one pa We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County_ Court, by written order issued _ , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE County, Indiana, dated 4-4-97 _, authorizing the marriage of __ . I further certify that the following marriage certificate was filed in my office:

(name). certify that on _____April 12, 1997 and Lynn A. Burks (name), certify that on . Hendricks I, Stephen White County, Indiana, Plainfield Indiana Steven M. Halfaker _(state), and _ Hendricks County Hendricks (state) were married by me as authorized Lynn A. Burks

HENDRICKS

Minister

County, Indiana, dated

(official designation)

Clerk Circuit Court

Circuit Court

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County

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

Female Applicant 50 No 12 Yes If No, Medical Examination or Report Dated Name of Physician Judy Rumschlag

MALE APPLICANT	FEMALE APPLICANT
Name COFY James Rodney	Name Alison First Renee Campbell
Date of Bight 8/71 Month Say Year 7/	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street, or R.R. City County State	Pesidence Address Street or R.R. City County State
5304 Heritage Lane Greenwood Johnson FW	1 5304 Hevitage Lane Sheen wood Johnson IN
Previous Marital Status: Never Married OR No. of Previous Marriages 1 46142	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 10/16/95	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
	THE CALL OF BUILDING STREET, SAN ASSESSMENT OF STREET, SAN ASSESSMENT
	Are you now or have you ever been adjudged to be of unsound mind? Note: Yes:
1. Are you now or have you ever been adjudged to be of unsound mind? No ✓ Yes If answer is "yes," has the adjudication been removed? No Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Ye	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No Yes □ List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children.
5. List the full flames of any dependent children.	5. List the full harnes of any dependent children.
Andrea Elle Ordina	Carrie Landon Olos II
6. (a) Full name of applicant's father MIChael EIIIS Rodiney	6. (a) Full name of applicant's father Gary Lee Campbell
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) The laws	(If adopted, list adoptive parents only) Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) Find Cana	Birthplace of father (State or foreign country) Kentucky
(b) Full maiden name of applicant's mother Maryann-Dichotson	(b) Full maiden name of applicant's mother Eliza beth Ester Clemon
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Thdiana Birthplace of mother (State or foreign country) Thiana	Residence of mother (if deceased, so state)
Simple of motier (state or loreign country).	Bittiplace of mother (State or loreign country).
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndromes).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Date 4/4/97	Signature of Applicant XUISON Omesel Date 4/4/97
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court
Date - Da	Clerk of Court
State of Indiana	State of Indiana) ss: I swear/affirm that the information given
County of HENDRICKS in this application is true and correct.	County of HENDRICKS in this application is true and correct.
Signed New Address	Signed New Address
Subscribed and sworn to defore me this HTM day of APril 19 97	Specified and sworn to pefore me this 4th day ofApril 19 9 7
Clerk of the HENDRICKS . Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS) ss:	State of Indiana) County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and med in, authoriz	tes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cla	erk of the Circuit Court of HENDRICKS County, Indiana,
dated, authorizing the marriage of	Cory James Rodney
and Alison Renee Campbell Howard D. Allen	I further certify that the following marriage certificate was filed in my office:
I,Howard D. Allen (date), atDanville	(name), certify that on April 3, 1997 in Hendricks County, Indiana,
Cory James Rodney of Johnson	County Indiana (state), and
Alison Renee Campbell of Johnson Co.	ounty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	
Signed by: /s/ Howard D. Allen Filed and recorded in accordance with the laws of the State of Indiana on	, Flder (official designation)
Theo and recorded in decordance with the laws of the state of maiana on	4-8-97 (date)
	Signed Clerk
	Signed Clerk HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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

If No, Medical Examination or Report Dated

Name of Physician Yes

MALE APPLICANT	FEMALE APPLICANT
And Held Description	Name Last Middle Last
ate of Birth Month 4 - 17 - 28	Date of Birth Month Day Year
ace of Birth (State or foreign country)	Place of Birth (State or foreign country)
esidence Address Street or R.R. City County State 416/68	Residence Address Street or R.R. City County State
15 Cobblestone Rd. plainfile Anales IN	645 Cobbestone RA Plainfield Unaks In
revious Marital Status: Never Married OR No. of Previous Marriages 2	Previous Marital Status: Never Married OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date 1995	Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date 1987
ate of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Dother (Specify)
- A Suvera gicinse	The state of the s
Are you now or have you ever been adjudged to be of unsound mind? No ✓ Yes ☐	Are you now or have you ever been adjudged to be of unsound mind? Ne Yes Yes Y
Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? No Yes	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
Are you related to the female applicant closer than second cousin? No⊠ Yes □	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
Are you now under the influence of a narcotic drug? No Yes List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children.
	1 - 1 + 0
(a) Full name of applicant's father Cranston Tuilliam Pennus	6. (a) Full name of applicant's father English Buston Sma
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	(If adopted, list adoptive parents only)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country). Tennessee
(b) Full maiden name of applicant's mother Helen Leah Hilbert	(b) Full maiden name of applicant's mother Morey Josephine Ma
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country).
· ·	
ACKNOWLEDGMENT acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
at are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
imune deficiency syndrome).	immune deficiency syndrome).
gnature of Applicant Date 4-7-97	Signature of Applicant X Occupe Suggest 417
ne above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
cknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
lerk of Court Date	Clerk of Court Date
tate of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
ounty of HENDRICKS in this application is true and correct.	State of Indiana) I swear/affirm that the information given County of HENDRICKS in this application is true and correct.
Signed X John E. U. Co.	Signed X L. Louise Gregory
New Address 1015 CoBBIGSTON Ro 120 PROLD W 46168 ubscribed and sworn to 1997 day of California 1997	Subscribed and sworn to before me this day of Grand 19 97
ubscribed and sworn to before me this	Subscribed and sworn to before me this
section of	3000
ONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
e, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, ate facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
are lauls which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
ate of Indiana	State of Indiana)
ounty of HENDRICKS ss:	County of HENDRICKS ss:
ther ID #	Father ID #
other ID # obscribed and sworn to before me this day of 19	Mother ID # ID # Subscribed and sworn to before me this day of , 19
Clerk	Clerk
OMDIETE IE MADDIACE LICENSE ISSUED DV ODDED OF COURT	
County	marriage license having been refused to the above named parties, the
	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS certify that there was filed in my office a marriage license issued by the Cle	
ated $\frac{4-7-97}{}$, authorizing the marriage of ${}$	John Lee Dennis County, Indiana,
nd Ruby Louise Gregory	I further certify that the following marriage certificate was filed in my office:
James E. Byerly	(name), certify that on April 12, 1997
	_in_Hendricks
	County Indiana (state), and unty Indiana (state) were married by me as authorized
nder a marriage license that was issued by the Clerk of the Circuit Court of	(brain) were married by me as authorized
igned by: /s/ James E. Byerly	
iled and recorded in accordance with the laws of the State of Indiana on	4-16-97 (date).
	Signed Clerk Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59

H-8-97

Date of Application

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

Female Applicant 50 No

If No, Medical Examination or Report Dated

Name of Physician

HENDRICKS

Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Nobel Michael Middle Zella Te	Name Patricia Chimidel Middle
e of Birth Day Year	Date of Birth Month Day Year
ce of Birth (State or foreign country)	Place of Birth (State or foreign country)
Iowa mu	ngiana 41
idence Address Street or R.R. City County State 46/1/8	Residence Address Street or A.R. City County State Street or A.R. City Plaintill Analysis In
rious Marital Status: Never Married Off No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
1000	1000 maintai dialus. Trever mainte 🗎 dri 16. di Prenuss maintages
Marriage Ended By: Death Divorce Annulment Date 1982	Last Marriage Ended By: Death Divorce Annulment Date 1994
of birth verified by: Birth Certificate Other (Specify) Drivers License	Date of birth verified by: Birth Certificate Street (Specify) Drivers Lineans
	The second secon
Are you now or have you ever been adjudged to be of unsound mind? Yes	Are you now or have you ever been adjudged to be of unsound mind? No□ Yes□ If answer is "yes," has the adjudication been removed? No□ Yes□
Are you related to the female applicant closer than second cousin? No ☐ Yes ☐	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No \(\sigma\) Yes \(\sigma\)
Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
List the full names of any dependent children.	5. List the full names of any dependent children.
Debatter Tability a 718 t	Y the state of
(If adopted, list adoptive parents only)	6. (a) Full name of applicant's father from the father former only)
Residence of father (if deceased, so state)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Flori Ann
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Anna Elizabeth Criego	(b) Full maiden name of applicant's mother Patricia Louise Faker
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Sydiagna
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Andiana
above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
nowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
nowledgment because of religious beliefs. rk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
e above applicant has objected to verifying by oath or affirmation or signature to the above nowledgment because of religious beliefs. The of Court	acknowledgment because of religious beliefs. Clerk of Court Date
nowledgment because of religious beliefs. Rk of Court Be of Indiana I swear/affirm that the information given in this application is true and correct. Signed X Dury What I	acknowledgment because of religious beliefs. Clerk of Court State of Indiana County of HENDRICKS Signed County of Signed County of HENDRICKS Signed County of HENDRICKS Signed County of HENDRICKS Signed County of HENDRICKS Signed
e of Indiana nty of HENDRICKS Signed X Olive Who to New Address 2080 Kaurel heaf hang.	acknowledgment because of religious beliefs. Clerk of Court State of Indiana County of HENDRICKS Signed Advisor Signed Courted Central Courted New Address 2080 Laurel Central Central Courted New Address 2080 Laurel Central Centra
bowledgment because of religious beliefs. A of Court Date Date I swear/affirm that the information given in this application is true and correct. Signed David Land In the Address Scribed and swift to before me this Aday of Land In the Address Scribed and swift to before me this Aday of Land In the Address Scribed and swift to before me this Aday of Land In the Address Scribed and swift to before me this Aday of Land In the Address Scribed and swift to before me this Aday of Land In the Address Scribed and swift to before me this Aday of Land In the Address Scribed and swift to before me this Aday of Land In the Address Scribed and swift to before me this Aday of Land In the Address Scribed and swift to before me this Aday of Land In the Aday of Land In	acknowledgment because of religious beliefs. Clerk of Court State of Indiana County of HENDRICKS Signed Target In this application is true and correct in this application is true and correct New Address New Address Subscribed and sworn to before me this day of Africa 1997
bookledgment because of religious beliefs. R of Court Date I swear/affirm that the information given in this application is true and correct. Signed X Dury White the New Address 2080 Faurel heaf heavy	acknowledgment because of religious beliefs. Clerk of Court State of Indiana County of HENDRICKS Signed Advance Manual Courted New Address 2080 Laurel Ceaf Laye
overledgment because of religious beliefs. A of Court Date I swear/affirm that the information given in this application is true and correct. Signed New Address Scribed and swift to before me this Clerk of the HENDRICKS Circuit Court	acknowledgment because of religious beliefs. Clerk of Court State of Indiana County of HENDRICKS Signed New Address OBO Courte Cear Lay Subscribed and sworn to before me this Oerk of the HENDRICKS Circuit Court
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of Court of Indiana of India	acknowledgment because of religious beliefs. Clerk of Court State of Indiana County of HENDRICKS Signed New Address Subscribed and sworn to before me this day of Ward 19 HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Signed Aute Cesf Lance Circuit Court Consent OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS SS:
oveledgment because of religious beliefs. I swear/affirm that the information given in this application is true and correct. Signed Sobo Faurel Head Faure New Address Clerk of the HENDRICKS Circuit Court Clerk of the HENDRICKS Circuit Court SENT OF PARENTS, PARENT, OR GUARDIAN The parents of this applicant, hereby give consent for this marriage. If only one parent signs, facts which make the consent of the other parent unnecessary of Indiana Atty of HENDRICKS SS:	acknowledgment because of religious beliefs. Clerk of Court State of Indiana County of HENDRICKS Signed New Address Oerk of the HENDRICKS Subscribed and sworn to before me this day of Advances Oerk of the HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS SS: ID #
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of Court	acknowledgment because of religious beliefs. Clerk of Court State of Indiana County of HENDRICKS Signed New Address Subscribed and sworn to before me this Gerk of the HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Subscribed and sworn to before me this Guardian County of HENDRICKS Subscribed and sworn to before me this Guardian County of HENDRICKS Sate of Indiana County of HENDRICKS Subscribed and sworn to before me this Guardian County of HENDRICKS Circuit Courty of HENDRICKS Sate of Indiana County of HENDRICKS Sate of Indiana County of HENDRICKS Circuit Courty of HENDRICKS Sate of Indiana County of HENDRICKS Circuit Courty of HENDRICKS Sate of Indiana County of HENDRICKS Circuit Courty of HENDRICKS Sate of Indiana County of HENDRICKS Circuit Courty of HENDRICKS County of HENDRICKS County of HENDRICKS Circuit Courty of HENDRICKS County of HENDRICKS County of HENDRICKS Circuit Courty of HENDRICKS County of HENDRICKS Circuit Courty of HENDRICKS Circuit Courty of HENDRICKS Circuit Courty of The Courty o
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leading and sworm to before me this colored and sworm to before me	State of Indiana County of HENDRICKS Subscribed and sworn to before me this State of Indiana County of HENDRICKS State of Indiana County of HENDRICKS Subscribed and sworn to before me this State of Indiana County of HENDRICKS Subscribed and sworn to before me this State of Indiana County of HENDRICKS State of Indiana County of HENDRICKS Subscribed and sworn to before me this State of Indiana County of HENDRICKS Subscribed and sworn to before me this State of Indiana County of HENDRICKS Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this Subscribed and directs the issuance of a marriage license to the above named parties. SEE AND MARRIAGE CERTIFICATE Eark of the Circuit Court of HENDRICKS County, Indiana, John Michael White I further certify that the following marriage certificate was filed in my office: (name), certify that on April 12, 1997 in Hendricks County, Indiana, (state), and Indiana (state), and Indiana (state) were married by me as authorized
owledgment because of religious beliefs. To of Court Date Date I swear/affirm that the information given in this application is true and correct. Signed New Address See Naural Leaf hang. Clerk of the HENDRICKS Circuit Court SENT OF PARENTS, PARENT, OR GUARDIAN the parents of this applicant, hereby give consent for this marriage. If only one parent signs, facts which make the consent of the other parent unnecessary of Indiana only of HENDRICKS SET OF PARENTS, PARENT, OR GUARDIAN the parents of this applicant, hereby give consent for this marriage. If only one parent signs, facts which make the consent of the other parent unnecessary of Indiana only of HENDRICKS SET OF PARENTS, PARENT, OR GUARDIAN the parents of this applicant, hereby give consent for this marriage. If only one parent signs, facts which make the consent of the other parent unnecessary of Indiana Or Ind	State of Indiana County of HENDRICKS Subscribed and sworn to before me this Mother. Subscribed and sworn to before me this Mexical to the above named parties, the Count, by Written order issued. SEE AND MARRIAGE CERTIFICATE HENDRICKS County, Indiana, Subscribed and Sworn to before me this Mexical to the above named parties, the County Indiana, Subscribed and sworn to before me this Mexical to the above named parties, the County Indiana, SEE AND MARRIAGE CERTIFICATE HENDRICKS County, Indiana, Subscribed and sworn to before me this Mexical to the above named parties, the County Indiana, Subscribed and sworn to before me this Mexical to the above named parties, the County Indiana, SEE AND MARRIAGE CERTIFICATE SUBSCRIBED AND MARRIAGE CERTIFICATE Subscribed And Subscribe
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STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 746
File 59

4-8-97
Date of Application

Circuit Court

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

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

	FEMALE APPLICANT
Name-Villa & First Kare T Middle Last	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Indiana	Indiana
Residence Address Street or R.R. City County State 46/65	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	1030 St KA 13 M Nouth Sillin Mudge
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date 1995
Date of birth verified by: Birth Certificate Pother (Specify)	Date of birth verified by: Birth Certificate Cother (Specify)
T Duvero guerne	- Vivies Jicen
. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? No Yes Yes Yes	3. Are you now under the influence of an alcoholic beverage?
Are you now under the influence of a narcotic drug? No Yes List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug?
List the full flames of any dependent children.	5. List the full names of any dependent children. Haysly Mose Hagg
(a) Full name of applicant's father William Kent. Fluce	6. (a) Full name of applicant's father Kewin Gene Kisne
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Andiana	Residence of father (if deceased, so state) Andiama
Birthplace of father (State or foreign country) Indiana	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Agy Coun Yslenson	(b) Full maiden name of applicant's mother Karin fue Harding
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Indicate the state of the	Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
at are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
gnature of Applicant A Wacle M Flugg Date 4-8-97	immune deficiency syndrome). Signature of Applicant X Karla See Kusnon pate 4-8-97
gradule of Applicant August 11/2004 Date 7-8 7/	Signature of Applicant X Sur I Washing Date 4-8-7
he above applicant has objected to verifying by oath or affirmation or signature to the above	The shows applicant has shiested to write him to
cknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
lerk of Court Date	Clerk of Court Date
tate of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
ounty of HENDRICKS ss; in this application is true and correct.	County of HENDRICKS ss:
Signed A Warde A + Mis Ce New Address Same	signed X Karla Sue Kishel
ubscribed and sworn Refore me this 18 day of 127 19 977	New Address Same
HENDRICKS HENDRICKS	Subscribed and sworn to before me this day of the HENDRICKS
Clerk of theCircuit Court	Circuit Court
DISENT OF PARENTS, PARENT, OR GUARDIAN	CONCENT OF PAPENTS PAPENT OF CHAPPIAN
e, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN
ate facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
	The consent of the consent of the other parent differensiary
ate of Indiana)	State of Indiana
unty of	County of HENDRICKS ss:
her ID #	FatherID#
	Mother ID #
ther ID #	Subscribed and sworn to before me thisday of19
ther ID #	Subscribed and sworn to before me this day of, 19
cher ID # ID # Secribed and sworn to before me this day of, 19 Clerk	Clerk
DMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the
DMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A County	marriage license having been refused to the above named parties, the Court, by written order issued
DMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A County	marriage license having been refused to the above named parties, the
county, authorizes	marriage license having been refused to the above named parties, the Court, by written order issued s and directs the issuance of a marriage license to the above named parties.
county, authorizes RETURN OF MARRIAGE LICENSE ID # Clerk County, authorizes	marriage license having been refused to the above named parties, theCourt, by written order issued s and directs the issuance of a marriage license to the above named parties. E AND MARRIAGE CERTIFICATE
DMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A County	marriage license having been refused to the above named parties, theCourt, by written order issued s and directs the issuance of a marriage license to the above named parties. E AND MARRIAGE CERTIFICATE The of the Circuit Court of HENDRICKS County Indiana.
DMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A County	marriage license having been refused to the above named parties, theCourt, by written order issueds and directs the issuance of a marriage license to the above named parties. E AND MARRIAGE CERTIFICATE The of the Circuit Court of
certify that there was filed in my office a marriage license issued by the Clerk RETURN OF MARRIAGE LICENSE RETURN OF MARRIAGE LICENSE RETURN OF MARRIAGE LICENSE RETURN OF MARRIAGE LICENSE The state of the st	marriage license having been refused to the above named parties, theCourt, by written order issueds and directs the issuance of a marriage license to the above named parties. E AND MARRIAGE CERTIFICATE The of the Circuit Court ofHENDRICKSCounty, Indiana, Wade Kent Fleece I further certify that the following marriage certificate was filed in my office:
Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A County RETURN OF MARRIAGE LICENSE Certify that there was filed in my office a marriage license issued by the Cler and Leanne Clampitt ate), at North Salem	marriage license having been refused to the above named parties, theCourt, by written order issued s and directs the issuance of a marriage license to the above named parties. E AND MARRIAGE CERTIFICATE **R of the Circuit Court of
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A County RETURN OF MARRIAGE LICENSE Certify that there was filed in my office a marriage license issued by the Clerated 4-8-97 IN MARRIAGE LICENSE Authorizing the marriage of Leanne Clampitt Late), at North Salem Wade Kent Fleece Marriage of Hendricks Authoricks Marriage of Hendricks	marriage license having been refused to the above named parties, theCourt, by written order issued s and directs the issuance of a marriage license to the above named parties. E AND MARRIAGE CERTIFICATE rk of the Circuit Court ofHENDRICKSCounty, Indiana, Wade Kent FleeceIfurther certify that the following marriage certificate was filed in my office:(name), certify that onMay 3, 1997 inHendricksCounty, Indiana, CountyIndiana
County	marriage license having been refused to the above named parties, theCourt, by written order issueds and directs the issuance of a marriage license to the above named parties. E AND MARRIAGE CERTIFICATE The of the Circuit Court ofHENDRICKSCounty, Indiana, Wade Kent Fleece I further certify that the following marriage certificate was filed in my office: (name), certify that on May 3, 1997 in Hendricks County, Indiana, County Indiana (state), and Indiana (state), were married by me as authorized.
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A County RETURN OF MARRIAGE LICENSE certify that there was filed in my office a marriage license issued by the Clerated 4-8-97 and Karla Sue Kisner Leanne Clampitt tate), at North Salem Wade Kent Fleece Karla Sue Kisner	marriage license having been refused to the above named parties, theCourt, by written order issued s and directs the issuance of a marriage license to the above named parties. E AND MARRIAGE CERTIFICATE **Rk of the Circuit Court ofHENDRICKSCounty, Indiana, Wade Kent Fleece I further certify that the following marriage certificate was filed in my office: (name), certify that on May 3, 1997 in Hendricks County, Indiana, County Indiana (state), and inty Indiana (state) were married by me as authorized **HENDRICKS County, Indiana dated 4-8-97
Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A County RETURN OF MARRIAGE LICENSE Certify that there was filed in my office a marriage license issued by the Clere Index Leanne Clampitt At a North Salem Wade Kent Fleece of Hendricks Counter of Marriage license that was issued by the Clerk of the Circuit Court of Leanne Clampitt County RETURN OF MARRIAGE LICENSE Authorized RETURN OF MARRIAGE LICENSE Authorized And Hendricks County And Hendricks County And Karla Sue Kisner Wade Kent Fleece of Hendricks County Clerk	marriage license having been refused to the above named parties, theCourt, by written order issued s and directs the issuance of a marriage license to the above named parties. EAND MARRIAGE CERTIFICATE The of the Circuit Court ofHENDRICKSCounty, Indiana, Wade Kent Fleece I further certify that the following marriage certificate was filed in my office: (name), certify that on May 3, 1997 in Hendricks County, Indiana, County Indiana (state), and inty Indiana (state) were married by me as authorized HENDRICKS County, Indiana, dated 4-8-97 assurer (official designation)
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A County RETURN OF MARRIAGE LICENSE certify that there was filed in my office a marriage license issued by the Clerated 4-8-97 ad Karla Sue Kisner Leanne Clampitt tate), at North Salem Wade Kent Fleece of Hendricks Courted Karla Sue Kisner of Hendricks Courted Karla Sue Kisner of Hendricks Courted Karla Sue Kisner of Hendricks Courted Clerk County RETURN OF MARRIAGE LICENSE authorized Authorized RETURN OF MARRIAGE LICENSE Authorized RETURN OF MARRIAGE LICENSE Authorized RETURN OF MARRIAGE LICENSE Authorized	marriage license having been refused to the above named parties, theCourt, by written order issued s and directs the issuance of a marriage license to the above named parties. EAND MARRIAGE CERTIFICATE The of the Circuit Court ofHENDRICKSCounty, Indiana, Wade Kent Fleece I further certify that the following marriage certificate was filed in my office: (name), certify that on May 3, 1997 in Hendricks County, Indiana, County Indiana (state), and inty Indiana (state) were married by me as authorized HENDRICKS County, Indiana, dated 4-8-97 assurer (official designation)

Clerk

Circuit Court

HENDRICKS

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

File

J-8-977

Date of Application

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

MALE APPLICANT

FEMALE APPLICANT

First

Middle

Last

Name

First

Middle

Last

Middle

Date of Birth

Month

MALE APPLICANT	FEMALE APPLICANT
Name Dance First Raga Middle Crah	Name Middle Last Oth Man
Date of Birth Month Day Year	Date of Birth Month (-29 / Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Indiana Wh	Malaysia
Residence Address Street or R.R. City County State 46/22	Residence Address Street for R.R. City County State 4013
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify) Passnort
Contract of the contract of th	
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No Yes □	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children. I COOK Danielle ISHO!! COOK	5. List the full names of any dependent children. Deputies + L.K. Vol.
6. (a) Full name of applicant's father Elmby Eugene Cook	6. (a) Full name of applicant's father OThman BH9SS9n
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Ma [AVS. 9
Birthplace of father (State or foreign country) Indiana	Birthplace of father (State or foreign country) Majay5; a
(b) Full maiden name of applicant's mother Virginia Carolyn Clark	(b) Full maiden name of applicant's mother Hobson Bt Abd Kar.
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Sychlamon	Residence of mother (if deceased, so state) Mg//+ VS, g
Birthplace of mother (State or foreign country) Indiana	Birthplace of mother (State or foreign country) Mg/Ay 5°07
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome). Signature of Applicant X Date 4-8-97.
Signature of Applicant Applicant October Date 1	Signature of Applicant Date 4.0 (1)
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given ss:	State of Indiana) I swear/affirm that the information given ss:
County of HENDRICKS ss. pin this application is true and correct.	County of HENDRICKS in this application is true and correct.
New Address Sca MO2	Same
Subjectived and sworn to before me this 8 day of april 19 97	New Address Subacqued and sworn to before me this day of Illust, 19 97
Thorow Ungare Clerk of the HENDRICKS Circuit Court	HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) County ofHENDRICKS ss:	State of Indiana) HENDRICKS SS:
Father ID #	County of
MotherID #	MotherID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the
County	
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	
dated, authorizing the marriage of	Dennis Rhea Cook
and Othman Muskhiah	I further certify that the following marriage certificate was filed in my office: (name), certify that on April 11, 1997
I, James E. Clark	
(date), at Greencastle	in Putnam County, Indiana,
14 11 1 1 1 0 11	County Indiana (state), and
	inty Indiana (state) were married by me as authorized HENDRICKS County Indiana dated 4-8-97
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ James E. Clark	
Filed and recorded in accordance with the laws of the State of Indiana on	
The state of matana on	Haroz Ouesa

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59

Date of Application

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

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

Name of Physician

Carolina C

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last Johnson	Name Hope E Taylor
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
5256 S. Millon Contestille Henricks IN	5256 millon Coatesville Hendricks
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 Q 8 6	Last Marriage Ended By: Death Divorce Annulment Date 1989
Date of birth verified by: Birth Certificate Fother (Specify) Drs. License	Date of birth verified by: Birth Certificate Fother (Specify) Dr5. License
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? No Yes Yes 2. Are you related to the female applicant closer than second cousin? No Yes Yes Yes Are you now under the influence of an alcoholic beverage? No Yes List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. 1. No Yes No
6. (a) Full name of applicant's father Price Johnson (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 Lucy Hart (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Kentucky	6. (a) Full name of applicant's father William Lee Camben (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Indiana Birthplace of father (State or foreign country) Indiana (b) Full maiden name of applicant's mother Lois Jean Blythe (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Indiana Birthplace of mother (State or foreign country) Indiana
ACKNOWLEDGMENT	ACKNOWLEDGMENT
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date Date	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed Anny New Address Subscribed and sworn to refere me this day of HENDRICKS Subscribed and sworn to refere me this day of HENDRICKS Circuit Count	State of Indiana County of HENDRICKS Signed Signed Subscribed and sworn to before me this Light of the HENDRICKS Subscribed and sworn to before me this Light of the HENDRICKS Circuit Count
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS ss:	State of Indiana) County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me this day of, 19
	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authoriz	tes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
	erk of the Circuit Court of HENDRICKS County, Indiana,
and Hope E. Taylor	. I further certify that the following marriage certificate was filed in my office:
I, David S. Low	(name), certify that on May 10, 1997
(date), atCrawfordsville	in Montgomery County Indiana
Larry Wayne Johnson of Hendricks	County (state), and
Hope E. Taylor of Hendricks Country of Mendricks Country of Hendricks	
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ David S. Low	County, Indiana, dated
Filed and recorded in accordance with the laws of the State of Indiana on	(official designation) Japan October
	SignedClerk
BOYCE FORMS + SYSTEMS 1-000-382-8702 1477	HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** County Female Applicant 50 No A IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician Arounthyse Clinic IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Drämann Schrock Divorce Date of birth verified by: Birth Certificate Other (Specify) Date of birth verified by: Birth Certificate Other (Specify) Drivers Are you now or have you ever been adjudged to be of unsound mind? Yes 🗌 Yes 🔲 Yes 🗌 If answer is "yes," has the adjudication been removed? is "yes," has the adjudication been removed? Yes 🔲 Yes 🔲 Yes 🗌 Yes 🗌 Yes 🔲 Yes 🗌 ee Dramann Full name of applicant's father James Edward Dramann e of applicant's mother Arlene Hoberts it's mother Karen Jean Tunny Birthplace of mother (State or foreign country). TN ACKNOWLEDGMENT that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court my m. Dramonus Austin DR. Indianapolis, IN. HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN State of Indiana COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued. and filed in_ , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated _____5-12-97 _____, authorizing the marriage of Brent A. Schrock County, Indiana, , authorizing the marriage of _ Amy M. Dramann . I further certify that the following marriage certificate was filed in my office: James H. Fierek I, _ (name), certify that on Marion (date), at __Indianapolis County, Indiana, Brent A. Schrock Indiana Hendricks County _

Hendricks

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

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

(state), and _

(official designation)

(state) were married by me as authorized

Clerk

Circuit Court

County, Indiana, dated 5-12-97

Indiana

Judge

HENDRICKS

(date).

County.

Signed

Amy M. Dramann

Signed by: /s/ James H. Fierek

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59

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

Female Applicant 50 No No Yes U 48-97

If No, Medical Examination or Report Dated 48-97

Name of Physician MEGRIMES

Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name CHARLES First PHILLIP LAWTON	Name MARICIA JO PHELPS
Date of Birth Day 1947	Date of Birth Month Day Year
Place of Birth (State or foreign country) NEBRASKA	Place of Birth (State or foreign country) KENTUCKY
Residence Address Street or R.R. City County State	Residence Address 2 Street of R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages 2	Previous Marital Status: Never Married 200R No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 4.8/	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Souther (Specify) Thorada Deutes License	Date of birth verified by: Birth Certificate Debther (Specify) Two IANA DRIVERS LICES
1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes □	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes
If answer is "yes," has the adjudication been removed? No ☑ Yes ☐	If answer is "yes," has the adjudication been removed? No █, Yes □
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No Yes □
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of applicant's father GERALD WAYNE LAWTUN	6. (a) Full name of applicant's father. DOYLE DUAYUE PHELPS
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) TOTADA	Residence of father (if deceased, so state) TND, ANA
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) KENTUCKY
(b) Full maiden name of applicant's mother LEDTA LEE DETWILLER	(b) Full maiden name of applicant's mother TERRY LYNN PRICE
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) DECEASCO Birthplace of mother (State or foreign country) NEBRASKA	Residence of mother (if deceased, so state) LND (A)A
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) TENTUCKY
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable disease
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired mmune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant & Date 4/10/87	Signature of Applicant & World Go Phalagoate Host
	the state of the s
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct
Signed X	Signed & Marucia for Phelps
New Address Same AS ABOUT	New Address Same As ABOVE
Subscribed and sworn to before me this down day of APRIC 1997 HENDRICKS Circuit Court	Subscribed and sworn properore me this day of
Clerk of the HENDRICAS Circuit Court	Skoron Ugan elerk of the HENDRICKS Circuit Cour
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana	State of Indiana
County of HENDRICKS SS:	County of HENDRICKS SS:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me thisday of, 19
	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, theCourt, by written order issued
and filed in, authoriz	tes and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl dated $\frac{4-10-97}{}$, authorizing the marriage of ${}$	erk of the Circuit Court of HENDRICKS County, Indiana,
and Maricia .Jo Phelps	. I further certify that the following marriage certificate was filed in my office:
, _ Susan D. Link	(name), certify that on April 10, 1997
(date), atDanville	in Hendricks County, Indiana,
Charles Phillip Lawton of Hendricks	County Indiana (state), and
Maricia Jo Phelps of Hendricks Co	unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 4-10-97
Signed by: /s/ Susan D. Link Filed and recorded in accordance with the laws of the State of Indiana on.	Deputy Clerk (official designation)
ned and recorded in accordance with the laws of the state of Indiana on	4-13-97 (date).
	Signed Haron Ougan Clark
	Signed Clerk

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** County 4-10-97 Female Applicant 50 No 1 IC 31-7-9-1. Furnishing false information upon applying for license. Yes A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated
Name of Physician Linda Walnum circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Wilson Robert Indiana Indiana County Scott State Brownshurg Hendricks Bootman Rd Scottsburg 9370 Leroy Ra Previous Marital Status: Never Married OR No. of Previous Marriages Previous Marital Status: Never Married OR No. of Previous Marriages Divorce Death Death Last Marriage Ended By: Date of birth verified by: Birth Certificate Other (Specify) License Drs License No Yes No 🗗 No 🗌 No 🗆 Yes 🗌 Yes 🗌 Yes 🗆 No W No 19 Yes 🔲 Are you related to the female applicant closer than second cousin? Are you related to the male applicant closer than second cousin? No Yes No 1 Yes 🗌 No Yes No Yes List the full names of any dependent children. NA Full name of applicant's father Charles A. Wilson Robert L Smith father (if deceased, so state) Indiana r (State or foreign country) Indiana er (State or foreign country) Indiana Reynolds ne of applicant's mother Minnie Pruitt Linda er (if deceased, so state). Indiana er (if deceased, so state) Indiana ther (State or foreign country) Indiana mother (State or foreign country) Louisiana ACKNOWLEDGMENT ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases Clerk of Court New Address 9370 Lerby HENDRICKS HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued _ County . and filed in_ authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of $_$ dated $_$ 4-10-97 , authorizing the marriage of $_$ Robert L. Smith, HENDRICKS County, Indiana, , authorizing the marriage of _ . I further certify that the following marriage certificate was filed in my office:

(name), certify that on April 12, 1997 Leah R. Wilson

(name), certify that on _

HENDRICKS

Indiana

(date).

County, Indiana,

County, Indiana, dated Judge (official designation)

(state), and

(state) were married by me as authorized 4-10-97

Clerk

Circuit Court

Hendricks

Indiana

County _

Signed

4-23-97

County_

Hendricks

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

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

Robert F. Gammon

Signed by: /s/ Robert F. Gammon

(date), at Brownsburg

Leah R. Wilson

Robert L. Smith, Jr.

Clerk of Court _

State of Indiana

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County

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

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

_Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name Douglas Middle Wunn Jr.	Name Carrie Middle Cart
Date of Birth Month Day Year	Date of Birth Month Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address C Street or RR City County State	Residence Address Street of R.R. City County State
10/35 Brad Bury Dr. Indple 46331	PO Box 201 Em mence IN
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Anther (Specify) Drivers Ucanse
Vicense.	
Are you now or have you ever been adjudged to be of unsound mind? Ny Yes □ Yes □ Yes □ **The property of the proper	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed? Nd☐ Yes ☐	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes Yes	Are you related to the male applicant closer than second cousin? No Yes Yes
4. Are you now under the influence of an arcotic drug? No Yes	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children. Druttany wynn	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Douglas Wynn	6. (a) Full name of applicant's father Jerry Tromas Dourt
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Birthplace of father (State or foreign country)	Residence of father (State or foreign country) TV
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Letha Course Homse	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Diana Lynn Rice
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country) Nentucky	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome). Signature of Applicant Date 4-109.2	immune deficiency syndrome) / Signature of Applicant Carrie 4. Dark Date 4-10-9
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
Sale Sale Sale Sale Sale Sale Sale Sale	Cierro Court
State of Indiana) I swear/affirm that the information given ss:	State of Indiana) I swear/affirm that the information given ss:
County of HENDACAS in this application is true and correct.	County of RENDICE 4. Dead in this application is true and correct.
New Address	New Address (D')
Subscribed and sworn to before the this day of HENDRICKS	Subscribed and supports letter has 100 day of APCII, 191
Clerk of the RENDACES Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana
County of	County of HENDRICKS ss:
Father ID #	Father ID #
MotherID #	Mother ID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me this day of, 19
A STATE OF THE PARTY OF THE PARTY OF STATE OF THE PARTY O	
	a marriage license having been refused to the above named parties, the
and filed in, authorize	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties
RETURN OF MARRIAGE LICENS	
I certify that there was filed in my office a marriage license issued by the Cle dated $4-10-97$, authorizing the marriage of	erk of the Circuit Court of HENDRICKS County, Indiana, Douglas D. Wynn, Jr.
and, authorizing the marriage of	. I further certify that the following marriage certificate was filed in my office:
I,Walter Griffith	(name), certify that on May 3, 1997
(date), atMonrovia	in Morgan County, Indiana,
Douglas D. Wynn, Jr. of Hendricks Carrie Y. Dart of Morgan Con	
under a marriage license that was issued by the Clerk of the Circuit Court of	
Signed by: /s/ Walter Griffith	
Filed and recorded in accordance with the laws of the State of Indiana on	
	share sugar
	Signed Clerk HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 753

HENDRICKS County File 97

Date of Application

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

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

Name of Physician

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Shulman
2 23 67	12 13 58
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County Plantfeld	Residence Address Byren twood by . W. Plauted
	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Cother (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
yeonse.	License
Are you now or have you ever been adjudged to be of unsound mind? Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No Yes ☐	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father John Edwin Daugherty	6. (a) Full name of applicant's father Thomas Edward Skillman
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) 1200500
(b) Full maiden name of applicant's mother Detty Tean Meyers	Birthplace of father (State or foreign country) 110 (b) Full maiden name of applicant's mother Alberta June Taylor
(If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother Alyzer To Surfe log of (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) IN
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) TN
ACKNOWN COCKETS	
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the rest sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome). Thurself, Klarkette pate 4-11-97	immune deficiency syndrome)
Signature of Applicant Date 9-11-7	Signature of Applicant Steel & Skellman Date 4/11/97
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given County of HENDRICKS in this application is true and correct.	State of Indiana) I swear/affirm that the information given SS: in this application is true and correct.
V Signed Thomas 1 Country	X Signed Litera & Stellman
New Address	New Address
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of, 19
Staron bulan Glerk of the HENDINGS Circuit Court	Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	Chate of Indiana
County of HENDRICKS SS:	State of Indiana) County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clo	erk of the Circuit Court of HENDRICKS County, Indiana.
dated 4-11-9/, authorizing the marriage of	Thomas J. Dougherty
and Rebecca S. Skillman Royce T. Willerton	. I further certify that the following marriage certificate was filed in my office: (name), certify that on April 26, 1997
(date), at Avon	Hondricks
Thomas J. Dougherty of Hendricks	County Indiana (state), and
Rebecca S. Skillman of Hendricks Con	unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	Minister County, matura, aute
Signed by: /s/ Royce T. Willerton Filed and recorded in accordance with the laws of the State of Indiana on	-, Minister (official designation)
Thea and recorded in accordance with the taws of the State of Indiana on	stais Dugar
	Signed Clerk
	HENDRICKS C: Clerk

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No	754
File _	59
	4-11.97

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

Female Applicant 50 No 🔊 Yes 🗆
If No, Medical Examination or Report Dated 3-10.97
Name of Physician Thomas O. Moure

MALE APPLICANT	FEMALE APPLICANT
Name REID First ALAD Middle HANEY	Name SUZAPHE HELEN SMITH
Date of Birth Day Month 30 1959	Date of Birth SEPTEMBER 3 Day Year 1961
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
5071 CHURCH ST AMO HENDRICKS IN 46103	11590 HAVERSTICK DO CARMEL HAMILTON IN 46033
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 6-9/
Date of birth verified by: Birth Certificate Other (Specify) UHIO DELVERS LICEASE	Date of birth verified by: Birth Certificate Other (Specify) TOIANA DRIVERS LICEUSE
Are you now or have you ever been adjudged to be of unsound mind? No ▼ Yes □	Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No S Yes Yes Yes	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No Yes □ List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. Ser. As New Yes.
	NROLE SLZADDE SEITE
6. (a) Full name of applicant's father JAMES BICHARD HANKY	6. (a) Full name of applicant's father MICHAEL LEWIS SMITH
(If adopted, list adoptive parents only)	6. (a) Full name of applicant's father / / (CHAEL GEO) 5 M 17H (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) OHO	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) OHIO	Birthplace of father (State or foreign country). Two IANA
(b) Full maiden name of applicant's mother WANDA FAGE PAGE	(b) Full maiden name of applicant's mother HELEN GRACE SCHULZE
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state) VECASED Birthplace of mother (State or foreign country) FIDIAJA
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test gites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome).
Signature of Applicant Date 41197	Signature of Applicant So / Northwell / Multi-
The shows applicant has objected to varifying by seth as efficient as a set of the state of the	
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given County of HENDRICKS) in this application is true and correct	State of Indiana) I swear/affirm that the information given ss: State of Indiana I swear/affirm that the information given I swear/affirm that th
Signed San Hour Tours in this application is true and correct.	County of RENDRICKS in this application is true and correct.
New Address Same AS ABOUE	New Address 5071 CHURCH ST Amo IN 46103
Subscribed and sworn to before me this	Subscribed and sworn to before me this day of _April
Show Ligano the HENDRICKS Circuit Court	Shoron Duga Seri of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
I certify that there was filed in my office a marriage license issued by the Cla	SE AND MARRIAGE CERTIFICATE erk of the Circuit Court of HENDRICKS County, Indiana,
dated 4-11-9/, authorizing the marriage of	Reid Alan Haney
and Suzanne Helen Smith None Rodger WArd	. I further certify that the following marriage certificate was filed in my office: May 24, 1997
(date), at Amo	Hendricks
	County Indiana (state) and
Suzanne Helen Smith of Hamilton Con	unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 4-11-97
Signed by: /s/ Rodger Ward Filed and recorded in accordance with the laws of the State of Indiana on	Minister (official designation)
the day recorded in accordance with the laws of the state of Indiana on	Ita (date).
	Signed Clerk
	HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Fer 46234 Birth Certificate Other (Specify) Junso Yes 🔲 20 20 20 20 Yes 🗌 Yes 🗌 Yes 🔲 Yes 🗌 Yes 🗌 Yes 🗌 Yes 🔲 Yes 🗌 ACKNOWLEDGMENT CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ County _ Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of County, Indiana, dated __4-11-97 _, authorizing the marriage of ___ Joseph F. Carver, Jr. and _ Cheri L. Porter . I further certify that the following marriage certificate was filed in my office: H. Thomas Pitcher (name), certify that on _ Hendricks April 19, 1997 date), at Avon
Joseph F. Carver, Jr. County, Indiana, Indiana (state), and

County _

Signed

4-24-97

Indiana

Minister

(date).

(state) were married by me as authorized

Clerk

Circuit Court

County, Indiana, dated 4-11-97

_ (official designation)

Hendricks

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

/s/ H. Thomas Pitcher

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No D Yes A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated Name of Physician D. OEWLER circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Porter Webb David Indiana main St. Lot 4 Danville Hendricks Canville Hendre Death Divorce Death Annulment Date of birth verified by: Birth Certificate Other (Specify) DRIVERS LICENSE Birth Certificate Other (Specify) DRIVERSLICENSE No Yes Are you now or have you ever been adjudged to be of unsound mind? No 🗹 Yes 🔲 No / Yes No 🗌 Yes 🔲 No Ves NOU Yes 🗌 No 🗹 Yes 🗌 No 13 Yes 🗌 No 🗹 Yes 🗌 me of applicant's father DAVID EARL WEBB ERNEST LEON INDIANA INDIANA INCLANA DEBORAL JO Riddle BETTY JEAN INDIANA INDIANA INDIANA KENTUCKU (State or foreign country)_ ACKNOWLEDGMENT I have received information regarding dangerous communicable diseases edge that I have received information regarding dangerous communicable diseases Clerk of Court 35 E, main St, #4 Plain Field IN Ylelus day of Apr. 19 97 CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued _ and filed in_ authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of County, Indiana, 4-11-97 David Eugene Webb , authorizing the marriage of _ I further certify that the following marriage certificate was filed in my office: (name), certify that on May 3, 1997 Rebecka Lynn Porter Kenneth Smith (name), certify that on Parke Rockville (date), at _ County, Indiana, David Eugene Webb Indiana (state), and Indiana Rebecka Lynn Porter of Hendricks (state) were married by me as authorized 4-11-97 County.

HENDRICKS

Signed

Minister

County, Indiana, dated

(official designation)

Clerk Circuit Court

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

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

Signed by: ____/s/ Kenneth Smith

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County

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

Female Applicant 50 No lo Yes If No, Medical Examination or Report Dated 3-25.97 Name of Physician Gome2

MALE ADDITIONALE	FEMALE ADDITIONAL
MALE APPLICANT	FEMALE APPLICANT
Mame MICHELLE LYNN BERRY	Name Tund First ERIC MUST
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City CountyState	Residence Address Street or R.R. City County State
108 E. UERMANT ST BROWNSBURG HEND IN 46112	108 E. VERMONT S. BRUNDAURG NEWS IN 44112
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Dother (Specify) TODIANA DRUCKS LICENSE
Are you now or have you ever been adjudged to be of unsound mind? No Yes ✓	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin? 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? Np [★] ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ✓ Yes ☐	4. Are you now under the influence of a narcotic drug? No. No. Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father GRELORY THOMAS BORRY SR.	6. (a) Full name of applicant's father SAMUEL ARON MUSE SR.
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) VIRGINIA	Residence of father (if deceased, so state) INDIANA
Birthplace of father (State or foreign country) MARY LAND	Birthplace of father (State or foreign country) ZNDIANA
(b) Full maiden name of applicant's mother KATHERINE CARULINE THEMENS	(b) Full maiden name of applicant's mother PRISCILLA BETH ABSHIER
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country) PERPLYSLVANIA	Residence of mother (if deceased, so state)
Distribute of motive (State of Melyn County) - CPP 4	Bittiplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Date 4-11-97	immune deficiency syndrome). Signature of Applicant & Muchelle J. Berry Date 4-11-97
	Orginature of Applicant / Quite Line Date Date
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed & Mule	Signed Michelle J. Berry
New Address 101/2 N ADAMS - BROWNSBURG TO	New Address 10112 N. Malane St. Browspur I.
Subscribed and sworn to before me this 190; day of 194-11-97 HENDRICKS	Sussified and sworrdo before me this Sussified and sworrdo before me this HENDRICKS
State Circuit Court	Clerk of the HEIVERICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	
County of HENDRICKS SS:	State of Indiana) County of HENDRICKS ss:
"Father Irener of Born 10 #214-52-9730	FatherID #
Mother Katherine C. Gerry 10 + 172-42-09/00	Mother
Subscribed and sworn to before me this lead day of the last the la	Subscribed and sworn to before me thisday of, 19
Clerk Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	marriage license having been refused to the above named parties the
County	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MADDIAGE OFFICIATE
I certify that there was filed in my office a marriage license issued by the Cle	
dated	Todd Eric Muse
and Michelle Lynn Berry	I further certify that the following marriage certificate was filed in my office:
I, Ronald E. Sears	(name), certify that on April 19, 1997
(date), at Indianapolis	
Todd Eric Muse of Hendricks Michelle Lynn Berry of Hendricks Con	
under a marriage license that was issued by the Clerk of the Circuit Court of	
Signed by: /s/ Ronald E. Sears	Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	4-29-97 (date).
	Marga Dugas
	SignedClerk
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

59
4-14-97 Date of Application

_Circuit Court

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

Female Applicant 50 No P Yes I If No, Medical Examination or Report Dated 2-27-97
Name of Physician

Name First Middle Last	FEMALE APPLICANT
	Name First Middle Last
David K. Wallace Ir. Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	3 8 74
Indiana	Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. City county Jeffestinoon 1830 Elkridge Dr. Louisville Kentucky	Residence Address Street or R.R. City County State
	3
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Sother (Specify) Drs. License	Date of birth verified by: Birth Certificate Sother (Specify) Drs License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes," has the adjudication been removed? No Yes Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
No sid V vi la la cidada	91
6. (a) Full name of applicant's father David K Wallace	6. (a) Full name of applicant's father Stephen Glen Smith
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Birthplace of father (State or foreign country) The Control of th	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 Todd	(b) Full maiden name of applicant's mother Alana Ikene Thur
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Indiana	Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Louisi Cono	Birthplace of mother (State or foreign country) Indiana
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases
immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Land K Wolfoce L. Date 4-14-97	immune deficiency syndrome). Signature of Applicant Sellis Smith Date 4-14-9
	Control Contro
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	
State of Indiana) I swear/affirm that the information given Ss: In this application is true and correct.	State of Indiana) I swear/affirm that the information given County of HENDRICKS ss: in this application is true and correct
X signed Dand K Wolloce A.	Signed Hellus Smith in this application is true and correct.
New Address 2001 Hetzil (+1#3 Louis-ille Ky 402	91 X New Address 7001 Hetzil Ct. #3 Louisville, KY
Subscribed and sworr to before me this day of, 19	Subscribed and sworn to before me this day of, 19
Clerk of the HENDRICKS Circuit Court	Learn Lugar Select of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
and the denoting of the order parent difficulties any	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana
County of HENDRICKS ss:	County of HENDRICKS SS:
Father ID #	FatherID #
Mother ID #	MotherID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, the
and filed in authorize	Court, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
, authorize	
	E AND MARRIAGE CERTIFICATE
RETURN OF MARRIAGE LICENS	1 C.1 C. I. C. C. C. UDUDANA
certify that there was filed in my office a marriage license issued by the Cle lated 5-31-97 authorizing the marriage of	erk of the Circuit Court of HENDRICKS County, Indiana,
RETURN OF MARRIAGE LICENSIFICATION of that there was filed in my office a marriage license issued by the Cledlated 5-31-97, authorizing the marriage of, and Kelly Smith	erk of the Circuit Court of HENDRICKS County, Indiana, David Wallace
RETURN OF MARRIAGE LICENS [certify that there was filed in my office a marriage license issued by the Cle dated	erk of the Circuit Court of HENDRICKS County, Indiana, David Wallace County, Indiana, Lifether certify that the following marriage certificate was filed in my office: (name), certify that on May 31, 1997
RETURN OF MARRIAGE LICENS [certify that there was filed in my office a marriage license issued by the Cle dated5-31-97	erk of the Circuit Court of HENDRICKS County, Indiana, David Wallace I further certify that the following marriage certificate was filed in my office: (name), certify that on May 31, 1997 in Hamilton County, Indiana,
RETURN OF MARRIAGE LICENSE of License is used by the Cledated 5-31-97, authorizing the marriage of License is used by the Cledated Kelly Smith Matthew W. Keller Indianapolis David Wallace of Jefferson	erk of the Circuit Court of County, Indiana, David Wallace I further certify that the following marriage certificate was filed in my office: (name), certify that on May 31, 1997 in Hamilton County, Indiana, County Kentucky (state), and
RETURN OF MARRIAGE LICENS If certify that there was filed in my office a marriage license issued by the Cle dated5-31-97, authorizing the marriage of and Kelly Smith I,Matthew W. Keller (date), at Indianapolis David Wallace of Jefferson Kelly Smith of Hendricks Cou	erk of the Circuit Court of
RETURN OF MARRIAGE LICENS If certify that there was filed in my office a marriage license issued by the Cle Ideated 5-31-97, authorizing the marriage of Ind Kelly Smith Indianapolis Indianapolis David Wallace of Jefferson Kelly Smith of Hendricks Counter a marriage license that was issued by the Clerk of the Circuit Court of	erk of the Circuit Court of
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cle dated 5-31-97, authorizing the marriage of and	erk of the Circuit Court of
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cle lated 5-31-97, authorizing the marriage of Ind Kelly Smith Matthew W. Keller Indianapolis David Wallace of Jefferson Kelly Smith of Hendricks Counter a marriage license that was issued by the Clerk of the Circuit Court of	erk of the Circuit Court of David Wallace — I further certify that the following marriage certificate was filed in my office: — (name), certify that on May 31, 1997 — in Hamilton County, Indiana, County Kentucky (state), and — unty Indiana (state) were married by me as authorized HENDRICKS County, Indiana, dated 5-31-97

Circuit Court

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County

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

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

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Class Last	Name First Middle Last
Date of Birth Date of Birth Day Year Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Date of Birth Day Year Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
BWYNDHAM Dr. Brownshurg	13 Wyndham Dr. Brownsburg
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Sother (Specify)
Date of birth verified by: Birth Certificate Other (Specify) Drivers LCOnse	Date of birth verified by: Birth Certificate Author (Specify) Drivers Clanse
1. Are you now or have you ever been adjudged to be of unsound mind? 1. Ves 1. Ves 1. Ves 1. Ves	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
2. Are you related to the female applicant closer than second cousin?	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes Yes
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? Ny Yes ☐
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father DIUChaule Jr.	6. (a) Full name of applicant's father Larry Carr
(If adopted, list adoptive parents only). Residence of father (if deceased, so state) Indiana.	(If adopted, list adoptive parents only)
Birthplace of father (State or foreign country).	Residence of father (if deceased, so state) Thousand
(b) Full maiden name of applicant's mother Marsha O'Brien	(b) Full maiden name of applicant's mother Morry Ann Krest
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Indiana Birthplace of mother (State or foreign country) Indiana	Residence of mother (if deceased, so state) Indiana
Birtiplace of mother (State of foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Joseph W. Charles M Date 4/14/97	Signature of Applicant Prant Date 4-14-97
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court	acknowledgment because of religious beliefs. Clerk of Court
THE RESIDENCE OF THE PROPERTY OF THE RESIDENCE OF THE PROPERTY	
State of Indiana) I swear/affirm that the information given ss:	State of Indiana) I swear/affirm that the information given
County of Signed Signed W. Chieffer - His application is true and correct.	County of HENDRICKS in this application is true and correct.
New Address	New Address
Subscribed and sworn to before me this day of, 19	Subscribed and sworm to before me this day of, 19
Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	Chair of Indian
County of HENDRICKS ss:	State of Indiana) County of HENDRICKS ss:
Father ID #	Father ID #
MotherID #	Mother ID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me thisday of, 19
	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
, authoriz	tes and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl dated 4-14-97	derk of the Circuit Court of HENDRICKS County, Indiana, Joseph William Chaille III
, diminorizing the marriage of _	
I,Carolyn J. Scanlan	I further certify that the following marriage certificate was filed in my office: (name), certify that onApril 26, 1997
(date), atIndianapolis	in Marion County, Indiana,
Joseph William Chaille, If Hendricks Susan M. Carr of Hendricks Co	County Indiana (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	Islate) were married by me as authorized
Signed by: /s/ Carolyn J. Scanlan	Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	5-7-97 (date).
The state of the s	Harra Dugger
	Signed Clerk
	HEMORICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59

HENDRICKS Tourney File 4-14-97

Date of Application

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

Female Applicant 50 No Yes I If No, Medical Examination or Report Dated 4-7-97
Name of Physician Jessa and III

MALE APPLICANT	FEMALE APPLICANT
Name Larry K. Antic Last	Name Helly J. Middle Cropdnight
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Indiana	Indiana
Residence Address Street or R.R. City County State 8100 Portside Dr. Quon Hendricks IN	Residence Address Street or R.R. #E City County State 814 Lincolnwood Lane Inable Marie
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Souther (Specify) Dr. License	Date of birth verified by: Birth Certificate Other (Specify) Dv5. License
Are you now or have you ever been adjudged to be of unsound mind? No	Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No Yes
List the full names of any dependent children.	5. List the full names of any dependent children.
5. (a) Full name of applicant's father Robert P Ontic	6. (a) Full name of applicant's father Paul C Goodnight
(a) Full flame of applicants latter	
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Thou and	(If adopted, list adoptive parents only) Residence of father (If deceased, so state) That an a
Birthplace of father (State or foreign country) Indiana	Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Dong M Brown	(b) Full maiden name of applicant's mother Panela J Lloyd
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Indiana	Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana	Birthplace of mother (State or foreign country) Indiana
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
mmune deficiency syndrome):	immune deficiency syndromed
Signature of Applicant Cary Harry Date 4-14-81	V Signature of Applicant Jelly Cookied Date 4-149
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given ss:	State of Indiana) I swear/affirm that the information given SS: Ab this application is true and correct.
County of the and correct.	County of the and content
New Address SCA	New Address 81/10 Portside Dr. Avon IN 4684
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to pefore me this day of
HENDRICKS Circuit Court	Ligary Lugary Clerk of the HENDRICKS Circuit Count
shoror sugar	
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) ss:	State of Indiana)
County of HENDRICKS	County of HENDRICKS SS:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authoriz	zes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICEN	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the C	
dated $4-14-97$, authorizing the marriage of 2	
and Kelly J. Goodnight	I further certify that the following marriage certificate was filed in my office:
Roger D. Gifford	(name), certify that onApril 26, 1997
(date), atBargersville	inHendricks
	County Indiana (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	f HENDRICKS County, Indiana, dated 4-14-97
Signed by: /s/ Roger D. Gifford	,(official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	5-1-97 (date).
AND ARTHUR DESIGNATION OF THE PARTY OF THE P	shows bugar
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Signed Clerk
	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59

4-14-97
Date of Application

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

Female Applicant 50 No 🕒	Yes 🗆
If No, Medical Examination or Report	Dated 4-7-97
Name of Physician MARK L	MOORE MIS

MALE APPLICANT	FEMALE APPLICANT
Name KENT ARTHUR ShaffER	Name BARBARA JEAN ROBERTSON
Date of Birth Month Day Year	Date of Birth Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
INDIANA	INDIAN A
Residence Address Street or R.R. City County State 5829 DEMOCRACY DR Indian Applies MARION IN	Residence Address Street or R.R. City County State 3990 N. SR 267 BROWNSBURG HUARIS 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 1994	Last Marriage Ended By: Death Divorce Annulment Date 1996
Date of birth verified by: Birth Certificate Pother (Specify) DR: VERS L: CENSE	Date of birth verified by: Birth Certificate Dother (Specify) DRIVERS LICENSE
Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐ If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes ✓
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐	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
LINDSAY NICOLE SHAFTER	JACOB M: CHAEL KOBERTSON
MEAGAN ELIZABETH Shaffer	WhiTNEY ANN KOBERTSON
6. (a) Full name of applicant's father ARTHUR MELVIN Shaffer	6. (a) Full name of applicant's father KENNETH BICHARD WHITNEY
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) TudiANA Birthplace of father (State or foreign country) TudiANA	Residence of father (if deceased, so state) Twd, AvA Birthplace of father (State or foreign country) Twd, AvA
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother MARY ANN RENARD	Andrea - Our Alexan
(If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother. Introduce I THINK CHRIST (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Tradiana	Residence of mother (if deceased, so state) TudiANA
Birthplace of mother (State or foreign country) Tuditud	Birthplace of mother (State or foreign country) TNd, ANA
THE RESERVE OF THE PARTY OF THE	
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test siles for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome)// // // // // // // // // // // // //	Signature of Applicant X) autors Tule to an Date 4-14-47
Signature of Applicant Date	Signature of Applicant X allare Nobelton Date 4-14-7)
The share confirmed by the state of the stat	
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court	acknowledgment because of religious beliefs. Clerk of Court Date
	Clerk of Court Date
State of Indiana 1 N I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed 46112	signed Darbare Robertson
New Address 2990 N. S.Z. 267 BROWNSBURG	New Address 2990 NSR 267 Brownsburg 46112
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of, 19
tharan Dugan Clerk of the HENDRICKS Circuit Court	Show Dugases of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN
state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IE MARRIAGE LICENSE ISSUED DY CORDE OF COURT	
County	A marriage license having been refused to the above named parties, the
and filed in	Court, by written order issued tes and directs the issuance of a marriage license to the above named parties.
, authorize	of any directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	
dated 4-14-97, authorizing the marriage of	Kent Arthur Shaffer
and Barbara Jean Robertson	I further certify that the following marriage certificate was filed in my office:
I, Susan D. Link	(name), certify that on April 14, 1997
(date), atDanville	in Hendricks County Indiana
Kent Arthur Shaffer of Marion	County Indiana (state), and
Barbara Jean Robertson of Hendricks Con	unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 4-14-97
Signed by: /s/ Susan D. Link Der	official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	
	Signed Sharas Ougas Clark
	CIE/A
BOYCE FORMS • SYSTEMS 1-000-382-0702 1477	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 762
File 59
H- 15-97
Date of Application

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

Female Applicant 50 No 🛭 Yes 🗆
If No, Medical Examination or Report Dated 3 - 2/-97
Name of Physician pt. Oaherson

MALE APPLICANT	FEMALE APPLICANT
Nampavid Eigst Vayne Senbins Last	Name has First De Middle Blast
Date of Birth Month Day Year	Date of Birth Month 12 - 2 7 - 72
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street of R.R. City County State 4068	Residence Address Street or R.R. Street or R.R. Residence Address Figure 1
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 1996	Last Marriage Ended By: Death Divorce Annulment Date 1991
Date of birth verified by: Birth Certificate Cother (Specify)	
Date of the remote by Commence Specify Privales guess	Date of birth verified by: Birth Certificate Other (Specify) Drivers Jucins
Are you now or have you ever been adjudged to be of unsound mind? No. Yes	Are you now or have you ever been adjudged to be of unsound mind? No. Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No P Yes N	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes Yes Yes Yes Yes Yes Yes Yes
5. List the full names of any dependent children. Destin Wayne Johnson	5. List the full names of any dependent children.
6 (a) Full name of antilogod's father A record Pale Area broad	Carrell Janes B
6. (a) Full name of applicant's father fundor Valle fundors (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father (author) floral Banks (If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother Karla Casar Sunt	Birthplace of father (State or foreign country) fruit language language (b) Full maiden name of applicant's mother than 1 and
(If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother for the large to the large
Residence of mother (if deceased, so state) Androne	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Andiana
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list_of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndromes (910)	immune deficiency syndrome), // L + D A
Signature of Applicant Date 1/15/76	Signature of Applicant X Narry D. Date 4/15/91
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given County of HENDRICKS) Ss: // in this application is true and correct	State of Indiana) I swear/affirm that the information given
Signed Alaman Jah	County of HENDRICES in this application is true and correct. Signed Marity D. Barren
New Address Same	New Address SAME
Subscribed and sworn to before me this	Subscribed and sworn to before me this
Circuit Court	Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) Countried HENDRICKS SS:	State of Indiana) Country of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	MotherID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cle	
dated 4-15-97, authorizing the marriage of	David Wayne Jenkins
and Charity Desiree Barron Link	I further certify that the following marriage certificate was filed in my office:
I, Susan D. Link (date), at Danville	in County County Indiana,
	County Indiana (state), and
Charity Desiree Barron of Hendricks Con-	unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ Susan D. Link Dep	Duty Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	4-17-97 (date).
	Shoros Ougan
	Signed Clerk
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No. If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician _ IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Never Married OR No. of Previous Marriages Divorce Date of birth verified by: Birth Certificate Other (Specify) Birth Certificate Other (Specify) Not Yes 🔲 No Yes 🗌 No 🗆 Yes 🔲 No 🗆 Yes 🗌 wer is "yes," has the adjudication been removed? No Z Yes 🗌 No Yes 🔲 Yes 🗌 Yes 🗌 Yes 🗌 Yes 🔲 ACKNOWLEDGMENT **ACKNOWLEDGMENT** ed information regarding dangerous communicable diseases that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court State of Indiana I swear/affirm that the information given HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County_ Court, by written order issued _ and filed in_ , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of

authorizing the marriage of Paul Aaron West County, Indiana, and __ Dawn Elaine Washom . I further certify that the following marriage certificate was filed in my office:

(name), certify that on April 19, 1997 I, __ James M. Shaffer _ (name), certify that on Hendricks (date), at Clayton County, Indiana Paul Aaron West Hendricks Indiana County _

_(state), and

County, Indiana, dated _

Minister (official designation)

(date).

(state) were married by me as authorized

Clerk Circuit Court

Indiana

4-24-97

HENDRICKS

County_

Hendricks

Dawn Elaine Waskom

/s/

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

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

James M. Shaffer

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File

No. 764 File 59 4-16-87

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

Female Applicant 50 No Yes
If No, Medical Examination or Report Dated H-10-97
Name of Physician

Ag Risco

MALE APPLICANT	FEMALE APPLICANT
Name And First C +, Middle Last	Name (First Kall Middle Last
Date of Birth Month 3-30-(99 Pickers)	Digite of Birth Month Day Jan Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State 44118	Residence Address Street or R.R. City County State #6/18
94 E. Nentucky Clayton Andre Fr	174 E. Kentucky Clayton Ander In
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. 6t Previous Marriages 2
Last Marriage Ended By: Death Divorce Annulment Date 1974	Last Marriage Ended By: Death Divorce Annulment Date 1993
Date of birth verified by: Birth Certificate Other (Specify) Drivbrs Sicense	Date of birth verified by: Birth Certificate Other (Specify) Drivers Jicense
Are you now or have you ever been adjudged to be of unsound mind? No Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
Are you related to the female applicant closer than second cousin? No Yes Are you now under the influence of an alcoholic beverage?	2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes 5
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children 10	5. List the full names of any dependent children. Christy Fleigh Shoot Kyle Machiniste Madama
1 212 0 1	
6. (a) Full name of applicant's father for Mayne fulbers (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Laugher Fester Jerkinson, f.
Residence of father (if deceased, so state) Florida	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Indicase
(b) Full maiden name of applicant's mother Ausensonay Cooper	(b) Full maiden name of applicant's mother Rosalle Com Christy
(If adopted, list adoptive parents only) Besidence of mother (if deceased so state)	(If adopted, list adoptive parents only) Besidence of mother (if deceased so state) - \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome).
Signature of Applicant Date 9161	Signature of Applicant & Just 4 Just 2 Junkerson Date 4-16-97
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS Signed C Pickers New Address State of Indiana I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS Signed Signed County of HENDRICKS Signed County of HENDRICKS New Address I swear/affirm that the information given in this application is true and correct.
Subscribed and sworn wasfore me this / 6 day of april ; 19 977	Subscribed and sworn to before me this / (day of April , 19 97
Show Dugas derk of the HENBRICKS Circuit Court	Skorov Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID # Subscribed and sworn to before me this day of 19	Mother ID #
Subscribed and sworn to before me thisday of19	Subscribed and sworn to before me thisday of, 19Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana,
dated 4-16-97, authorizing the marriage of	John Curtis Pickerel
and Lisa Kay Jenkinson I, Neil M. Norheim	I further certify that the following marriage certificate was filed in my office: (name), certify that on June 7, 1997
(date), atMooresville	in Morgan County, Indiana,
John Curtis Pickerel of Hendricks	County Indiana (state), and
Lisa Kay Jenkinson of Hendricks Con	unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ Neil M. Norheim	HENDRICKS County, Indiana, dated 4-16-97
Filed and recorded in accordance with the laws of the State of Indiana on	
	Signed Clerk
BOYCE FORMS - SYSTEMS 1-800-382-4702 1477	HENDRICKS Circuit Court

_Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

 HENDRICKS
 County
 No.
 765

 File
 59
 H-16-97

 Date of Application
 Date of Application

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

Female Applicant 50 No. 17 Yes I If No, Medical Examination or Report Dated 8-14-96
Name of Physician Ametrical Section 14-96

Are you now or have you ever been adjudged to be of unsound mind? Are you now under the influence of an alcoholic beverage? Are you now under the influence of an arcotic drug? Are you now under the influence of an arcotic drug? List the full names of applicant's father Alcoholic beverage? Are you now under the influence of an arcotic drug? List the full names of any dependent children. (a) Full name of applicant's father Alcoholic beverage? Birthplace of father (if deceased, so state) Birthplace of mother (State or foreign country) ACCANCIANT EDCANENT	Place of Birth Place of Birth State or foreign country State Holds
Are you now or have you ever been adjudged to be of unsound mind? Are you now or have you ever been adjudged to be of unsound mind? Are you now or have you ever been adjudged to be of unsound mind? Are you now or have you ever been adjudged to be of unsound mind? Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? Are you now under the influence of an arcotic drug? List the full names of any dependent children. (if adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of mother (if deceased, so state)	Residence Address Street or R.R. City County State
Are you now or have you ever been adjudged to be of unsound mind? Are you now or have you ever been adjudged to be of unsound mind? Are you now or have you ever been adjudged to be of unsound mind? Are you now or have you ever been adjudged to be of unsound mind? Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? Are you now under the influence of an arcotic drug? List the full names of any dependent children. (if adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of mother (if deceased, so state)	Residence Address Street or R.R. City County State 4666 Previous Marital Status: Never Married OR No. of Previous Marriages Last Marriage Ended By: Death Divorce Annulment Date Date of birth verified by: Birth Certificate Other (Specify) The specific of birth verified by: If answer is "yes," has the adjudication been removed? Are you related to the male applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? List the full names of any dependent children. Are you now under the influence of a narcotic drug? Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) Annulment Date County State 46/16 Annulment Date County State 46/16 Annulment Date Date County State 46/16 Annulment Date Date Annulment Date Previous Marriages Annulment Date The specific outputs State 46/16 Annulment Date The specific outputs State 46/16 Annulment Date The specific outputs State 46/16 Annulment Date The specific outputs The specific output
Are you now or have you ever been adjudged to be of unsound mind? Are you now or have you ever been adjudged to be of unsound mind? Are you now or have you ever been adjudged to be of unsound mind? Are you now or have you ever been adjudged to be of unsound mind? Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? Are you now under the influence of an arcotic drug? List the full names of any dependent children. (if adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of mother (if deceased, so state)	Residence Address Street or R.R. City County State 4666 Previous Marital Status: Never Married OR No. of Previous Marriages Last Marriage Ended By: Death Divorce Annulment Date Date of birth verified by: Birth Certificate Other (Specify) The specific of birth verified by: If answer is "yes," has the adjudication been removed? Are you related to the male applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? List the full names of any dependent children. Are you now under the influence of a narcotic drug? Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) Annulment Date County State 46/16 Annulment Date County State 46/16 Annulment Date Date County State 46/16 Annulment Date Date Annulment Date Previous Marriages Annulment Date The specific outputs State 46/16 Annulment Date The specific outputs State 46/16 Annulment Date The specific outputs State 46/16 Annulment Date The specific outputs The specific output
Are you now or have you ever been adjudged to be of unsound mind? No Yes Are you now or have you ever been adjudged to be of unsound mind? No Yes Are you now or have you ever been adjudged to be of unsound mind? No Yes Are you related to the female applicant closer than second cousin? No Yes Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of a narcotic drug? No Yes Are you now under the influence of a narcotic drug? No Yes No Yes Are you now dependent children. Are you now under the influence of a narcotic drug? No Yes No Yes Are you now under the influence of a narcotic drug? No Yes No Yes Are you now under the influence of a narcotic drug? No Yes Are you now under the influence of a narcotic drug? No Yes Are you now under the influence of a narcotic drug? No Yes Are you now under the influence of a narcotic drug? No Yes Are you now under the influence of a narcotic drug? No Yes Are you now under the influence of a narcotic drug? No Yes No Yes Are you now under the influence of a narcotic drug? No Yes No	Previous Marital Status: Never Married OR No. of Previous Marriages Last Marriage Ended By: Death Divorce Annulment Date Date of birth verified by: Birth Certificate Other (Specify) Detailers Green Specific Specify) 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes Are you related to the male applicant closer than second cousin? No Yes Are you now under the influence of an alcoholic beverage? No Yes Specific State of Are you now under the influence of a narcotic drug? No Yes Specific State of Are you now under the influence of a narcotic drug? No Yes Specific State of Sta
Are you now or have you ever been adjudged to be of unsound mind? Are you now or have you ever been adjudged to be of unsound mind? Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? List the full names of any dependent children. (If adopted, list adoptive parents only) Residence of father (State or foreign country) Full maiden name of applicant's mother Survey (If adopted, list adoptive parents only) Residence of mother (State or foreign country) Residence of mother (If deceased, so state) Birthplace of mother (State or foreign country) Residence of mother (State or foreign country) Birthplace of mother (State or foreign country) Annulment Date Yes Date No Yes Date Yes Date No Yes Date Yes Date Yes Date Yes Date Yes Date Annulment Date Yes Da	Last Marriage Ended By: Death Divorce Annulment Date Date of birth verified by: Birth Certificate Other (Specify) Divorce Annulment Date 1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. 6. (a) Full name of applicant's father Flanky (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Picket Park Birthplace of father (State or foreign country)
Are you now or have you ever been adjudged to be of unsound mind? Are you now or have you ever been adjudged to be of unsound mind? Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? List the full names of any dependent children. (If adopted, list adoptive parents only) Residence of father (State or foreign country) Full maiden name of applicant's mother Survey (If adopted, list adoptive parents only) Residence of mother (State or foreign country) Residence of mother (If deceased, so state) Birthplace of mother (State or foreign country) Residence of mother (State or foreign country) Birthplace of mother (State or foreign country) Annulment Date Yes Date No Yes Date Yes Date No Yes Date Yes Date Yes Date Yes Date Yes Date Annulment Date Yes Da	Last Marriage Ended By: Death Divorce Annulment Date Date of birth verified by: Birth Certificate Other (Specify) Divorce Annulment Date 1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. 6. (a) Full name of applicant's father Flanky (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Picket Park Birthplace of father (State or foreign country)
Are you now or have you ever been adjudged to be of unsound mind? Are you now or have you ever been adjudged to be of unsound mind? Are you now or have you ever been adjudged to be of unsound mind? Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? Are you now under the influence of a narcotic drug? Are you now under the influence of an alcoholic beverage? Are you now under the influence of an arcotic drug? (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Residence of mother (if deceased, so state) Birthplace of mother (if deceased, so state) Birthplace of mother (State or foreign country) Auditional	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? Are you related to the male applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? No Yes List the full names of any dependent children. 6. (a) Full name of applicant's father Compared to the full face of the full of the f
Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? List the full names of any dependent children. (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Residence of mother (if deceased, so state) Birthplace of mother (if deceased, so state) Birthplace of mother (if deceased, so state) Birthplace of mother (State or foreign country) Residence of mother (State or foreign country)	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. 6. (a) Full name of applicant's father flandy (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country)
If answer is "yes," has the adjudication been removed? Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? Are you now under the influence of a narcotic drug? List the full names of any dependent children. (If adopted, list adoptive parents only) Residence of father (If deceased, so state) Birthplace of father (State or foreign country) Residence of mother (if deceased, so state) Birthplace of mother (if deceased, so state) Birthplace of mother (State or foreign country) Residence of mother (State or foreign country) Birthplace of mother (State or foreign country)	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. 6. (a) Full name of applicant's father flandy (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country)
If answer is "yes," has the adjudication been removed? Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? Are you now under the influence of a narcotic drug? List the full names of any dependent children. (If adopted, list adoptive parents only) Residence of father (If deceased, so state) Birthplace of father (State or foreign country) Residence of mother (if deceased, so state) Birthplace of mother (if deceased, so state) Birthplace of mother (State or foreign country) Residence of mother (State or foreign country) Birthplace of mother (State or foreign country)	If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. 6. (a) Full name of applicant's father flanly (If adopted, list adoptive parents only) Residence of father (if deceased, so state)
If answer is "yes," has the adjudication been removed? Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? Are you now under the influence of a narcotic drug? List the full names of any dependent children. (If adopted, list adoptive parents only) Residence of father (If deceased, so state) Birthplace of father (State or foreign country) Residence of mother (if deceased, so state) Birthplace of mother (if deceased, so state) Birthplace of mother (State or foreign country) Residence of mother (State or foreign country) Birthplace of mother (State or foreign country)	If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. 6. (a) Full name of applicant's father flanly (If adopted, list adoptive parents only) Residence of father (if deceased, so state)
Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? Are you now under the influence of a narcotic drug? (a) Full name of any dependent children. (If adopted, list adoptive parents only) Residence of father (if deceased, so state) (b) Full maiden name of applicant's mother Bursely Diane Audib (if adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (if deceased, so state)	2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. 6. (a) Full name of applicant's father family Residence of father (if deceased, so state) Birthplace of father (State or foreign country)
Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? List the full names of any dependent children. (If adopted, list adoptive parents only) Residence of father (State or foreign country) (If adopted, list adoptive parents only) Residence of father (State or foreign country) (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (if deceased, so state) Birthplace of mother (State or foreign country) Audiquate Birthplace of mother (State or foreign country)	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. 6. (a) Full name of applicant's father family (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country)
Are you now under the influence of a narcotic drug? List the full names of any dependent children. (a) Full name of applicant's father Clara Clayton Fortic, for (If adopted, list adoptive parents only) Residence of father (State or foreign country) (b) Full maiden name of applicant's mother Burely Diane Audib (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)	4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. 6. (a) Full name of applicant's father flanly (If adopted, list adoptive parents only) Residence of father (if deceased, so state)
(a) Full name of applicant's father Clay Clay Ton Portic, for (If adopted, list adoptive parents only) Residence of father (If deceased, so state) Birthplace of father (State or foreign country) (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Residence of mother (State or foreign country)	6. (a) Full name of applicant's father Stanley J. Bis J. (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Michigany
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)	6. (a) Full name of applicant's father flanding for Biss, for (if adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Michigany
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Michtgant
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Michtgant
Residence of father (if deceased, so state) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Beverly Dicane Rulich (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)	Birthplace of father (State or foreign country) Michtgant
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Birely Diane Audib (If adopted, list adoptive parents only) Residence of mother (If deceased, so state) Birthplace of mother (State or foreign country)	Birthplace of father (State or foreign country) Michigan
(b) Full maiden name of applicant's mother Burely Diane Rule (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)	O postujanit 10
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)	(b) Full maiden name or applicant's mother functions from the
Birthplace of mother (State or foreign country)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state) <u>Ludiana</u>
ACUAIGNII FRANÇAIT	Birthplace of mother (State or foreign country)
ACKNOWN EDGLIENT	J. Continue
ACKNOWLEDGMENT	ACKNOWLEDGMENT
knowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable disease
are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire
ne deficiency syndrome). Author (No. 1) Date 9-14-97	Signature of Applicant A Monica No. Pous Date 04/109
Date	Signature of Applicant Artifuración 12. 1600 Date Official
above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the abov
owledgment because of religious beliefs.	acknowledgment because of religious beliefs.
of Court Date	Clerk of Court Date
of Indiana	
ty of HENDRICKS I swear/affirm that the information given ss: in this application is true and correct.	State of Indiana) I swear/affirm that the information give County of HENDRICKS in this application is true and correct in the
Signed X alex cParte	Signed X Monica no Bis
New Address 5 44m E	New Address <u>yame</u>
cribed and sw/m to before me this / le day of aparl 19 97	Subscribed and sworm before me this
Clerk of the HENDRICKS Circuit Court	Sharan Lugan Clerk of the HENDRICKS Circuit Cour
SENT OF PARENT, PARENT, OR GUARDIAN	
the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign:
facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
of Indiana)	State of Indiana)
y of <u>HENDRICKS</u>	County of HENDRICKS ss:
r ID #	Father ID #
ID #	Mother ID #
cribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Cle
MPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties the
County	Court, by written order issued
filed in, authorizes	and directs the issuance of a marriage license to the above named parties
DETUNDING THE PROPERTY OF THE	
RETURN OF MARRIAGE LICENSE	
rtify that there was filed in my office a marriage license issued by the Clerk $4-16-97$, authorizing the marriage of	Alva Clayton Ponton In
Monica Danielle Bis	. I further certify that the following marriage certificate was filed in my office
Edward Ripperger	(name), certify that on April 19 1997
e), at <u>Mooresville</u>	in Morgan County, Indiana,
va Clayton Porter, Jr. of Hendricks Co	ounty Indiana (state), and
nica Danielle Bis <u>of Morgan</u> Coun	ty Indiana (state) were married by me as authorized
	HENDRICKS County, Indiana, dated 4-16-97
er a marriage license that was issued by the Clerk of the Circuit Court of _	, Priest (official designation)
er a marriage license that was issued by the Clerk of the Circuit Court of _ ned by:/s/ Edward Ripperger	4-24-91 (date).
er a marriage license that was issued by the Clerk of the Circuit Court of _	

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59
Date of Application

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

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

Name of Physician

MALE APPLICANT	FEMALE APPLICANT
Firet Middle Last \	Name Kiling De Hendershot
Date of Birth Menth Day Year	Date of Birth Month Bay Year
Place of Birth (State or foreign country)	Place of Birth (State or foteign country)
IN	Residence Address Street or R.R. City County State
Residence Address C. R. R. 200 W. Danville IN	Residence Address Street or R.R. City County State 4990 Beech Hollow C+D. Inaphs 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: Drivers Uconse
Date of 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 Yes No Yes Ye	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? Yes Yes Yes Yes Yes
If answer is "yes," has the adjudication been removed? No Yes Y	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? Note: Yes □	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
	Day T Handardan
6. (a) Full name of applicant's father Charles L. Dolder	6. (a) Full name of applicant's father RICK J. Hender Shot
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) + N Birthplace of father (State or foreign country) - N
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Helen A Downton	(b) Full maiden name of applicant's mother Cathy S. Ash man
(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)
Birthplace of mother (State or foreign country) 10	Birthplace of mother (State or foreign country) 1.
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome). Here Hard Market Date 4/18/9/7
Signature of Applicant (100 100 100 100 100 100 100 100 100 10	Signature of Applicant Aug Hunaward Date 1/10/07
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
State of Indiana County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS ss: in this applied ion is true and correct.
X Signed Idara N: Colder	Signed Lilly Hellilling
New Address Subscribed and sworn to before me this 18 day of Marc April, 19 97	New Address Subscribed and sworp before me this day of DCII, 19
Subscribed and sworn to before me this day of Transcribed and sworn to before me this day of Transcribed and Sworn to before me this HENDRICKS Circuit Court	Hand Dugas Clerk of the HENDRICKS Circuit Court
SABIOL SUGE	34000
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
state facts which make the consent of the other parent unnecessary	State racis which make the consent of the other parent differences.
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID # Subscribed and sworn to before me this day of, 19
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before the this
	The state of the s
	A marriage license having been refused to the above named parties, the
	Court, by written order issued rizes and directs the issuance of a marriage license to the above named parties.
and filed in, author	and the control of the management of the debt of the management
	NSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana, Edward N. Dolder
dated 4-18-97 authorizing the marriage of _	Edward N. Dolder
and Kiley D. Hendershot Fr. Vincent P. Lampert	I further certify that the following marriage certificate was filed in my office: (name), certify that onMay 3, 1997
(date), at Danville	inHendricksCounty, Indiana,
Edward N. Dolder of Hendricks	_ County Indiana (state), and
	County Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court	ofCounty, Indiana, dated _4=18=9/
Signed by: /s/ Fr. Vincent P. Lampert Filed and recorded in accordance with the laws of the State of Indiana on	, Priest (official designation) 5-7-97 (date).
Filed and recorded in accordance with the laws of the state of matana on-	11
	SignedClerk
	HENDRICKS Circuit Court

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS _ County

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

Female Applicant 50 No Yes Use If No, Medical Examination or Report Dated 4-17-97
Name of Physician ECCARD - HEAUTH TRACKS

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Mopth Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
INDIANA	INDIANA
Residence Address E CR 425 N BROWNSBURG HUNKETN	Residence Address & CR 425 N BROWNS BURG LINDRES IN 4611
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 Pother (Specify) DRNERS License	Date of birth verified by: Birth Certificate Pother (Specify) DRNERS CICENSE
Are you now or have you ever been adjudged to be of unsound mind? No Yes ✓	Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? No Yes No No Yes No No Yes No No Yes No No No No No	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
Day 61 40 M2215	6. (a) Full name of applicant's father MARK GALOVIC
6. (a) Full name of applicant's father DAVID EdwARD MORRIS	
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Tud: AuA	(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Tydiana
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) TNd; ANA
(b) Full maiden name of applicant's mother Cyuthia Elizabeth McCoy	(b) Full maiden name of applicant's mother NANCY TO PARRISH
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Tudi Au A	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Twd i AvA
Birthplace of mother (State or foreign country) Fudi An A	Birthplace of mother (if deceased, so state) Birthplace of mother (State or foreign country) Twd: AJA
	Shapace of months (state of foliage country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndromals. An advantage of the syndromals and advantage of the syndromals a
Signature of Applicant X David B No. Date 4-18-97	Signature of Applicant X / UCAL Saloric Date 4-18-97
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given County of HENDRICKS SS: I swear/affirm that the information given in this application is true and correct.	State of Indiana) I swear/affirm that the information given SS:
County of Reversion in this application is true and correct.	County of HEVENICAS in this application is true and correct.
New Address SAME AS ABOVE	New Address SAME AS ABOVE
Subscribed and sworn to before me this	Subscribed and sworn to before me this 18th day of APRIL 19 97
Circuit Court	There's Dugasek of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana	
County of HENDRICKS ss:	State of Indiana) County of HENDRICKS SS:
Father ID #	FatherID #
MotherID #	Mother 1D #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me this
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
	Court, by written order issued es and directs the issuance of a marriage license to the above named parties.
	and directs the issuance of a marriage license to the above named parties.
	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cledated 4-18-97	erk of the Circuit Court of HENDRICKS County, Indiana,
, dumorizing the marriage of	
I, Bryon K. Rose	I further certify that the following marriage certificate was filed in my office: (name), certify that on May 3, 1997
(date), atDanville	in Hendricks County, Indiana,
	County Indiana (state), and
Nicole Galovic of Hendricks Con under a marriage license that was issued by the Clerk of the Circuit Court of	unty Indiana (state) were married by me as authorized HENDRICKS County Indiana detect 4-18-97
Signed by: /s/ Bryon K. Rose	
Filed and recorded in accordance with the laws of the State of Indiana on	5-7-97 (date).
	Simo Sharon Ougan
	SignedClerk
BOYCE FORMS • SYSTEMS 1-800-382-8702 :1477	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59

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

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

Name of Physician

MALE APPLICANT	FEMALE APPLICANT
Name Charles Middle King	Name Vertar Middle Beavers
Date of Birth Month Day Year	Date of Birth Month Day, Year
Place of Birth (State or foreign country)	
Residence Address Street or, R.R. City Gounty State,	Place of Birth (State or foreign country) Residence Address Street or R.R. City Qoupty State
Residence Address Street or R.R. City Prounty Field In	2153 Fortara Apt Loto3 Indols I
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
	V A I i i
Date of birth verified by: Birth Certificate Other (Specify) Drivers Conse	Date of birth verified by: Birth Certificate Souther (Specify)
THE RESIDENCE OF THE PARTY OF T	
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes	2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
X	nung
6 (a) Full name of applicant's father GROPQU, King	6. (a) Full name of applicant's father James Beavers
6. (a) Full name of applicant's father (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father OCCY (ES FSECUL) (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) IN	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) Maryland	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother tenny OH Fultz	(b) Full maiden name of applicant's mother Volta L. Beaules
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)
Distribute of motive (State of foreign country).	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Section R. Kanner Date 4-18-97	Ammune deficiency syndrome). Signature of Applicant 1019 m Ball Date 4-1897
	Vigination of Applicant
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I sweat/affirm that the information given
County of HENDRICKS ss: vin this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed Charles K. Keng	1 signed Welton M 1500 WWW
New Address Subscribed and sworn terbefore me this day of April 19	New Address
HOLDRICKS Circuit Court	Subscribed and sworp to before me this day of HENDRICKS Circuit Court
station day	Storox Lugar Clerk of the Individual Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana
County of HENDRICKS ss:	County of HENDRICKS SS:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authoriz	zes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	
dated $\frac{4-18-97}{}$, authorizing the marriage of $\underline{\hspace{0.5cm}}$	Charles R. King
and <u>Velta M. Beavers</u>	I further certify that the following marriage certificate was filed in my office:
I,Danny Vaughn	(name), certify that on April 26, 1997
	in_Hendricks County, Indiana, County Indiana (state) and
	County Indiana (state), and Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	State) were married by me as aumorized
Signed by: /s/ Danny Vaughn	,
Filed and recorded in accordance with the laws of the State of Indiana on_	5-23-97 (date).
The second secon	Haros Dugas
	Signed Clerk
	HENDRICKS Circuit Court

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County

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

Female Applicant 50	No 🗹	Yes 🗆 🗸 2 🙃
If No, Medical Examina	tion or Report	Dated 4-18-97
Name of Physician	DR. FI	

PULL STREET, S	
MALE APPLICANT	FEMALE APPLICANT
MARKUS Middle VAN WYK	Name KimBERLY ANN BARBER
Date of Birth Month Day Year (05)	Date of Birth Month 2 Le Le
Place of Birth (State or foreign country) South Africa	Place of Birth (State or foreign country)
Residence Address Street or R.R. Octy County State U6168	Residence Addressy Street or R.R. / City Gounty State
5598 BROYLES KO MAINTIELD MADRESCHO	5548 Broyles Kd. PLAINFIELD HUDRES IN TO
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date 1993
Date of birth verified by: Birth Certificate Dother (Specify)	Date of birth verified by: Birth Certificate Dother (Specify) DR NERS LICENSE.
	M. Surgeria de la Company de l
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No 🗹 Yes 🗆
4. Are you now under the influence of a narcotic drug? No Yes List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children.
5. List the full harnes of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father JACOBUS VAN WYK.	6. (a) Full name of applicant's father Thomas Aurel Meko
(If adopted, list adoptive parents only). Besidence of father (if deceased, so state) South - AFRICA.	(If adopted, list adoptive parents only). Residence of father (if deceased, so state). Twd i Av A
Birthplace of father (State or foreign country) South - ARRICA.	Birthplace of father (State or foreign country) TNd i ANA
(b) Full maiden name of applicant's mother ANETTE ROOS.	(b) Full maiden name of applicant's mother Shelvia Jean Jackson
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) SOUTH - AFRICA	Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) KENTUCKY
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome) Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date State of Indiana County of HENDRICKS Signed New Address Subscribed and sworn of refore me this day of HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Signed ADRIC 19 97 HENDRICKS Circuit Count State of Indiana County of HENDRICKS Signed ADRIC 30 Circuit Count ADRIC 40 Circuit Count CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Signed ADRIC 40 Circuit Count ADRIC 40 Circuit Count CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Signed ADRIC 40 Circuit Count CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, and the parent unnecessary County of HENDRICKS Signed COUNTY OF PARENTS, PARENT, OR GUARDIAN ADRIC 40 CIPC 40
	A marriage license having been refused to the above named parties, the
	es and directs the issuance of a marriage license to the above named parties.
, authorize	of and an edit into issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cledated $\frac{4-18-97}{}$, authorizing the marriage of $\frac{1}{}$	
and Kimberly Ann Barber	I further certify that the following marriage certificate was filed in my office:
I, Myron Barnard	Marrion
(date), atIndianapolis Markus Van Wykof Hendricks	in Marion County, Indiana, County Indiana (state) and
	County(State), and
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 4-18-97
Signed by: /s/ Myron Barnard	Judge (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	4-24-97 (date).
	Signed Shoros Dugax
BOYCE FORMS + SYSTEMS 1-800-382-4702 1477	Signed Clerk HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

 $\begin{array}{c|c} & \text{No.} & \boxed{770} \\ \hline \text{\textit{HENDRICKS}} & \text{County} & \text{File} & \boxed{59} \\ \hline 5-9-97 & \boxed{} \end{array}$

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

Female Applicant 50 No 🛛 Yes 🗆 If No, Medical Examination or Report Dated 5 - 7-97

Name of Physician 1997, 1998

MALE APPLICANT	FEMALE APPLICANT
Name Earl Dean Pickerel	Name Mary Louise Escapar
Date of Birth Month Day Year	Date of Birth Month Day Year
lace of Birth (Stateqorfforeign country)	Place of Birth (State or foreign country)
104 12 N Carr Ka . + laintield	New Mexico
seidence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
evious Marital Status: Never Married OR No. of Previous Marriages 2	Previous Marital Status: Never Married OR No. of Previous Marriages
st Marriage Ended By: Death Divorce Annulment Date 1998	Last Marriage Ended By: Death Divorce Annulment Date 1996
tle of birth verified by: Birth Certificate Other (Specify) NUERS UCONSO	Date of birth verified by: Birth Certificate Cother (Specify) Duvers Fiches
Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? No Yes Yes	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? Yes Yes
List the full names of any dependent children.	5. List the full names of any dependent children.
(a) Full name of applicant's father Jon Picherel	6. (a) Full name of applicant's father
(If adopted, list adoptive parents only) Residence of father (if deceased so state) FLOCIDO	(If adopted, list adoptive parents only) Pedro ESCOBRO
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) New Mefico Birthplace of father (State or foreign country) New Mefico
(b) Full maiden name of applicant's mother hosemany Cooper	(b) Full maiden name of applicant's mother Claidia Malvan
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) few Majorica
Birthplace of mother (State or foreign country) 1	Birthplace of mother (State or foreign country) New Mexico
ACKNOWLEDGMENT acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired mune deficiency syndrome) Date 5 - 9 - 9 - 9 - 9 - 9 - 9 - 9 - 9 - 9 -	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndroms) Signature of Applicant Date Date
e above applicant has objected to verifying by oath or affirmation or signature to the above knowledgment because of religious beliefs. Ork of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
stee of Indiana I swear/affirm that the information given bunty of HENDRICKS in this application is true and correct. New Address day of HENDRICKS 19 19 19 19 19 19 19 1	State of Indiana County of HENDRICKS Signed School New Address Subscribed and sworn to before me this 4 day of HENDRICKS Signed School New Address Subscribed and sworn to before me this 4 day of HENDRICKS Circuit Court
INSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
e, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
te facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
te of Indiana)	State of Indiana)
unty ofHENDRICKS ss:	County of HENDRICKS ss:
her ID #	Father ID #
ther ID #	Mother ID #
bscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me this day of, 19
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued tes and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the Cl ted $\frac{5-9-97}{}$, authorizing the marriage of ${}$	erk of the Circuit Court of HENDRICKS County, Indiana, Earl Dean Pickeral
Neil M. Norheim	I further certify that the following marriage certificate was filed in my office: (name), certify that on June 7, 1997
ate), atMooresville Earl Dean Pickerel of Hendricks	in Morgan County, Indiana, County Indiana (state), and
	unty Indiana (state) were married by me as authorized
der a marriage license that was issued by the Clerk of the Circuit Court of gned by:/s/ Neil M. Norheim	Minister (official designation)
led and recorded in accordance with the laws of the State of Indiana on_	6-10-97 (date).
	Signed Sharon Vugan Clork
	Signed Clerk

Circuit Court

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

59 **HENDRICKS** County 4-18-97

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under 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	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Day Year	Date of Birth Month Day Year
5 10 45	8 9 69
Place of Birth (State or foreign country) Inoliana	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State 10280 Cherokee Dr. Indpl Hendricks IN	Residence Address Street or R.R. City County State 10280 Cherokee Dr. Inabls Hendricks IX
Previous Marrial 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 Pother (Specify) Dr.S. License.	Date of birth verified by: Birth Certificate Souther (Specify) Drs. License.
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the female applicant closer than second cousin? No Yes Yes Yes Yes Yes Yes Yes Yes	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage?	2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No Ves
5. List the full names of any dependent children. Caleb Spears	5. List the full names of any dependent children. <u>Caleh Spears</u> Elijah Spears
6. (a) Full name of applicant's father Charles Ezell Spears (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Earl Clayton Nollows (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Indiana	Residence of father (if deceased, so state) Deceased
(b) Full maiden name of applicant's mother Mable Marcum	Birthplace of father (State or foreign country) New Nampshire
(If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother Marie June Jeanette (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Deceased	Residence of mother (if deceased, so state) Deceased
Birthplace of mother (State or foreign country) Virginia	Birthplace of mother (State or foreign country) New Hampshire
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Terry M. Aplgus Date 4-18-97	immune deficiency syndrome). Signature of Applicant Author m. dolloway Date 4-18-9
Signature of Applicant Date Date	Signature of Applicant Clubby M. Oboxolocus Date 9 18 1
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS SS: in this application is true and correct. Signed 1974 M. Application is true and correct. New Address Some	County of HENDRICKS ss: in this application is true and correct. X Signed Carry Mo December 1
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of, 19
Thank Degar Ork of the HENDRICKS Circuit Court	Skorov Dugar Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
	State lacto which make the consent of the other parent differensially
State of Indiana) County of HENDRICKS ss:	State of Indiana) County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID # Subscribed and sworn to before me this day of, 19	Mother ID # Subscribed and sworn to before me this day of, 19
Clerk	Clerk
	A marriage license having been refused to the above named parties, the
and filed in, authorize	Court, by written order issuedend to the above named parties
I certify that there was filed in my office a marriage license issued by the Cle	EE AND MARRIAGE CERTIFICATE erk of the Circuit Court of HENDRICKS County, Indiana, Towns M. Special
dated, authorizing the marriage of andCathy M. Holloway	I further certify that the following marriage certificate was filed in my office:
I, Sandra R. Perry	$\frac{1}{2}$. I further certify that the following marriage certificate was filed in my office: $\frac{1}{2} = \frac{6-14-97}{1}$
(date), at <u>Mooresville</u>	in Morgan County, Indiana,
	County Indiana (state), and
<u>Cathy M. Holloway</u> of <u>Hendricks</u> Counder a marriage license that was issued by the Clerk of the Circuit Court of	
Signed by: /s/ Sandra R. Perry	
Filed and recorded in accordance with the laws of the State of Indiana on	6-18-97 (date)
	Signed Sharoz Ougas Clerk
对表现是为一种的 (A. C.	
	HENDRICKS Circuit Court

HENDRICKS County

Circuit Court

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

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

MALE APPLICANT	FEMALE APPLICANT
Koger D. Woods	Name Cathy Middle Sast
Date of Birth Pay 5 Years	Date of Birth Hoght \ Sear 4
Place of Birth (State or foreign country)	Place of Bigh (State or foreign country)
Residence Address Street or B.R. City County State	Residence Address Street or R.R. City County State
165 E 200 S. Danville IN46122	165 E 2005. Danville 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 1990	Last Marriage Ended By; Death Divorce Annulment Date 1996
Date of birth verified by: Birth Certificate Cother (Specify) Drivers Vicense	Date of birth verified by: Birth Certificate Achter (Specify) Drivers Ucense
1 -	A _
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes	Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? No Yes Yes Yes
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No Yes ☐	3. Are you now under the influence of an alcoholic beverage? No Yes □
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
The same of the sa	X
6. (a) Full name of applicant's father William D. Woods	6. (a) Full name of applicant's father Donald Setty
(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)
(b) Full maiden name of applicant's mother Myrtle M. Bush	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother 1 (b) (lf adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother with a Jones
Residence of mother (if deceased, so state) IN	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country) Tenn.	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 4-21-97	I acknowledge that I have received information regarding dangerous communicable diseases 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 1 acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS Signed In this application is true and correct. New Address Subscribed and sworn to refere me this day of HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed Signe
CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) #FNDPICKS SS:	State of Indiana)
County of HENDINGS	County of HENDRICKS SS:
Father ID # Mother ID #	Father ID #
Subscribed and sworn to before me thisday of, 19	Mother ID #
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, the
County	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
and med in, authorize	as and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cledated $4-21-97$, authorizing the marriage of	erk of the Circuit Court of HENDRICKS County, Indiana, Roger D. Woods
andCathy E. Setty	I further certify that the following marriage certificate was filed in my office:
I, Susan D. Link	(name), certify that on April 22, 1997
(date), atDanville	_ in Hendricks County, Indiana,
Roger Dale Woods of Hendricks Cathy Elizabeth Setty of Hendricks Con	County (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County Indiana dated 4-21-97
Signed by: /s/ Susan D. Link	Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	4-24-97 (date)
	Signed Clerk
	SignedClerk
BOYCE FORMS • SYSTEMS 1-000-392-2702 1477	HENDRICKS Circuit Court

HENDRICKS County

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

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

MALE APPLICANT	FEMALE APPLICANT
Name of First Annual Student II	Name , First R Middle . Last
bate of Birth Honth Day Day Year	Date of Birth Month Day, Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Indiana Huis	Ohio 4
Residence Address Street of R.R. Apt City County State TV	Residence Address, Street of R.R. City County State Street of R.R. April 0 County State To State To
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status Never Married OR No. of Previous Marriages
	1000
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date 1991
Date of birth verified by: Birth Certificate Other (Specify) Drivers Jicense	Date of birth verified by: Birth Certificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes Yes Yes Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? No Yes No Yes	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No. Yes N
5. List the full names of any dependent children. Asaich Sames Xunson	4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. Pipe Elizabeth Have
	Isaiah James Hudson
6. (a) Full name of applicant's father Limbley Hames Hudson	6. (a) Full name of applicant's father Kandall Jie Gardner
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	(If adopted, list adoptive parents only)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Dynna Jane allen	(b) Full maiden name of applicant's mother Rollin Luslie Hamin
(If adopted, list adoptive parents only),	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state). Judgana	Residence of mother (if deceased, so state) Judiana
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) CHW
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome). Signature of Applicant Date 4-21-97	Signature of Applicant A Kruster Harraman Date 42/97
Signature of Applicant Date 70/1	Signature of Applicant / 1/100/07 (NOVOYY) W Date 9/1/1/
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana I swear/affirm that the information given County of HENDRICKS I swear/affirm that the information given in this application is true and correct.	State of Indiana) I swear/affirm that the information giver ss: County of HENDRICKS
Signed Signed in this application is true and correct.	Signed X Sig
New Address SAME	New Address Suykl
Subscribed and sworn to before me this	Subscribed and sworn to before me this
Show Dug Actient of the HENDRICKS Circuit Court	Shoron Dugas derk of the HENDRICKS Circuit Cour
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) Country of HENDRICKS SS:	State of Indiana) State of HENDRICKS SS:
FatherID #	County of
MotherID #	Father ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IS MARRIAGE LIGHTON TO THE PARTY OF	
	A marriage license having been refused to the above named parties, theCourt, by written order issued
and filed in authoriz	es and directs the issuance of a marriage license to the above named parties.
THE REPORT OF THE PARTY OF THE	La constant de la con
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Claded $4-21-97$	erk of the Circuit Court of HENDRICKS County, Indiana, Timothy James Hudson II
, dumorizing the marriage of	
I. Susan D. Link	I further certify that the following marriage certificate was filed in my office: (name), certify that onApril 21, 1997
(date), at Danville	in Hendricks County, Indiana,
Timothy James Hudson, II of Hendricks	County Indiana (state), and
Kristen Renee' Harriman of Hendricks Co.	unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	
Signed by:/s/ Susan D. Link De Filed and recorded in accordance with the laws of the State of Indiana on	puty Clerk (official designation)
The and recorded in accordance with the taws of the state of inatana on	4-24-91 (date).
	Signed Sharoz Lugar
	Signed Clerk
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	HENDRICKS Circuit Cour

APPLICATION FOR MARRIAGE LICENSE

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

Female Applicant 50 No Yes
If No, Medical Examination or Report Dated Hagy Name of Physician 14.

Attigraphics

MALE APPLICANT	FEMALE APPLICANT
Mark Kanni Wichersham	Namey Some Vanest Last
Dafe of Birth Month 11-7= Day Year	Date of Birth Month 10 - 4 - 74
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. County State 40168	Residence Address Street or R.R. City County State 47802
Previous Marital Status: Never Married OR No. of Previous Marriages	1436 8. 5th ft. Were Aluje Vigo IN
	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) Duive Julius	Date of birth verified by: Birth Certificate Offer (Specify) Drivers License
Are you now or have you ever been adjudged to be of unsound mind? No Yes	Are you now or have you ever been adjudged to be of unsound mind? No. Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? Note: Yes: 4. Are you now under the influence of a narcotic drug? Yes:	Are you now under the influence of an alcoholic beverage? Now Yes Yes Yes Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Exhibit Wichensham	6. (a) Full name of applicant's father A about Ellis Vanest
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Jamajo Sano	(b) Full maiden name of applicant's mother Karian Lawerne Kell
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country) Aanav	Residence of mother (if deceased, so state)
- Japen	Birthplace of mother (State or foreign country)— Judiana
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases
immune deficiency syndrome).	that are sexually transmitted and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant & Mach Whichers Date 4/22/97	Signature of Applicant A Dy Date 4-21-9
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given ss: in this application is true and correct.	State of Indiana) I swear/affirm that the information given County of HENDRICKS in this application is true and correct
Signed Mach Mchers	County of in this application is true and correct.
New Address 581 Cobblestone Rd. Avon, IN 46108	New Address 581 Coloplestone Rd. Avon In 4611
Subscribed and sworn to before me this	Subscribed and sworn to before me this
Skaron Lugade k of the Circuit Court	Sharan Lugar Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of
FatherID #	Father ID #
Mother	Mother ID #
Clerk	Subscribed and sworn to before me this day of, 19Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and med m, authoriz	zes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Co	lerk of the Circuit Court of HENDRICKS County, Indiana,
dated $4-21-97$, authorizing the marriage of $_$	Mark Wickersham
and Joy Vanest	. I further certify that the following marriage certificate was filed in my office:
(date), atDanville	Uandaiala
Mark Kanzi Wickersham of Hendricks	in Heliaricks County, Indiana, _ County Indiana (state), and
Joy Joann Vanest of Vigo Co	ounty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	f County, Indiana, dated4-21-97
Signed by: /s/ John M. Dimmick Filed and recorded in accordance with the laws of the State of Indiana on	, Minister (official designation)
nea and recorded in accordance with the taws of the state of inatana on_	6-3-91 (date).
	Signed
	Signed Skotov Medicks Circuit Court
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59

H= 2/-97
Date of Application

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

Female Applicant 50 No T Yes T If No, Medical Examination or Report Dated 3-18-97

Name of Physician A. Brownsburg Med. Climit

MALE APPLICANT	FEMALE APPLICANT
Name / 1// ; First O_ Maddle / - Last	Namy r + First Middle D Last
Date of Birth Month / Year	Dag of Bith Mouth
1-28-69	3-15-69
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County / State 4616	Residence Address Street or R.R. F. City Cognity State 46
5133 & CORD 55/N Pittaboro HAKS IN	5133 E CURASSIN. Pettsbow NOURS 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
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) ID Card Allinous	Date of birth verified by: Birth Certificate Other (Specify)
	1 2000
Are you now or have you ever been adjudged to be of unsound mind? No Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes
2. Are you related to the female applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes	Are you related to the male applicant closer than second cousin? No Yes Are you now under the influence of an alcoholic beverage?
Are you now under the influence of a narcotic drug? No Yes	4. Are you now under the influence of an accordic drug? , No Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children
	S. List the fall flames of any superioria simplesty
6. (a) Full name of applicant's father William Ray Coy, fr.	6. (a) Full name of applicant's father Phlodore Paul Spaaning
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (If deceased, so state) Adjana	Residence of father (if deceased, so state) Andiana
Birthplace of father (State or foreign country) Andiona	Birthplace of father (State or foreign country) Michigan
(b) Full maiden name of applicant's mother Julia Mary Dettomasi	(b) Full maiden name of applicant's mother Morioast Kous Barr
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Indiana,	Residence of mother (if deceased, so state) Andiasa
Birthplace of mother (State or foreign country). Afforde Island	Birthplace of mother (State or foreign country) Allinais
	Resident by an all the first section and the first section and an arrange being the section of
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a set of the dest sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome)	immune deficiency syndrome
Signature of Applicant Date 1/2///	Signature of Applicant XMD Date 112191
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss: A in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed X Will & EXT.	Signed X "Sustaine & Aquesto
New Address SAME	New Address SAME,
Subscribed and sworn to before me this day of april, 1997	Subscribed and sworp before me this day of Chil., 19 97
Gerk of the HEMDRICKS Circuit Court	Sava Clerk of the HENDRICKS Circuit Court
stator sugar	
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana) State of HENDRICKS ss:
County of HENDRICKS	County of HENDRICKS
Father ID #	Father ID #
MotherID #	Mother ID #
Subscribed and sworn to before me this	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY OPDED OF COURT	A marriage license having been refused to the above named parties, the
	Court, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
	The state of the s
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	
dated 4-21-97 authorizing the marriage of	William Ray Cox, Jr.
and Christine Ann Spagnuolo	I further certify that the following marriage certificate was filed in my office:
I, Robert L. Epps	(name), certify that on May 31, 1997
(date), at Pittsboro	_in Hendricks County, Indiana,
	County Indiana (state), and
Christine Ann Spagnuolg Hendricks Co	untyIndiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 4-21-97
Signed by: /s/ Robert L. Epps	
Filed and recorded in accordance with the laws of the State of Indiana on_	6-3-97 (date).
	Thomas (coas)
	Signed Clerk
	HENDRICKS Circuit Court
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59

HENDRICKS Tyles Tyles

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes I If No, Medical Examination or Report Dated 4-33-97 Name of Physician Date Harley
MALE APPLICANT	FEMALE APPLICANT
Name Auricio Valim Li Bergl Ferreira Date of Birth Month 2-20-76 Vear	Name 1e S San Jra Jys To Pin To Date of Birth Month Seb -16 - 75
Place of Birth (State or foreign country) Brazil Residence Address Street or R.R. Bry County State 44/68 14 (6 Pineuros D. P.D. Plainfeld NNKS T.)	Place of Birth (State or foreign country) Residence Address Street or R.R. PT City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married STOR No. of Previous Maritages
ast Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Passport	Date of birth verified by: Birth Certificate Sother (Specify) Pass Por T
If answer is "yes," has the adjudication been removed? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? 1. No Yes No Yes No Yes
2. Are you related to the female applicant closer than second cousin? No S Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No S Yes ☐	2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? Notify Yes Yes Yes
Are you now under the influence of a narcotic drug? No Yes List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. Yes
(a) Full name of applicant's father Gergl do E: Bergl Ferre'rg (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Ledo Jose P.'n70 (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) 3.797: Birthplace of father (State or foreign country) 2.797:	Residence of father (If deceased, so state) Broz:
(b) Full maiden name of applicant's mother D'Ima Aucel'o	(b) Full maiden name of applicant's mother 1:59:10:9 Justo
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) 1807.* Birthplace of mother (State or foreign country) 1807.*	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) BG97.1
ACKNOWLEDGMENT acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired nature of Applicant). The sexually transmitted and a list of the test sites for the virus that causes AIDS (acquired nature of Applicant). The sexually transmitted and a list of the test sites for the virus that causes AIDS (acquired nature of Applicant).	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date Date
he above applicant has objected to verifying by oath or affirmation or signature to the above cknowledgment because of religious beliefs. Lerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
ss: I swear/affirm that the information given in this application is true and correct. Signed Marview Hallim followed Frozers New Address ubscribed and sworn to before me this 33 day of April 1997	State of Indiana County of HENDRICKS Signed Mender of HENDRICKS Signed Mender of HENDRICKS New Address Subscribed and sworn to be fore me this John day of Jeff 1, 19 97
Sharar Dugasiek of the HENDRICKS Circuit Court	Sharan Dugancierk of the HENDRICKS Circuit Court
ONSENT OF PARENTS, PARENT, OR GUARDIAN e, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, ate facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
ate of Indiana) unty of <u>HENDRICKS</u>) ss:	State of Indiana) County of HENDRICKS) SS:
ther ID # bscribed and sworn to before me this day of, 19	Father
Clerk	Clerk
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the Court, by written order issued
	s and directs the issuance of a marriage license to the above named parties.

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

(name), certify that on _____April 25, 1997 Alessandra Justo Pinto I, __ Susan D. Link (name), certify that on _ Hendricks (date), at _____ Danville County, Indiana, Mauricio Valim Liberal Ferreifa Hendricks Indiana County _ Alessandra Justo Pinto of Hendricks Indiana ___ (state) were married by me as authorized _______County, Indiana, dated _______4-22-97 HENDRICKS (official designation) (date).

Signed Skaroz Dugar Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 Not Yes If No, Medical Examination or Report Dated 4-22-97 A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician J. Namaber IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Death Divorce Annulment Date of birth verified by: Birth Certificate Other (Specify) Are you now or have you ever been adjudged to be of unsound mind? Nort Yes 🗌 Yes 🔲 No.DX No 🗌 is "ves." has the adjudication been removed? Yes 🗌 No 🗌 Yes 🔲 NORT Yes 🗌 No Z Yes 🗌 Yes 🗌 No D Yes 🔲 Yes 🗌 ee Cunningham ACKNOWLEDGMENT **ACKNOWLEDGMENT** information regarding dangerous communicable diseases that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation State of Indiana HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN State of Indiana HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County_ Court, by written order issued and filed in. authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 4-22-97, authorizing the marriage of _

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

(name), certify that on ____April 26, 1997

(date).

County, Indiana,

_(state), and _

(official designation)

County, Indiana, dated 4-22-97

(state) were married by me as authorized

Clerk Circuit Court

Hendricks

Minister

4-29-97

County _

Signed

County

Hendricks

Hendricks

Indiana

HENDRICKS

Indiana

and _ Heather Dee Cunningham

Heather Dee Cunningham of

Signed by: /s/ Charles Elston

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

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

I, _ Charles Elston (date), at Plainfield

Bruce Lee Hornaday

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59

H: 23-97

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

Female Applicant 50 No 1 Yes I If No, Medical Examination or Report Dated 4-33-97 Name of Physician 4. Johnson

MALE APPLICANT	FEMALE APPLICANT
Nagrid First Middle & Last	Name , First , Middle
Date of Birth Month Day Year	Trucia James Hall Day Year
5-28-66	4-11-69
Place of Birth (State or foreign country) Anaiana Hull 0	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State State Street or R.R. City State The state of the state	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Souther (Specify) Drivers Jicense	Date of birth verified by: Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? 1. If answer is "yes," has the adjudication been removed? No Yes Yes Yes Yes Yes Yes Yes Yes	1. Are you now or have you ever been adjudged to be of unsound mind? Yes Yes
If answer is "yes," has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes ☐	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children, study gosph	5. List the full names of any dependent children.
Somb Her Guerra	
6) (a) Full name of applicant's father James Kobert Sulviva	6. (a) Full name of applicant's father Jury Wayne Hall
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother Davine Kay Raider	Birthplace of father (State or foreign country) Judiana (b) Full maiden name of applicant's mother Caralus Sure Clark
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Andigma	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Indiana
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant & Smale Edward & June 42397	signature of Applicant X Sucial Cours (Hall Date 4-33-97)
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court	acknowledgment because of religious beliefs.
Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
New Address Same	Signed XI UCLA TOULAL HOLL New Address Some
Subscribed and sworn to before me this	Subscribed and sworn to before me this 23 day of Caril 19 97
Staron Dugar Clerk of the HENDRICKS Circuit Court	Gerk of the HENDRICKS Circuit Court
CONCENT OF DADENTS PAGENT OF CHAPDIAN	SENDIOL DEGLE
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN
state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS ss:	State of Indiana) State of HENDRICKS ss:
FatherID #	County or
Mother ID #	Father ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	F AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County Indiana
dated 4-23-97, authorizing the marriage of	Ronald Edward Guerra
and Tricia Louise Hall	I further certify that the following marriage certificate was filed in my office:
r, Kenneth Smith	(name), certify that on April 26, 1997
D - 11 D1 - 1 C	Indiana County, matana,
Tricia Louise Hall of Marion Con	unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 4-23-97
Signed by: /s/ Kenneth Smith	
Filed and recorded in accordance with the laws of the State of Indiana on	4-29-97 (date).
	Signed Segar
	Signed Clerk HENDRICKS
BOYCE FORMS - SYSTEMS 1-800-382-8702 1477	— Circuit Court

_Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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

If No, Medical Examination or Report Dated 3-6
Name of Physician 24, 120

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name, First Servel Middle & last from
Date of Birth Month 2 1 5 7	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State 4 6334	Residence Address Street or R.R. City County State 761
19343 Jindow Gurt Indes Andes In	1951 Shavon have fled Hoden 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 Rother (Specify) Dr. Vors L. Cance	Date of birth verified by: ABirth Certificate Souther (Specify) Drivers Jicense
1. Are you now or have you ever been adjudged to be of unsound mind? No ₩ Yes □	Are you now or have you ever been adjudged to be of unsound mind? No. Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? Nor ☐ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? Nor ☐ Yes ☐	2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children
6. (a) Full name of applicant's father frames Equand Null St.	6. (a) Full name of applicant's father Robert D. Waston
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother	Birthplace of father (State or foreign country) Indiana (b) Full maiden name of applicant's mother Katter due Tuelb
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country) Judiana	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Date 4-23-97	Signature of Applicant A Jessera North Date 4/23/9
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS ss: In this application is true and correct.
New Address 7019 Islander Dr Apt & Indian applis, IN 46210	Signed A Jessesa Narton
Subscribed and sworn perfore me this day of Abril 19 9 7	Subscribed and sworn to before me this 23 day of about 1997
There we describe HENDRICKS Circuit Court	Sharar Que a Ser) of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSCIUTOR MARRIAGO SUSSIANI OR CAMPONIANI
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	
County of HENDRICKS SS:	State of Indiana) County of HENDRICKS ss:
Father ID #	Father ID #
MotherID #	MotherID #
Clerk	Subscribed and sworn to before me this day of, 19 Clerk
COMPLETE IS MARRIAGE LIGHTON TO COMPLETE OF COMPLETE	
	A marriage license having been refused to the above named parties, theCourt, by written order issued
and filed in, authorize	
DETURN OF MARRIAGE LIGHTS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	SE AND MARRIAGE CERTIFICATE erk of the Circuit Court of HENDRICKS County, Indiana,
dated 4-23-97, authorizing the marriage of	James Edward Nulf, Jr.
andJessica Jewell Harton	I further certify that the following marriage certificate was filed in my office:
I, Royce T. Willerton (date), at Avon	(name), certify that onMay 17, 1997 _ inHendricks County, Indiana,
James Edward Nulf, Jr. of Hendricks	County Indiana (state) and
Jessica Jewell Harton of Hendricks Con	unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/S/ Royce T. Willerton	
Filed and recorded in accordance with the laws of the State of Indiana on	
	- Harr Ougar
	SignedClerk
	HENDRICKS Circuit Court

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 780
File 59
H- 33-97
Date of Application

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

Female Applicant 50 No X Yes
If No, Medical Examination or Report Dated 4-23-97
Name of Physician 0, Hotter

MALE APPLICANT	FEMALE APPLICANT
Name Tephen Anseph Names	Name I have the Amm Kleiber
Date of Birth Month / Day The Treat	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State 44/1/68	Residence Address Street or R.R. City County State 74
006 Pierce Dr. PHd Hadba In 40163	1006 Pierce Dr. spirilill Hulls 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) Junto Ficund	Date of birth verified by: Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? Note: Yes:
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? - No X Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children. Churchen Juseph Kleiber	5. List the full names of any dependent children. Custim Joseph
	Aserver
3. (a) Full name of applicant's father Poul David Huses	6 (a) Sull some of applicable form 7/10 a D
(If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Wessey Typer Blue (If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Andiana
(b) Full maiden name of applicant's mother Cathy ann Pitta	(b) Full maiden name of applicant's mother Torri Lunn &
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Andiana	Residence of mother (if deceased, so state) Andiana
Birthplace of mother (State or foreign country) Andiana	Birthplace of mother (State or foreign country) Texas
ACKNOWLEDGMENT	
acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
hat are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
mmune deficiency syndrome).	immune deficiency syndrome).
Signature of Applicant 1 The House Date 4-23-97	Signature of Applicant & Yosha Kleiber Date 4-23-9
	THE REPORT OF THE PARTY OF THE
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed & Style House	Signed X Goda Kleiber
New Address Scime	New Address Ame
Subscribed and sworn to solore me this 3 day of April 19 97	Subscribed and sworn to before me this 3 day of April 19 97 HENDRICKS Circuit Court
Short Duy Deferk of the MENDINGS Circuit Court	Shoron Dugan Olerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS SS:	County of HENDRICKS ss:
father ID #	Father ID #
Aother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	and of the Circuit Count of HENDRICKS
certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana, Stephen Joseph Hayes
Ind Tosha LeAnn Kleiber , aumonzing the marriage of	I further certify that the following marriage certificate was filed in my office:
	(name), certify that on May 10, 1997
date), at Danville	in Hendricks County, Indiana,
	County Indiana (state), and
Tosha LeAnn Kleiber of Hendricks Con	unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 4-23-97
Signed by: /s/ P. Michael Thornburg	
Filed and recorded in accordance with the laws of the State of Indiana on	5-21-97 (date).
and the second of the second of the second	11
	- IRAIADIY LIDAJI
	SignedClerk

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 78

HENDRICKS File 59

H-23-97

Date of Application

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

Female Applicant 50 No A Yes H-33-97

If No, Medical Examination or Report Dated H-33-97

Name of Physician A. Hadley

HENDRICKS

_Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name First R Middle Last	Name First Middle Last
Offe of Birth Day Year	Date of Birth Month Day Dohlary
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Indiana HHa	Indiana
Residence Address Street or R.R. City County State State Street or R.R. City County State State Street or R.R. City County	Residence Address 3 Want Street or R.R. City County State 40
Previous Martial Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Cother (Specify)	Date of birth verified by: Deirth Certificate Cher (Specify) Drivers Livers
7000	
1. Are you now or have you ever been adjudged to be of unsound mind? Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No Yes □
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No. ■ Yes ■
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Limmy Ray Parsley. In.	6. (a) Full name of applicant's father. Steven Lee Bollon
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Andigna
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother West Mae Cyfice	(b) Full maiden name of applicant's mother fearmine Marie A
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
bittiplace of motive (state of loreign country)	Simplace of momen (State of foreign country).
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable disease
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome).
Signature of Applicant Asking Market Date 1/05/17/	Signature of Applicant Applicant The Difficulty Date Told The Date Told The Difficulty Date Told The Date
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given County of HENDRICKS Ss: The this application is true and correct.	State of Indiana) I swear/affirm that the information giver SS: is this application in this application in this application in this application is true and correct
Signed A Strang Tan Trans An this application is true and correct.	Signed & Meliano Monique Behlander
New Address 814 LIBERTY MEXOCUS TED. FRANKIED IN 46/18	New Address 8/4 Millerton Mallows Rd. Plainfield I
Subscribed and sworn to before me this	Subscribed and sworn to before me this 23 day of april 1997 46
Sharan Lugar Glerk of the HENDRICKS Circuit Court	Skarar Dugar of the HENDRICKS Circuit Cour
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary
	state alone when the serious of the entire parent dimensionally
State of Indiana)	State of Indiana)
County of HENDRICKS SS:	County of
Father ID #	Father ID #
Mother ID #	MotherID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me thisday of, 19
Clerk	Cler
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorizes	and directs the issuance of a marriage license to the above named parties.
DETUDN OF MADDIAGE LIGENCE	AND MADDIAGE CERTIFICATE
RETURN OF MARRIAGE LICENSE	
Certify that there was filed in my office a marriage ligense insued by the Class	
dated, authorizing the marriage of	. I further certify that the following marriage certificate was men in my
I certify that there was filed in my office a marriage license issued by the Cleri dated, authorizing the marriage of and I,	
dated, authorizing the marriage of and I, (date), at	in (name), certify that on County, Indiana,
dated, authorizing the marriage of and I, (date), at of	in County, Indiana,
dated, authorizing the marriage of and I, (date), at of	in County, Indiana,
dated, authorizing the marriage of and, I,	in (name), certify that on in County, Indiana, County (state), and inty (state) were married by me as authorized HENDRICKS County, Indiana, dated
dated, authorizing the marriage of and I, (date), at of	(name), certify that on in County, Indiana, County (state), and nty (state) were married by me as authorize HENDRICKS County, Indiana, dated (official designation)

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 782
File 59
H- 24-97

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

Female Applicant 50 No Yes Use If No, Medical Examination or Report Dated 2-17-95

Name of Physician M. Hoolem

MALE APPLICANT	FEMALE APPLICANT
Michael First Frances Branche	Name Pirst Epcas Branche
Date of Birth Month 7-5-63ay Year	Date of Birth Month 5-17-65 Day Year
Place of Birth (State or foreign country). New Yorks	Place of Birth (State or foreign country) Shillipins
Residence Address Street or R.R. City County State 46334	Residence Address Street or R.R. Offy County State 4/67.
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 1997	Last Marriage Ended By: Death □ Divorce ☑ Annulment □ Date 1997
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Offother (Specify)
Duoles gicinse	Case of orth verified by. Don't Certificate Activity William fiching
Are you now or have you ever been adjudged to be of unsound mind? Note: Yes:	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? Note Yes Note Yes Yes Yes	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? No Yes No Yes No Yes	Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the influence of a narcotic drug? No Yes Yes
5. List the full names of any dependent children. Michael francis Branche	5. List the full names of any dependent children Alrahaul Frances Brance
6. (a) Full name of applicant's father James Henry Branche (If adopted, list adoptive parents only)	
Residence of father (if deceased, so state) Vew Yvys	(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Abillians
Birthplace of father (State or foreign country) New Yorks	Birthplace of father (State or foreign country) Shillines
(b) Full maiden name of applicant's mother Kathyn May Hulbert	(b) Full maiden name of applicant's mother Feaka Ebcas
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Applicant Date 4/24/87	Signature of Applicant XVIII DEVANCE Date 4-24-97
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court
	Clerk of Court Date
State of Indiana) I swear/affirm that the information given ss:	State of Indiana) I swear/affirm that the information given
County of HENDRICKS in this application is true and correct. Signed X Muchael & Branche	County of HENDRICKS ss: in this application is true and correct.
New Address SAME	New Address SAME
Subscribed and sworn to before me this	Subscribed and sworn to before me this
Show Lugar of the HENDRICKS Circuit Court	Skaros Duga Ser) of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana
County ofHENDRICKS	County of HENDRICKS ss:
Father ID #	Father ID #
Mother	Mother ID #
Clerk	Subscribed and sworn to before me thisday of, 19Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	
dated	Michael Frances Branche
I, Susan D. Link	I further certify that the following marriage certificate was filed in my office: (name), certify that on April 24, 1997
(date), at Danville	in Hendricks County, Indiana.
	County Indiana (state), and
	unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ Susan D. Link	Donuty Clork
Filed and recorded in accordance with the laws of the State of Indiana on	(official designation) (date).
	II.
	Signed Clerk Clerk
BOYCE FORMS + SYSTEMS 1-800-382-8702 1477	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59

HENDRICKS County File 59

H- 24-97

Date of Application

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

Female Applicant 50 No P Yes
If No, Medical Examination or Report Dated 4-8-97
Name of Physician 21, Fletcher

HENDRICKS

Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name / First / Middle Last	Name First Middle Last
Date of Birth Month 2 Day Samon	Bate of Birth Jones Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State 4647	Residence Address Street or R.R. County State 411
6710 E 45 136 Brownshing under IN	4710 E 45 136 Brownshing Hours IN
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death Divorce Annulment Date 1995	Last Marriage Ended By: Death 🔼 Divorce 🗆 Annulment 🗆 Date 1993
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
- Davis granse	- A yours france
1. Are you now or have you ever been adjudged to be of unsound mind? Not Yes	
Are you now or have you ever been adjudged to be of unsound mind? Yes If answer is "yes," has the adjudication been removed? No Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes □
2. Are you related to the female applicant closer than second cousin? Not Yes ☐	2. Are you related to the male applicant closer than second cousin? No Yes
Are you now under the influence of an alcoholic beverage? Not Yes Are you now under the influence of a narcotic drug? Not Yes Yes	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
and the state of the state of	
6. (a) Full name of applicant's father (1) Smuth pumon (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Light Trugent Nuky (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Alclased	Residence of father (if deceased, so state) Florida
Birthplace of father (State or foreign country) Kentucky	Birthplace of father (State or foreign country) West Virginia
(b) Full maiden name of applicant's mother form of the description of the control	(b) Full maiden name of applicant's mother Walman friancis Va
Residence of mother (if deceased, so state) — Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country) Andiana	Birthplace of mother (State or foreign country) West Virginia
ACKNOW FROMENT	
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome)
Signature of Applicant Date 1 23 27	Signature of Applicant Date 4.25 7
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS Signed A Term A Hanner in this application is true and correct.	County of HENDRICKS and in this application is true and correct.
New Address Same	New Address SAME
Subscribed and sworn to before me this	Subscribed and sworn to before me this
Staron Dugan Cerk of the HENDRICKS Circuit Court	Skarar Ou and Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID # Subscribed and sworn to before me this day of, 19	MotherID #
	Subscribed and sworn to before me thisday of, 19Clerk
COMPLETE IS MARRIAGE MORNING	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the Court, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cla	
I certify that there was filed in my office a marriage license issued by the Cledated 4-25-97, authorizing the marriage of	erk of the Circuit Court of HENDRICKS County, Indiana, Steven Douglas Harmon
and Janie Lyn Gordon	I further certify that the following marriage certificate was filed in my office: (name), certify that on April 25, 1997
I, Sharon Duqan (date). at Danville	Handricks
Charles Davidso Harris - Handadala	in Hendricks County, Indiana, County Indiana (state), and
Janie Lyn Gordon of Hendricks Con	inty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 4-25-97
Signed by: /s/ Sharon Dugan Hendri Filed and recorded in accordance with the laws of the State of Indiana on_	cks County Clerk (official designation)
in decordance with the taws of the state of inatana on	(date).
	Signed States Dugan Clark

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 784

File 59

4-25-97

Date of Application

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

Female Applicant 50 No Yes If No, Medical Examination or Report Dated 3-14-97
Name of Physician P. Bain

MALE APPLICANT	FEMALE APPLICANT
Name First Christopher Schmitt	Name Sheila First Jolynn Gasey Vaer
Place of Birth (State or foreign country) Place of Birth (State or foreign country)	Date of Birth Growth 92 - 11 - 64
Indiana 4440	Place of Birth (State or foreign country) Whissown H6467
Street or R.R. City County State 101011 5328 ECR 550 N Pattabase Marks. In	Besidence Address Street or F.R. City County State 5378 & CORD 550 N Outtstown Undbs IV
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date / 9 88	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate (X) Other (Specify)
- Tours greense	A Purbis ficture
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed? No □ Yes □	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? Ne Yes No Yes No Yes	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No. Yes Yes 1. Yes
5. List the full names of any dependent children A organ Bittony Schmitte	5. List the full names of any dependent children William Buttamy Schmi
6. (a) Full name of applicant's father Juseph Richard Schnitt	6. (a) Full name of applicant's father Append Pelman about
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Buntucky
(b) Full maiden name of applicant's mother famice Better Brooks	(b) Full maiden name of applicant's mother Auxilia Hulen Transition
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Alclased
Birthplace of mother (State or foreign country) Lemman.	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome).
Signature of Applicant Date 93541	Signature of Applicant Date
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) & swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS in the special in the special content.	County of HENDRICKS in this application is true and correct.
New Address / Samo	Signed Aflela Padsuf New Address Same
Subscribed and sworn to before me this	Subscribed and sworn to before me this
Sharon Dugar Clerk of the HENDRICKS Circuit Court	Sharar Dugas Clirk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS	County of HENDRICKS ss:
Father ID # Mother ID #	Father ID # ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorize	is and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle dated, authorizing the marriage of	rk of the Circuit Court of HENDRICKS County, Indiana,
andSheila Jolynn Godsey	. I further certify that the following marriage certificate was filed in my office.
I, Sharon Dugan	(name), certify that on April 25, 1997
(date), atDanville	T 7 32
Joseph Christopher Schmittof Hendricks Sheila Jolynn Godsey of Hendricks Cou	
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 4-25-97
Signed by: /s/ Sharon Dugan Hendricks Cou	inty Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	
s	Signed Skoroz Dugax Clerk
	HENDRICKS Circuit Court

_Circuit Court

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County Female Applicant 50 No No Yes I If No, Medical Examination of Report Dated 4-24-971 Name of Physician D. Michela Beach

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

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name + S First Middle O Last
Date of Birth Month Day Year	Date of Birth Month J - 23 - 73
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State 44168	Basidence Address Street or R.R. City County State 4616
309 Jack St. plainfield Hades In	309 Park St. Plainfield Hadks IN
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Drivers gicense	Date of birth verified by: Birth Certificate Other (Specify) Drivers Julius
Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? Ne Yes	If answer is "yes," has the adjudication been removed? No Yes 2. Are you 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 Yes Yes Yes Yes Yes
4. Are you now under the influence of a narcotic drug? Nor Yes □	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
- 1 M. 1 1 1	
6. (a) Full name of applicant's father Flank // ichall Sause	6. (a) Full name of applicant's father Tronge Nichard Jough
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	(If adopted, list adoptive parents only). Residence of father (if deceased, so state).
Birthplace of father (State or foreign country) Indiana	Birthplace of father (State or foreign country) Andiana
(b) Full maiden name of applicant's mother fillway Eller Sarrungson (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother Avonne Marie 49fa
Residence of mother (if deceased, so state) Indiana	Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country). Judiana	Birthplace of mother (State or foreign country) Analiana
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant & Druan M Housel Date 425 97	Signature of Applicant Hatrician. Doughely Date 4/25/9
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed X DIVAN A ABUSE New Address DOWN	New Address Same
Subscribed and sworn to pefore me this 3 day of Capacity, 19 97	Subscribed and sworp to before me this 25 day of April 19 97
Clerk of the HENDRICKS Circuit Court	Thorse Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS	County of HENDRICKS SS:
Father ID # Mother ID #	Father ID # Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	
I certify that there was filed in my office a marriage license issued by the Cladated, authorizing the marriage of	erk of the Circuit Court of HENDRICKS County, Indiana, Brian Michael Hauser
and Patricia Maxine Dougherty	I further certify that the following marriage certificate was filed in my office:
I, John T. Ryan	(name), certify that onMay 3, 1997
(date), atIndianapolis Brian Michael Hauser of Hendricks	_ in Marion County, Indiana, County Indiana (state), and
Patricia Maxine Dougherty Hendricks Co	unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ John T. Ryan	HENDRICKS County, Indiana, dated 4-25-97
Filed and recorded in accordance with the laws of the State of Indiana on	
	11.000.000
	SignedClerk
	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59

Date of Application

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

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

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Robinson	Rhoustine Marie Monnett Corter
Date of Birth Month 9-16-10 Day Year	Date of Birth Month H - 2 2 - 1, 9
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State 41111	Residence Address Street or R.R. City County State 46112 H Fefm Drive Boronshusa Anales IV
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
22/	- 100-
Date of birth verified by: Birth Certificate Other (Specify) Druwling Frances	Date of birth verified by: Birth Certificate Other (Specify) Daniels Julies
Are you now or have you ever been adjudged to be of unsound mind? No Yes ✓	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? No. 2 Yes Yes Yes	2. Are you related to the male applicant closer than second cousin? No. Yes 3. Are you now under the influence of an alcoholic beverage? No. Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children. Elizabeth ashley
The Party De Reliance	ON to M. H
6. (a) Full name of applicant's father Lavy Von Decision (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Allen Leon Monnett (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Andigna	Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Kendsucky 7/6/4 1/2	Birthplace of father (State or foreign country) Angiana
(b) Full maiden name of applicant's mother of flowing from Statements (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother Sparlette William Milliam (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Andiana	Residence of mother (if deceased, so state) Analiana
Birthplace of mother (State or foreign country) Kentucky	Birthplace of mother (State or foreign country). Indiana
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant X Negl Rolling Date 4.25.97	immune deficiency syndrome). Signature of Applicant XX Substitute Contex Date 75-97
	Signature of Applicant Account Date 555
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
New Address 3026 TINKERSFIELD LN. INDIANA POLIS IN 46214	New Address 3026 Interestical Son Interapasion 4021
Subscribed and sworn to before me this	Subscribed and sworn to before me this
Sharon bugas Clerk of the HENDRICAS Circuit Court	Thank Ougan Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID # Subscribed and sworn to before me this day of, 19	Mother ID # Subscribed and sworn to before me this day of 19
Clerk	Glerk
COMPLETE IE MARRIAGE LICENSE ISSUED BY ORDER OF COURT	Marriago Hoogas house house to the transfer of
County	A marriage license having been refused to the above named parties, the Court, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE OFFICIALE
I certify that there was filed in my office a marriage license issued by the Cle	
dated agril 25, 1997, authorizing the marriage of I	eal Charew Rollinson
and Christine marie monxett Certer	I further certify that the following marriage certificate was filed in my office:
(date), at Danuelle	(name), certify that on Copil 25,1997
real androw Kaleinson of marion	County Istaliana (state), and Christine More
mannets (viter of Windricks Con	unty Unde and (state) were married by me as authorized
'under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:	HENDRICKS County, Indiana, dated ipul 25/997
Signed by:	Windings Collect (Official designation)
	16.00.0.0
	SignedClerk
BOYCE FORMS + SYSTEMS 1-800-382-4702 1477	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59

HENDRICKS Date of Application

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

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 4-31-97
Name of Physician DA. Habba

HENDRICKS

_Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name Flunder Fletcher TIT	ann Eliza Helleman
Date of Skrth Month Day Year	Date of Birth Month 3-9-49
Place of Birth (State or foreign country)	Place of Birth (State or toreign country)
Residence Address Street or R.R. City County Newtonsiate 30209	Residence Address Street or R.R. City County Guinette State 30093
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married O OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 1997	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Drivers Airlage	Date of birth verified by: Birth Certificate Chief (Specify)
- New Miles	- Valla puri your
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No Yes Yes Yes Yes Yes □
2. Are you related to the female applicant closer than second cousin? Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐	2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? Yes Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No No Yes
5. List the full names of any dependent children	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Cay Edward Flitches 151:	6. (a) Full name of applicant's father & Milip Eugene Hiffelman
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Australia	(If adopted, list adoptive parents only) Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Anglicesia
(b) Full maiden name of applicant's mother 40 Cysse Norman (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother fully fully fully (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Yungua	Residence of mother (if deceased, so state) Andiassa
Birthplace of mother (State or foreign country) Pennesee	Birthplace of mother (State or foreign country) Judiana
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant XCoy Edward Flekher All Date 4.25-97	Signature of Applicant X CONN Cline 7 deffolman Date 4/25/97
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS St. of Helb C in this application is true and correct.	County of HENDRICKS and in this application is true and correct.
New Address 162/ Franklinker, Plankield IN46,	Now Address 162 1 Franklin Det Phigtield, IN 4668
Subscribed and sworn to before me this 25 day of april 1890 HENDRICKS	Subscribed and sworm before me this 25 day of Open 1997
Short Light Clirk of the HENDRICKS Circuit Court	Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
state facts which make the consent of the other parent uninecessary	state lads which make the consent of the other parent of the other
State of Indiana) Countried HENDRICKS SS:	State of Indiana) Samuel HENDRICKS SS:
FatherID #	County of
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19Clerk
TARAMETER SECTION OF THE SECTION OF	PROPERTY IN COLUMN TO A PROPERTY OF THE PROPER
	A marriage license having been refused to the above named parties, the Court, by written order issued
	tes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	lerk of the Circuit Court of HENDRICKS County, Indiana,
dated 4-25-97, authorizing the marriage of	Coy Edward Fletcher III
andAnn_Elise Heffelman I,Dale Harner	I further certify that the following marriage certificate was filed in my office: (name), certify that on6-14-97
(date), at Plainfield	_ in Hendricks County, Indiana,
Coy Edward Fletcher III of Newton Ann Elise Heffelman of Gwinnett Co	County Georgia (state), and Georgia (state) were married by me as authorized
Ann Elise Heffelman of Gwinnett Counter a marriage license that was issued by the Clerk of the Circuit Court of	(blate) were married by me as aumorized
Signed by: _/s/ Dale Harner Filed and recorded in accordance with the laws of the State of Indiana on	Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	Signed Horor Ougas
	Signed Stores Dugas Clork

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59

HENDRICKS Date of Application

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

Female Applicant 50 No. 1 Yes 1 If No. Medical Examination or Report Dated 4-25-97 Name of Physician 14. Eldudge

_Circuit Court

- A	FEMALE APPLICANT
ame Andrew Andrew Andrew	Name First Middle Last
ate of Birth Month Day Year	Dalgot Birth Month Day Hallif
lace of Birth (State or foreign country)	Place of Birth (State or foreign country)
Michigan 11545	8 Indiana
The Sycardush place County State Oh	Residence Address Ad Street or R.R. Carp County State 1410 COND. Street or R.R. Carp County State The Street of R.R. Carp County Stree
revious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
	Date of birth verified by: Deirth Certificate Other (Specify)
ate of birth verified by: Birth Certificate Other (Specify) Druvers Jechnole	Date of birth verified by: Weirth Certificate Wither (Specify) James Jicen
Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed? No Yes	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes Yes Yes Yes ✓
Are you related to the female applicant closer than second cousin? Yes Yes Yes Yes Yes	2. Are you related to the male applicant closer than second cousin? Note: Yes: 3. Are you now under the influence of an alcoholic beverage? Note: Yes:
Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
List the full names of any dependent children.	5. List the full names of any dependent children.
(a) Full name of applicant's father Bussell Leon Buadley	6. (a) Full name of applicant's father Jack Educated Hall
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) his	Residence of father (if deceased, so state) Indigna
Birthplace of father (State or foreign country) Andronau	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Martion Mindsone Busine (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother successful full factority (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Indiano
Birthplace of mother (State or foreign country) Andiana	Birthplace of mother (State or foreign country) Judiana
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases nat are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	
nmune deficiency syndrome).	immune deficiency syndrome
ignature of Applicant Date 1/25/97	Signature of Applicant & James T. Haloly Date 7/29
he above applicant has objected to verifying by oath or affirmation or signature to the above cknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
lerk of Court Date	Clerk of Court Date
tate of Indiana) I swear/affirm that the information given ss:	State of Indiana) I swear/affirm that the information given County of HENDRICKS ss: / in this application is true and correct.
Signed X St. Residue	Signed & Charma & Halloly
New Address 7970 E. 908 N. Brownslows IN 46112	New Address Same and allower
ubscribed and sworn to before me this	Subscribed and sworp to before me this 3 day of Affair 19 47
Storon Sugar Clark of the Deporture Circuit Court	Shorov Lugary Clerk of the HENDRICKS Circuit Court
ONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
/e, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
ate facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
tate of Indiana) ss:	State of Indiana) County of HENDRICKS ss:
ather	Father ID #
lother ID #	Mother ID #
ubscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	. A marriage license having been refused to the above named parties, the
County	Court, by written order issued
nd filed in, autho	rizes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICE	NSE AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the	
lated 4-25-97, authorizing the marriage of	Scott Allan Bradley
nd Joanna Ruth Halsey	. I further certify that the following marriage certificate was filed in my office:
	(name), certify that on
date), atBrownsburgofMontgomery	
	County Indiana (state), and Indiana (state) were married by me as authorized of HENDRICKS County Indiana dated 6-14-97
Joanna Ruth Halsey of Hendricks	istate) were married by me as authorized
Joanna Ruth Halsey of Hendricks (Inder a marriage license that was issued by the Clerk of the Circuit Court in the count of the Circuit Court is a superior of the State of Indiana on the corded in accordance with the laws of the State of Indiana on the court in the court in the country of the court in	of

Clerk

_Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

File

HENDRICKS

County

File

H-3g-97

Date of Application

Female Applicant 50 No A Yes If No, Medical Examination or Report Dated 4-38-97

Name of Physician

A. Caine

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

MALE APPLICANT	FEMALE APPLICANT
lame First Middle Last	Name First Middle Last
inte of Birth Month (Day) Year	Date of Birth Month Day Year
lace of Birth (State or foreign country)	Place of Birth (State or foreign country)
residence Address Street or R.R. City County State 44772	Residence Address Street or R.R. City County, State
195 E CO Rd 450 N Brownshing Undbo IN	5195 E CORL 450 N Brownshing Andrs In
revious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment 5/5/097
eate of birth verified by: Birth Certificate Souther (Specify) Drivers Ficense	Date of birth verified by: Birth Certificate Other (Specify) Drivers Ficense
. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? Yes Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? No Yes	Are you related to the male applicant closer than second cousin? Not Yes 3. Are you now under the influence of an alcoholic beverage? Not Yes
Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
List the full names of any dependent children fordan Marie Friggo	5. List the full names of any dependent children
R. 1 + C C :	
(a) Full name of applicant's father / Work Engent Fugge	6. (a) Full name of applicant's father House Michial Dwa
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	(If adopted, list adoptive parents only)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) This Vividinia
(b) Full maiden name of applicant's mother Beverly Jean Yunn	(b) Full maiden name of applicant's mother Landra Lane Class
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Graging
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Kenthurby
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
t are sexually transmitted, and a list of the jest sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
nune deficiency syndrome).	immune deficiency syndrome).
nature of Applicant X MMy (-7MY) Date 4-28-7	Signature of Applicant Date 7 - 20 - 17
ne above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
knowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
erk of Court Date	Clerk of Court Date $4-28-9$ 7
ate of Indiana) I swear/affirm that the information given bunty of HENDRICKS) ss; in this application is true and correct.	State of Indiana) I swear/affirm that the information given ss:
Signed X MMY Trull	County of HENDACAS in this application is true and correct.
New Address SAME	New Address Same
bscribed and sworn to before me this	Subscribed and sworn to before me this
HENDRICKS Circuit Court	derk of the HENDRICKS Circuit Court
	Senator Degra
NSENT OF PARENTS, PARENT, OR GUARDIAN the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN
e facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
ate of Indiana)	State of Indiana)
unty of HENDRICKS ss:	County of HENDRICKS SS:
	FatherID #
	ratherID #
her ID #	MotherID #
ther ID # ther ID # pscribed and sworn to before me this day of, 19	
her ID # ther ID #	Mother ID #
ther ID # ther ID # bscribed and sworn to before me this day of 19 Clerk	Mother ID #
ther ID # bbcribed and sworn to before me this day of 19 Clerk OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A County	Mother
ther	Mother
ther	Mother
ther	Mother
certify that there was filed in my office a marriage license issued by the Cleated6-2497, authorizing the marriage of	Mother
certify that there was filed in my office a marriage license issued by the Cleated6-2497, authorizing the marriage of susan D Link	Mother
certify that there was filed in my office a marriage license issued by the Cleated6-2497, authorizing the marriage of, authorizing the marriage of	Mother
certify that there was filed in my office a marriage license issued by the Clear County	Mother
ther	Mother
ther	Mother

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59

4-38-97

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

Female Applicant 50 No Yes I Yes I If No, Medical Examination or Report Dated H-17-97
Name of Physician Dy. Work

Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name Pirst Like Middle Last	Name First Middle Last
Ogle of Birth Day Year	Date of Birth Month Day Wear
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Besidence Address Street or R.R. City County State 40121	Residence Address Street or R.R. City County State HU72
5762 NOCO Rd 81/5 & Coateside NNKS I	15762 N CORN 875 & Coatesville HoldsIN
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 1986	Last Marriage Ended By: Death Divorce Annulment Date 1989
Date of birth verified by: Birth Certificate Cher (Specify) Duinbis License	Date of birth verified by: Birth Certificate Other (Specify) Doubles Aiclase
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? Yes	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? Yes Yes □
2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? No Yes Yes	2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? No Yes Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children. Hand Consultation of Rain hand Consultations.	5. List the full names of any dependent children.
Waganer 1	CONTRACTOR OF STREET, BUILDING STREET,
6. (a) Full name of applicant's father ichard Earl Waggoner	6. (a) Full name of applicant's father Downy Engline Burlo.
(If adopted, list adoptive parents only) Residence of father (If deceased, so state)	(If adopted, list adoptive parents only)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Phelma Luise Tulite	(b) Full maiden name of applicant's mother Could Jourse Bakely
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state) Addama Birthplace of mother (State or foreign country) Mayar healths
	TI JULIEU CHILLE
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome).
Signature of Applicant Affects & waggered Date 9-28-97	Signature of Applicant X Lebra A. Barrow Date 4-28-97
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date 4-28-9.7	acknowledgment because of religious beliefs.
Date - 7	Clerk of Court Date
State of Indiana) I swear/affirm that the information given County of HENDRICKS ss:	State of Indiana) I swear/affirm that the information given ss:
County of RENDERAL Signed Sign	County of HENDRICAS in this application is true and correct. Signed x Abra A. Barrou
New Address Same	New Address SAME
Subscribed and sworn to before me this	Subscribed and sworn to before me this 3 day of Good 1997
Shoron Lugar Brk of the Circuit Court	LAGRON DUGASCIER of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
	state facts which make the consent of the other parent unnecessary
State of Indiana) Countries HENDRICKS ss:	State of Indiana)
Father ID #	County of
Mother	Father ID # Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the
County	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	1 C.I. C. I. C. I. C. I.
I certify that there was filed in my office a marriage license issued by the Cle dated4-28-97, authorizing the marriage of	rk of the Circuit Court of HENDRICKS County, Indiana, Jeffrey Lyle Waggoner
and Debra Ann Barrow	I further certify that the following marriage certificate was filed in my office:
I, Susan D. Link	(name), certify that on April 28, 1997
	_ in Hendricks County, Indiana, County Indiana (state), and
Debra Ann Barrow of Hendricks Cou	inty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 4-28-97
Signed by: /s/ Susan D. Link Deputy Filed and recorded in accordance with the laws of the State of Indiana on	1 20 07
of the state of maidra on	Shoros Ougas
	ignedClerk

Clerk

Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician ___ 21. MALE APPLICANT **FEMALE APPLICANT** Never Married Of No. of Previous Marriages Date of birth verified by: Birth Certificate Other (Specify) Ne Yes Yes 🔲 No X No 🗆 No 🗆 Yes 🗌 Yes 🗌 No Yes 🗌 No N Yes 🗌 Yes 🔲 Yes 🗌 Yes 🗌 Yes 🗌 The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ Court, by written order issued _

and filed in	, aut	horizes and di	rects the issuance	of a marriage license to the above named parties.
	RETURN OF MARRIAGE LIC			
I certify that there was filed in my office dated 4-29-97	ce a marriage license issued by th , authorizing the marriage o	e Clerk of the fJa	Circuit Court of mie Edward	Hubbard County, Indiana,
and <u>Carrie Ann Blue</u> I, <u>Brent Meyer</u>		I furti	her certify that the	following marriage certificate was filed in my office:
(date), at Reelsville	以下四次将来回来。 以外国的对对于,但是这	in	Putnam	County, Indiana,
Jamie Edward Hubbard Carrie Ann Blue	of Hendricks of Hendricks	County _	Indiana Indiana	(state), and(state) were married by me as authorized
under a marriage license that was issue	ed by the Clerk of the Circuit Cou		HENDRICKS	(state) were married by me as authorized County, Indiana, dated 4-29-97
Signed by: /s/ Brent Me Filed and recorded in accordance with		on	Minis 1-97	ter (official designation) (date).
			11	

State of Indiana

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59

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

Female Applicant 50 No R Yes
If No, Medical Examination or Report Dated 3-13-97
Name of Physician

K selvetor

MALE APPLICANT	FEMALE APPLICANT
Namey First Lindon Middle Telilast	Name First Micdle Last Last
Odle of Birth Month 2-15-62	Date of Birth J Month J - 4 - 50
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State 4031	Residence Address Street or R.R. City County State 46165
0691 East CORd 4505 Snapls Anales IN	4461 Consaught Dive plainful WINKS 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 1995	Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date / 996
Date of birth verified by: Birth Certificate Other (Specify) Indiana FD	Date of birth verified by: Birth Certificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind? Yes □	Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. Swisting Marie Wilson	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children. The Wilson	5. Light the full names of any dependent children. Lengther from Crowell
6. (a) Full name of applicant's father fung Clifford Wilson	6. (a) Full name of applicant's father Claveral Edward Sum
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (If deceased, so state)
(b) Full maiden name of applicant's mother Evelyn Glien Seathelin	Birthplace of father (State or foreign country) Androna (b) Full maiden name of applicant's mother Hulen Noomin Huntin
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) diclosed	Residence of mother (if deceased, so state) Audiama
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Indiasa
ACKNOWLEDGMENT	
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome).
Signature of Applicant A CAP Confidence of Applicant Date 4-30-97	Signature of Applicant & Mary Crowell Date 4-30-87
	0
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above
Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court
State of Indiana) sewear/affirm that the information given	State of Indiana) I swear/affirm that the information given
in this application is true and correct.	County of HENDRICKS in this application is true and correct.
New Address 44/10/ CONNACHT Dr Alantice of In	New Address SAME
Subscribed and sworn to before me this 30 day of april 1997	Subscribed and sworn to before me this 30 day of about 1997
STATE OF THE HENDRICKS Circuit Court	HENDRICKS Circuit Court
	Shows segan
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
mand the deficient of the exhibit parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorize	res and directs the issuance of a marriage license to the above named parties.
certify that there was filed in my office a marriage license issued by the Ch	SE AND MARRIAGE CERTIFICATE erk of the Circuit Court of HENDRICKS County Indiana
certify that there was filed in my office a marriage license issued by the Cleated, authorizing the marriage of	John Clinton Wilson County, Indiana,
nd Mary Elizabeth Crowell	I further certify that the following marriage certificate was filed in my office:
Stephen White	(name), certify that on May 4, 1997
date), at Plainfield John Clinton Wilson of Hendricks	_in Hendricks County, Indiana,
Carry Elizabeth Cressall	County Indiana (state), and
nder a marriage license that was issued by the Clerk of the Circuit Court of	unty Indiana (state) were married by me as authorized
Signed by:/s/ Stephen White	Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	5-21-97 (date).
	11/21/2010
	SignedClerk
OYCE FORMS • SYSTEMS 1-800-382-8702 1477	HENDRICKS Circuit Court
	Circuit Court

_Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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

Female Applicant 50 If No, Medical Examinati	No Repor	Yes 0 4-8-97
Name of Physician	7. Kou	viany

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name / First / Middle Last
Daie of Birth Day Year	Date of Birth Month Year Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Florida 41,40	Indiana
desidence Address Street or R.R. City County State Ole Stallford Rd Planalist Mndrs IN	Regidence Address Street or R.R. City County State 40
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date 1993	Last Marriage Ended By: Death Divorce Annulment Date
ast marriage Ended by:	
Date of birth verified by: Birth Certificate Other (Specify) Drivers Sicense	Date of birth verified by: Birth Certificate Other (Specify) Sources Givens
. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? No. Ref. Yes Yes	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? Yes Yes
List the full names of any dependent children. Buttony Mougan Comm	5. List the full names of any dependent children.
- File out	
0 +1 1.	1 4 0140
(a) Full name of applicant's father truggers Dutch Conner	6. (a) Full name of applicant's father frather Robert Tro
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Florida	(If adopted, list adoptive parents only) Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) Hougha	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Francis Jamb	(b) Full maiden name of applicant's mother Cynthia ann Par
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Jellings
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable disease
nat are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired minune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acqui
ignature of Applicant & BUNDAK, BYOM Date 41-30-9	Signature of Applicant X Jan 2 Communication Date 4-30-
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information give
County of HENDRICKS ss. in this application is true and correct.	County of HENDRICKS in this application is true and corre
New Address Same	New Address Same
Subscribed and swoon to before me this 30 day of Obail 1997	Subscribed and sworn properore me this 30 day of April 1997
SALAN CHERK Of the HENDRICKS Circuit Court	HANDELOGAN Clerk of the HENDRICKS Circuit Co
	and a fine a fin
ONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
fe, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, ate facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent significant state facts which make the consent of the other parent unnecessary
tate of Indiana)	State of Indiana)
ounty of	County of HENDRICKS SS:
ather ID #	Father ID #
other ID # ubscribed and sworn to before me this day of, 19	Mother ID # ID # ID # ID # IN ID # IN ID
Clerk	Cubacined and short to before the tins
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, tCourt, by written order issued
and filed in, authoriz	
	Parties and the desired framework fr
	E AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the Classed $\frac{4-30-97}{}$	erk of the Circuit Court of HENDRICKS County, Indiana Gary Lynn Conner
, danorizing the marriage of	. I further certify that the following marriage certificate was filed in my offic
Gene Young	
date), at <u>Mooresville</u>	_ in Morgan County, Indiana,
	County Indiana (state), and
	unty Indiana (state) were married by me as authorize HENDRICKS County Indiana dated 4-30-97
nder a marriage license that was issued by the Clerk of the Circuit Court of igned by:/s/ Gene Young	
iled and recorded in accordance with the laws of the State of Indiana on	
on the state of th	Thoras Origan)
	Signed Cle
	HENDRICKS Circuit Cou

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 4-28-9
Name of Physician Dr. Miest

_Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Just Hony Neal Pedigo	Name First Rene Middle Menchhaser
Date of Birth & Month 6-18-71 Year	Date of Birth & Month 7-15-72
Place of Birth (State or foreign country) Andiana HL23/	Place of Birth (State or foreign country) Andiana H(1) =
Residence Address Street or R.R. City County State State Andres Marian And	Residence Address Roberts Street of R.R. City County State HD.3 Roberts Street of R.R. Roberts State Linux S. I.V.
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 1994	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Mother (Specify)	Date of birth verified by: Birth Certificate Artificate (Specify)
The During gicense	- Junto greense
Are you now or have you ever been adjudged to be of unsound mind? Note Yes Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? Nor Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ✓ Yes ☐	2. Are you related to the male applicant closer than second cousin? Note: The policy of the influence of an alcoholic beverage? Note: The policy of the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children. Justica Nicalepidian	5. List the full names of any dependent children.
The Michael Merchhofor	+ Her Whichael Menchhofer
6 (a) Full name of anciliant's father Property Leave Pediana	6 (a) Fill some of applicants to the Richard Charles Marchha
6. (a) Full name of applicant's father 1 maid from ledigo (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father 1 Charles Marses // Listother (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Jadaana	Residence of father (if deceased, so state) Judiana
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Agraiana 0 +
(b) Full maiden name of applicant's mother fatry (in the Horles)	(b) Full maiden name of applicant's mother than Marie Public
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country) Indiana	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant X Juny 11. Hearty Date 439-87	immune deficiency syndrome).
Organica of Applicant	Signature of Applicant Applicant Date Date
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
New Address 403 Roomey St. Brownsburg IN	Signed A Change (1) before the thought
Subscribed and sworn to before me this 30 day of 2004, 19 97	Subscribed and sworn to before me this 3 day of 007 1 19 97
STATE CIRCUIT COURT HENDRICKS Circuit Court	Jean Clock of the HENDRICKS Circuit Court
	7, 12, 41, 41, 41, 41, 41, 41, 41, 41, 41, 41
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
	State date which make the consent of the other parent differencessary
State of Indiana)	State of Indiana)
County of HENDRICKS SS:	County of HENDRICKS SS:
Father ID # Mother ID #	FatherID #
Subscribed and sworn to before me thisday of, 19	Mother ID # Subscribed and sworn to before me this day of 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	F AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clo	erk of the Circuit Court of HENDRICKS County, Indiana.
dated $4-30-97$, authorizing the marriage of	Anthony Neal Pedigo
andMisty Rene Menchhofer	I further certify that the following marriage certificate was filed in my office:
I, Robert F. Gammon	(name), certify that on May 10, 1997
	_ inHendricks County, Indiana, County Indiana (state), and
	unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 4-30-97
Signed by: /s/ Robert F. Gammon	
Filed and recorded in accordance with the laws of the State of Indiana on	3-21-97 (date).
	Signed Skaroz Dugar Clerk
	HENDRICKS Circuit Court

Circuit Court

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County

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

Female Applicant 50 No Yes I Yes I If No, Medical Examination or Report Dated 4-28-97 Name of Physician Da. Additional Part of Physician Da. Additional Physi

MALE APPLICANT	FEMALE APPLICANT
Name First & Middle March State M.	Name First Course Galbert
Date of Birth 10 Mg/mth 28 - 10 9 Day Year	Date of Birth Month 5-2- 70 Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State 44/57 RRH7 ROT 193 Monwaria Morgan to	Residence Address Street or R.R. City County State 46/23
Previous Marital Status: Never Married OF No. of Previous Maritages	Previous Marifal Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate XOther (Specify)
Sale of the comments of the co	- A vouvers quense
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes Yes Yes Yes Yes Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐ 2. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin? No. Yes 3. Are you now under the influence of an alcoholic beverage? No. Yes Yes	2. Are you related to the male applicant closer than second cousin? No. Yes No. Yes No. Yes Ye
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children	5. List the full names of any dependent children
The second secon	
6. (a) Full name of applicant's father James augustus Meacham SI.	6. (a) Full name of applicant's father David Lie Talbert
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Andyana	Residence of father (if deceased, so state) <u>Judiana</u> Birthplace of father (State or foreign country) <u>Judiana</u>
(b) Full maiden name of applicant's mother Thirty Midded Waller	(b) Full maiden name of applicant's mother from Rose mc Kinsh
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country) Kentucky	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome). A man la Al Miller 11 30 9
Signature of Applicant Date 430-1C.	Signature of Applicant Control Date 7 50 7 /
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS in this application is true and correct.	County of HENDRICKS Signed Angella A Solution is true and correct.
New Address RRA BOX A3 MORFEDIA IN 46157	New Address RR 2 BOX 193 MANROW GIN 4615
Subscribed and sworn to before me this 30 day of April 19 977 HENDRICKS Circuit South	Subscribed and sworn to before me this
Skoros bugas Glerk of the RESPONDENCES Circuit Court	Thoron Dugas Gerk of the HENDRICKS Gircuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana) NENDRICKS SS:
County of ID #	County of HENDINGS
Mother ID #	Father ID # Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the
and filed in	
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	
I certify that there was filed in my office a marriage license issued by the Cledated, authorizing the marriage of,	erk of the Circuit Court of HENDRICKS County, Indiana, James Augustus Meacham
and Angela Anne Tolbert	I further certify that the following marriage certificate was filed in my office:
I,Russell F. Allanson	(name), certify that on May 3, 1997
(date), at Danville	in Hendricks County, Indiana,
Angela Anne Tolbert of Hendricks Con	
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 4-30-97
Signed by: /s/ Russell F. allanson	_ , Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	
	Signed_ Shoron Dugan Clerk
	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 796

File 59

Date of Application

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

Female Applicant 50 No Yes
If No, Medical Examination or Report Dated 4-30-977

Name of Physician Date Peinler

MALE APPLICANT	FEMALE APPLICANT
Dennis First Middle Hydrich Last Date of Birth Month Day Year	Name First Middle Last Pale of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country) Place of Birth (State or foreign country)
Residence Address 1 Street of R.R. City County State #	
STAA COBRUST Jane #8 Brusslung And 5 Previous Martial Status: Never Married OR No. of Previous Marriages 3	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death □ Divorce ☐ Annulment □ Date 1997	Last Marriage Ended By: Death Divorce Annulment Date 199
Date of birth verified by: Birth Certificate Stother (Specify) Drivers License	Date of birth verified by: Birth Certificate Other (Specify)
1. Assume your groups have seen adjudged to be of unashed winds.	
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin? Yes 3. Are you now under the influence of an alcoholic beverage? Yes Yes	2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children Jashua fulan fysich	5. List the full names of any dependent children. Jakha Felan, I would for fully fully for allen for
6. (a) Full name of applicant's father Williams Gillin Fundich	6. (a) Full name of applicant's father John Oricher Fagure
(If adopted, list adoptive parents only)	6. (a) Full name of applicant's father form with Jagues (If adopted, list adoptive parents only)
Birthplace of father (State or foreign country)	Residence of father (if deceased, so state) Andjana Birthplace of father (State or foreign country) Andjana
(b) Full maiden name of applicant's mother Madonna Minage What	(b) Full maiden name of applicant's mother Coverlyn ann springate
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country) Andioma	Birthplace of mother (State or foreign country) Judiana
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a vist of the test siles for the virus that causes AIDS (acquired
immune deficiency syndrome), Signature of Applicant A Sydrol Date 4-30-97	immune deficiency syndrome).
Signature of Applicant Date 1 50 1	Signature of Applicant Date Date
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS Signed New Address Subscribed and sworm to before me this I swear/affirm that the information given in this application is true and correct. Address Add	State of Indiana County of HENDRICKS Signed New Address Subscribed and sworn to before me this 30 day of 40 1 1997
Shoron Sugar Clerk of the HENDRICKS Circuit Court	Thorow Dugascierk of the HENDIRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS ss:
Father	Father ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authori	izes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICEN	ISE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the C dated, authorizing the marriage of,	
andTracy Lea Lydick I,J. Franklin Dennis	. I further certify that the following marriage certificate was filed in my office:
(date), at New Albany	(name), certify that onMay 9, 1997 in Floyd County, Indiana,
Dennis Allen Lydick of Hendricks Tracy Lea Lydick of Hendricks C	_ County (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	of HENDRICKS County, Indiana, dated 4-30-97
Signed by: /s/ J. Franklin Dennis Filed and recorded in accordance with the laws of the State of Indiana on_	,Minister (official designation)
	Signed Sharoz Ougas
	Signed Clerk

_Circuit Court

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County

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

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

MALE APPLICANT	FEMALE APPLICANT
Michael First Annual Prince	Name Dio ates Wishelle Turch man
Date of Birth Month 1-19-18 Year	Defe of Birth Month 19-68 Day Year
Place of Birth (State or foreign country) Andiana (1997)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State 74118 2573 E 45 40 Clay to Hughs Tr	Residence Address Street or R.A. City County State 46/1/3
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 1994	Last Marriage Ended By: Death Divorce Annulment Date 1994
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
The same of the sa	- David Grand
Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐ 2. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No Yes Yes Yes Yes Yes □
3. Are you now under the influence of an alcoholic beverage? No. Yes	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. Ashli Mich Paine.	4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. Kelli Rence Tuliahama
anthony Michael Prine	John Lyward Workman, gr.
6. (a) Full name of applicant's father Donnie Henry Posine	Jamie fue workman
(If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Resmiller May Sjellus. (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Indiana Birthplace of father (State or foreign country) and paymages	Residence of father (if deceased, so state) declared
(b) Full maiden name of applicant's mother Donna Jouise Steinmin	Birthplace of father (State or foreign country) Acustucky (b) Full maiden name of applicant's mother Cicilian Landburn
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country)	Birthplace of mother (If deceased, so state)
ADVIOUS FRONTIST	
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Y Muchael J. Pune 5-1-97	Signature of Applicant Suatra M. Workman Date 5-1-97
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given County of HENDRICKS in this application is true and correct.	State of Indiana) I swear/affirm that the information given County of HENDRICKS - in this application is true and correct.
Signed & Michael & Tun	Signed X Welatra M. Worknen
New Address	Subscribed and sworn to before me this day of
Thorse Dugas Clerk of the HENDRICKS Circuit Court	HOLOR Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS ss:	State of Indiana)
Father ID #	Father ID #
Mother ID # Subscribed and sworn to before me this day of, 19	Mother ID #
Clerk	Subscribed and sworn to before me this day of, 19Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties the
County	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	
I certify that there was filed in my office a marriage license issued by the Cledated 5-1-97, authorizing the marriage of	rk of the Circuit Court of HENDRICKS County, Indiana, Michael Joseph Prine
and Dieatra Michelle Workman	I further certify that the following marriage certificate was filed in my office:
I, James E. Byerly (date), at Plainfield	(name), certify that on May 24, 1997in Hendricks County, Indiana,
Michael Joseph Prine of Hendricks	County Indiana(state), and
Dieatra Michelle Workmanof Hendricks Con under a marriage license that was issued by the Clerk of the Circuit Court of	unty Indiana (state) were married by me as authorized HENDRICKS County, Indiana, dated 5-1-97
Signed by: /s/ James E. Byerly	Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	6-3-97 (date).
	Signed Clerk
	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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

Female Applicant 50 No Yes
If No, Medical Examination or Report Dated 5-1-97

Name of Physician

D. Baily

MALE APPLICANT	FEMALE APPLICANT
Name Strick First William Yalyan	Name Anny Rist bavina Johnston Date of Birth Month Day Johnston
Place of Birth (State or foreign country) A	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State 46112	Residence Address Street or R.R. City County State 46/17
10772 Masonly Rd Brownshing High In	10777 Maloney Rd Brownshing WINKS IN
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 1988	Last Marriage Ended By: Death Divorce Annulment Date 1990
Date of birth verified by: Birth Certificate Other (Specify) Passport	Date of birth verified by: Birth Certificate Other (Specify) Dividuo Jacense Jacense
Are you now or have you ever been adjudged to be of unsound mind? Note: Yes:	Are you now or have you ever been adjudged to be of unsound mind? Note: Yes:
If answer is "yes," has the adjudication been removed? No Yes □ Are you related to the female applicant closer than second cousin? Yes □	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? Ne□ Yes□	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? Not Yes Not Yes List the full comes of any dependent children Actual Table Political Not Yes The full comes of any dependent children Not Yes The full comes of any dependent children Not Yes The full comes of any dependent children Not Yes The full comes of any dependent children Not Yes The full comes of any dependent children Not Yes The full comes of any dependent children Not Yes Not Yes	4. Are you now under the influence of a narcotic drug? Not Yes Ask of the total agreed and dependent abilities.
5. List the full names of any dependent children. Church Fabruck Dolyan	5. List the full names of any dependent children. Lennifor faige of the
6. (a) Full name of applicant's father albert w. Yalyan	a to silver declarate Math Karl DI.
(If adopted, list adoptive parents only)	6. (a) Full name of applicant's father from Daw Rupavine (If adopted, list adoptive parents only)
Residence of father (if deceased, so state).	Residence of father (if deceased, so state) Canada
(b) Full maiden name of applicant's mother Capma Payma	(b) Full maiden name of applicant's mother flores or the state of the
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of mother (If deceased, so state)	Residence of mother (if deceased, so state). Quality
Birthplace of mother (State or foreign country) // // Asquire	The state of the s
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome). P. tarby Hely Signature of Applicant Life By Hely Signature of Applicant	Signature of Applicant & MUCA JOHU For pate 5.1.97
Signature of Applicant Date SITTS	Signature of Applicant Date
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss: och this application is true and correct.	State of Indiana I swear/affirm that the information given County of HENDRICKS SS: In this application is true and correct.
Signed A Catholic Dollars New Address Signed	Signed Multy Chuston
Subscribed and sworn of before me this day of May , 19 97	New Address Subscribed and sworn to before me this day of May . 19 9 7
Circuit Court	Skaron Dugarourk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) Countrie HENDRICKS ss:	State of Indiana) ss:
FatherID #	FatherID #
Mother ID #	Mother
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me thisday of, 19
	Clerk
	A marriage license having been refused to the above named parties, the Court, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana.
dated	
I,Timothy C. Currens	(name), certify that on May 10, 1997
Brownsburg Patrick William Galyan of Hendricks	_ in Hendricks County, Indiana, County Indiana (state), and
Nancy Rukavina Johnston of Hendricks Con	unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ Timothy C. Currens	HENDRICKS County, Indiana, dated 5-1-97
Filed and recorded in accordance with the laws of the State of Indiana on	$\frac{-100096 \text{ PIO-Ielli}}{6-5-97} \qquad \text{(date)}.$
	0.222)
	Signed Clerk
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No D Yes A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Previous Marital Status: Never Married OR No. of Previous Marriages Death Divorce 🗸 Date of birth verified by: Birth Certificate Other (Specify) No Yes Yes 🔲 No 🗆 Yes 🗌 No 🗌 Yes 🔲 Are you related to the female applicant closer than second cousin? NODE Yes 🗌 No Yes 🔲 No D Yes 🗌 No V Yes 🔲 No A Yes 🔲 No. Yes 🗌 rances Michael Coleman ate or foreign country) ACKNOWLEDGMENT **ACKNOWLEDGMENT** received information regarding dangerous communicable diseases edge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court State of Indiana I swear/affirm that the information given HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County _ Court, by written order issued _ and filed in , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS County, Indiana, , authorizing the marriage of _ Lori Jeanne Coleman . I further certify that the following marriage certificate was filed in my office: Gregory B. Sexton _ (name), certify that on __ May 17, 1997 Brownsburg (date), at_ Hendricks County, Indiana, Patrick Lee Pierce Indiana County _ _(state), and _

Lori Jeanne Coleman

Hendricks

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

/s/ Gregory B. Sexton

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

Indiana

5-21-97

Signed

HENDRICKS

Minister

_ (date).

(state) were married by me as authorized

Clerk Circuit Court

County, Indiana, dated ____

(official designation)

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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

Female Applicant 50 No Day Yes Dated H-30-97 Name of Physician Dy. Klein

MALE APPLICANT	FEMALE APPLICANT
Name oblit Glenn Middle Prisur	Nagré Pirst Michelle Mac Pherson
Date of Birth Month 3-5-76 Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City L County State 44118	Residence Address Street or R.R. City County State 46118
1519 & 4540 Clayton MNKS IN	1519 E 4540 Clayton Works In 4018
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 Orther (Specify)	Date of birth verified by: Starth Certificate Of ther (Specify)
Date of birth verified by: Birth Certificate Other (Specify) Drivers Jicense	A morana ID
Are you now or have you ever been adjudged to be of unsound mind? Note: Yes	Are you now or have you ever been adjudged to be of unsound mind? Note: Yes:
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin? No⋅ Yes ☐
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No. P. Yes 5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Rabott J. Brown	6. (a) Full name of applicant's father Ricky Lie Mac Phinso.
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother Names College Laubery	(b) Full maiden name of applicant's mother Kathlien Bea Benning
(If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother Saffilen Bea Bynning (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Andiana	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country) Kentucky	Birthplace of mother (State or foreign country) Indiana
ACKNOWN EDGLIFFIT	
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome).
Signature of Applicant & Robert & Brown Date 5-2-97	Signature of Applicant X any Marcheson Date 5-2-97
The shows applicant has objected to unsideline by eath as differential to the state of the state	
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above
Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given ss:	State of Indiana) I swear/affirm that the information given
County of	County of HENDRICKS ss: in this application is true and correct.
New Address S A M C	Signed A Unity Moct Mercon New Address Same
Subscribed and sworn to before me this	Subscribed and sworm to before me this
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
salarar Origan	
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
The Part of the Pa	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS SS:	County of
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	F AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	I CA CL L C L C L C L L L L L L L L L L L
dated May 2, 1997, authorizing the marriage of	Robert Glenn Brown Robert Glenn Brown County, Indiana,
andAmy Michelle MacPherson	
I, Susan D. Link	I further certify that the following marriage certificate was filed in my office: (name), certify that on May 7, 1997
(date), at Danville	_ in Hendricks County, Indiana,
Amer Michelle MeeDhessess Hendericks	County Indiana (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	(state) were married by me as authorized
Signed by: /s/ Susan D. Link	Donatha Clark
Filed and recorded in accordance with the laws of the State of Indiana on	
	11
	SignedClerk
BOYCE FORMS * SYSTEMS 1-000-382-0702 1477	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59

5-2-97
Date of Application

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

Female Applicant 50 No P Yes I If No, Medical Examination or Report Dated 4-30-97
Name of Physician TAMES BLACK

HENDRICKS

_Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name BRIAN Thomas Bow MAN	Name SARAH Middle LINEBERRY
Date of Birth Month Day Year	Date of Birth Month, Day Yeer
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
INDIANA	Fesidence Address Street or R.R. City County / State _ /
Residence Address Street or R.R. City County State 10111 STEEDLE CHASE DR ADT F INDICES HNDRKS IN	Residence Address Street or R.R. City County State 1/50 TIMBER CLIMB DANVILLE HNORKS IN
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married GR 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 Definer (Specify) DRIVERS LICENSE	Date of birth verified by: Birth Certificate Green (Specify) DRIVERS LICENSE
	CONTRACTOR OF THE PROPERTY OF
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 Y	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes Yes
3. Are you now under the influence of an alcoholic beverage?	Are you now under the influence of an alcoholic beverage? No Yes Yes
4. Are you now under the influence of a narcotic drug? No 🗹 Yes 🗆	4. Are you now under the influence of a narcotic drug? No P Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father JERRY Thomas Bowman	6. (a) Full name of applicant's father ROGER LEE LINEBERRY
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) TudiAnA	Residence of father (if deceased, so state) TNdiANA
Birthplace of father (State or foreign country) TEXAS (b) Full maiden name of applicant's mother. ANITA LOUISE OWENS	Birthplace of father (State or foreign country) NORTH CAROLINA (b) Full maiden name of applicant's mother MARY ANN CHESTOVICH
(b) Full maiden name of applicant's mother HNITH LOUISE OWENS (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother I THINY FINA CITES TOVICAL (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) IndiANA	Residence of mother (if deceased, so state) INDIANA
Birthplace of mother (State or foreign country) IndiANA	Birthplace of mother (State or foreign country) Indiana
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date State of Indiana County of HENDRICKS Signed New Address 1211 Steeple (has belief) New	Signature of Applicant X
Clerk	Cler
COMPLETE IE MARDIAGE LICENSE ISSUED BY ORDER OF COURT A	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A County	
and filed in, authorize	
RETURN OF MARRIAGE LICENSI	F AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	
dated, authorizing the marriage of	Brian Thomas Bowman
andSarah Lineberry	I further certify that the following marriage certificate was filed in my office.
	(name), certify that on May 31, 1997in Marion County, Indiana,
	_in Marion County, Indiana,
	inty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 5-2-97
Signed by: /s/ Daniel C. Owens	, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	(aue).
	igned _ Sharar Ougax Clerk
	Clerk

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59

Date of Application

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

Female Applicant 50 No 🛛 Yes 🗆
If No, Medical Examination or Report Dated H-23-97Name of Physician M. Beneralarfer

MALE APPLICANT	FEMALE APPLICANT
Name Middle Moved Last II	Name First Francisco Familia Last
Date of Birth Month 7-8-69 Year	Oate of Birth Month — Day Year A - 7 (2 - 7)2
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or B.R. City County State 46117	Residence Address Street or R.R. City County State
Previous Marital Status: New Married OR No. of Previous Marriages	425 Murphy Jane Brownshing John IV
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
1 0	
Date of birth verified by: Birth Certificate Other (Specify) Divivos Jicenso	Date of birth verified by: Birth Certificate Other (Specify) Windows Jichnes
Are you now or have you ever been adjudged to be of unsound mind? Note: Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of a narcotic drug? No Yes	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father famul fee Whove	6. (a) Full name of applicant's father Richard Swhet Jew
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only) Besidence of father (if deceased so state)
Residence of father (if deceased, so state)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Advice Lea Smith	(b) Full maiden name of applicant's mother Bettle Gune Savels
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Apologish	Residence of mother (if deceased, so state) Andiana
Birthplace of mother (State or foreign country) — Andiana	Birthplace of mother (State or foreign country) Jorginia
ACKNOWLEDGMENT	ACKNOWLEDGMENT .
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome).
Signature of Applicant Date Date	Signature of Applicant Date 5 2
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss: / // in this application is true and correct.	County of HENDRICKS ss:
Signed X Jacob. Morre II	Signed & Jennif Chews
New Address SAME	New Address SAME
Subscribed and sworn to before me this	Subscribed and sworn to before me this day of
Shoron kegax elerk of the MENDALLAS Circuit Court	HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS SS:	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19 Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, authorize	res and directs the issuance of a marriage license to the above named parties.
DETURN OF MARRIAGE LIGHT	
I certify that there was filed in my office a marriage license issued by the Cle	SE AND MARRIAGE CERTIFICATE erk of the Circuit Court of HENDRICKS County Indiana
dated, authorizing the marriage of	Lee Samuel Moore II County, Indiana,
	I further certify that the following marriage certificate was filed in my office:
I,Dr. William M. Schwein	(name), certify that on June 7, 1997
(date), atCarmel	_ in _ Hamilton County, Indiana,
	County Indiana (state), and
	unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ Dr. William M. Schwein	
Filed and recorded in accordance with the laws of the State of Indiana on	6-10-97 (date).
	Thorong (
	SignedClerk
BOYCE FORMS + SYSTEMS 1-600-380-4702 1477	HENDRICKS Circuit Court

HENDRICKS County Yes IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No X If No, Medical Examination or Report Dated 4-11-97 A person who knowingly furnishes false information to a clerk of the Name of Physician Dy, Wills circuit court when the person applies for a marriage license under **FEMALE APPLICANT** Annulment Last Marriage Ended By: Death Date of birth verified by: Birth Certificate Other (Specify) No Yes Note No 🗆 Yes 🗌 No 🗆 No Yes 🔲 No Yes 🗌 No Yes 🔲 of mother (State or foreign country). K toutur ACKNOWLEDGMENT I swear/affirm that the information given HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County_ Court, by written order issued

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

HENDRICKS

Clerk

Circuit Court

IC 31-7-3 commits a Class D felony. MALE APPLICANT Brownshing HINK IN Death Divorce 💟 Date of birth verified by: Birth Certificate Other (Specify) Yes 🔲 Yes 🗌 Yes 🗌 Yes 🔲 eppon Croope ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases HENDRICKS Signed & David CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of 5-2-97 , authorizing the marriage of ___ David Jeffrey Drake _ . I further certify that the following marriage certificate was filed in my office:

(name). certify that on _____ May 16, 1997 Donna Sue Crooke J. Franklin Dennis New Albany (date), at_ Floyd _ County, Indiana,_ David Jeffrey Drake Hendricks County _ Indiana (state), and _ Donna Sue Crooke Hendricks County. Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of _ County, Indiana, dated _ /s/ J. Franklin Dennis Minister _ (official designation) Filed and recorded in accordance with the laws of the State of Indiana on (date).

Signed

and filed in_

HENDRICKS County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No. A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician _ IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Never Married OR No. of Previous Marriages Birth Certificate Tomer (Specify) No Yes Are you now or have you ever been adjudged to be of unsound mind? Yes 🔲 No 🗆 Yes 🗌 No 🗌 Yes 🔲 Now Dow Yes 🗌 No X Yes 🔲 Yes 🗌 Yes 🗌 No D Yes 🗌 toretta June Busker Sharon Marie Jarson Birthplace of mother (State or foreign country) Andiana **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous commu I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Clerk of Court HENDRICKS day of May, 19 97 day of May CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County _ Court, by written order issued. and filed in_ _, authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE _ . I further certify that the following marriage certificate was filed in my office:
_ (name), certify that on _____ May 17, 1997 Julie Ann King I, _ Michael A. Courtney (date), at ____Avon Hendricks County, Indiana,_ Donald Brooks Plunkett Hendricks Indiana County _ _(state), and

Indiana

Minister

(date).

_ County _

Signed

Hendricks

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

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

Signed by: /s/ Michael A. Courtney

(state) were married by me as authorized

Circuit Court

_County, Indiana, dated __

_ (official designation)

Julie Ann King

HENDRICKS County Female Applicant 50 No P Yes I If No, Medical Examination or Report Dated Name of Physician Dr. Punnel

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

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Marie Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Indiana une	Residence Address - 1 Street of RB - City County State 411/168
Residence Address Street or R.R. City County State 7/1/68	Residence Address Street or R.R. # City County State 44/65
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married ON No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Scher (Specify) Divers sicense	Date of birth verified by: Birth Certificate Other (Specify) Astorized identity
	pichue 10
Are you now or have you ever been adjudged to be of unsound mind? No Yes ☐ If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	1. Are you now or have you ever been adjudged to be of unsound mind?
2. Are you related to the female applicant closer than second cousin?	If answer is "yes," has the adjudication been removed? No Yes Yes Yes Yes
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No ₩ Yes □
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No. Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Steven Dwayne Blacketer	6. (a) Full name of applicant's father Steven L. Tylendall
6. (a) Full name of applicant's father <u>fluin liwayne Machiller</u> (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Seven J. Tulendall' (If adopted, list adoptive parents only).
Residence of father (if deceased, so state) Andiana	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Ellen Jane Newnum	(b) Full maiden name of applicant's mother fallie mae athereon
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Andigma
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome)	immune deficiency syndrome).
Signature of Applicant Date 5-3-97	Signature of Applicant Jenneler M. Nendell Date 5/2/97
	70 0
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS in this application is true and correct.
New Address 299 meddowlard on Apt F Plainfiell IN 46168	Signed General Meddowlark Oxfof Plaintil OH
Subscribed and sworn to before me this day of	Subscribed and sworn to before me this 2 day of May 19 97
Clerk of the HENDRICKS Circuit Court	ILANDRICKS Circuit Court
sharar sigue	streat of
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana	Cross of Indiana
County of HENDRICKS SS:	State of Indiana) County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT A	A marriage license having been refused to the above named parties, the
	Court, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
The state of the s	
RETURN OF MARRIAGE LICENS	
I certify that there was filed in my office a marriage license issued by the Cle dated $\frac{5-2-97}{}$, authorizing the marriage of	
andJennifer Marie Wendell	I further certify that the following marriage certificate was filed in my office:
Hubert Greer	
	in Hendricks County, Indiana,
Paul David Blacketer of Hendricks	County Indiana(state), and
Jennifer Marie Wendell of Hendricks Cou	unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 5-2-97
Signed by: /s/ Hubert Greer	
Filed and recorded in accordance with the laws of the State of Indiana on	6-3-97 (date).
	Signed Sharar Ougax Clerk
	Signed Clerk

HENDRICKS

Circuit Court

31-7-9-1. Furnishing false information upon applying for license. person who knowingly furnishes false information to a clerk of the cuit court when the person applies for a marriage license under	Female Applicant 50 No Separation Separation or Report Dated
person who knowingly furnishes false information to a clerk of the cuit court when the person applies for a marriage license under	Date of Application Female Applicant 50 No □ Yes ♣
person who knowingly furnishes false information to a clerk of the cuit court when the person applies for a marriage license under	1 officio rippinocini o
person who knowingly furnishes false information to a clerk of the cuit court when the person applies for a marriage license under	1 officio rippinocini o
cuit court when the person applies for a marriage license under	
24 7.0 committe a Class D folony	If No, Medical Examination or Report Dated Name of Physician
31-7-3 commits a Class D felony.	A PROPERTY OF THE PROPERTY OF THE PARTY OF T
MALE APPLICANT	FEMALE APPLICANT
1 First # Middle # 1 Last	Name First Middle & Last
James Marlin Cabrick Year	Date of Birth Month - 7 - 40
of Birth (State or foreign country)	Place of Birth (State or foreign country)
ence Address Sylect or B. R. City County State #780	lesidence Address Street or R.R. City County State H
ou s. die fr. while the	Previous Marital Status: Never Married OF OR No. of Previous Marriages
	Last Marriage Ended By: Death Divorce Annulment Date 1980
Maniage Ended by.	Date of birth verified by: Birth Certificate Cother (Specify) Divives Licinse
of birth verified by: Birth Certificate Cher (Specify) Winner Jisms	Thurst give
Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind? Yes Yes Yes Yes Yes Yes Yes Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐ Are you related to the female applicant closer than second cousin? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No Yes Yes Yes
Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? Yes Yes Yes	3. Are you now under the influence of an alcoholic beverage?
Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No Yes Yes
List the full names of any dependent children	5. List the full names of any dependent children.
	6. (a) Full name of applicant's father Charles Rawleigh Babe
(a) Full name of applicant's father Charles Raymond Patricks (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Manus Panklings His
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) diclarid
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) And with the first part of applicant's mother. Managaret Side of the first part of the fir
(b) Full maiden name of applicant's mother Murgarit Usice Cassada (If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state).	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country) punning wanted	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases	
t are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired nune deficiency syndrome).	immune deficiency syndrome). R l. Well long also 5/5/2
nature of Applicant James Am Vatrick Date 5/5/91	
e above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
knowledgment because of religious beliefs. Pork of Court Date	Clerk of Court Date
	State of Indiana) I swear/affirm that the information given
te of Indiana I swear/affirm that the information given unty of HENDRICKS ss: In this application is true and correct	HENDRICKS SS:
Signed & James M Vatrich	1 1 100/1 1/10 1 1/10
New Address 205 ANDREWS Blod Plain feild In 461 bscribed and sworn to before me this 5 day of 1944, 19 97	Subscribed and sworn to before me this
Clerk of the HENDRICKS Circuit Cour	HENDRICKS T Circuit Court
DISENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
e, the parents of this applicant, hereby give consent for this marriage. If only one parent signs	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
ate facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
ate of Indiana)	State of Indiana) ss:
ounty of HENDRICKS ss:	County of HENDRICKS
ther ID # other ID #	Mother ID #
ubscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
	T. A marriage license having been refused to the above named parties, the
County	Court, by written order issuedorizes and directs the issuance of a marriage license to the above named parties.
	Clerk of the Circuit Court of HENDRICKS County, Indiana,
certify that there was filed in my office a marriage license issued by the ated, authorizing the marriage of	James Martin Patrick
nd Rebecca Walsh Seagly	I further certify that the following marriage certificate was filed in my office:
John C. Parsley	(name), certify that on May 31, 1997
date), atPlainfield ames Martin Patrick of Vigo	County Indiana (state), and
ebecca Walsh Seagly of Hendricks	County Indiana (state) were married by me as authorized
nder a marriage license that was issued by the Clerk of the Circuit Cour	t of County, Indiana, dated
ligned by: /s/ John C. Parsley Filed and recorded in accordance with the laws of the State of Indiana of	
	Thasan Quean
New Mark	Signed Clerk HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59

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

HENDRICKS

_Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name) First D. Middle Last	Name First Middle Last
Date of Birth Month Day Year	Date of British Month Day Year
Place of Birth (State or foreign country) 1	Place of Birth (State or foreign country)
maigna	- Indiana III
Residence Address Street or R.R. City County State 7000	Residence Address Street or R.R. City County State 74.
Previous Marifal Status: Never Married A OR No. of Previous Marriages	Previous Marital Status: Never Marriad OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind? No ✓ Yes ✓ ✓ Yes ✓ ✓ Yes ✓ Ye	Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes;" has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No Yes	Are you now under the influence of an alcoholic beverage? No Yes Yes Yes Yes Yes Yes Yes Yes
4. Are you now under the influence of a narcotic drug? No Yes	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	List the full names of any dependent children
6. (a) Full name of applicant's father Busself Eugene Tonly	6. (a) Full name of applicant's father Herman Lavaughn Co
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Induation	Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Bully Jourse Sandursh (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother Court Place Folks (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Androima	Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Michigan	Birthplace of mother (State or foreign country) Judiana
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired)
manus deficiency and demail O	immune deficiency syndrome).
Signature of Applicant X Kussell D. Tonay Date 5-5-97	Signature of Applicant All UM Date 5-5-97
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information give
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS ss: in this application is true and corrections.
Signed X Russell D. Toney New Address 231 N. Maple St. Pittsboro IN 46167	New Address 231 N. MAJLE St. PITTEMS IN 46167
Subscribed and sworn to before me this	New Address 231 NV. Mague St. VITTSING IN 46167 Subscribed and sworn tyrbefore me this 5 day of 1914, 1997
That A Court derk of the HENDRICKS Circuit Court	Subscribed and sworm to before the this day of HENDRICKS Circuit Co.
subsur sagar	the same of the sa
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	
County of HENDRICKS ss:	State of Indiana) County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Cle
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license begins been refused to the above several resting to
	Court, by written order issued
and filed in, authoriz	res and directs the issuance of a marriage license to the above named parties
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	erk of the Circuit Court of HENDRICKS County, Indiana
dated <u>MAY 5, 1997</u> , authorizing the marriage of <u></u>	I further certify that the following warning a serife to the following warning as a serife to the following warning
I, LARRY L BELLVILLE MINISTER	. I further certify that the following marriage certificate was filed in my office
(date), at CORNERSTONE CHRISTIAN CHURCH	in_HENDRICKS County Indiana.
RUSSELL DEAN TONEY of HENDRICKS	CountyINDIANA (state), andJOY
DENISE CLEM of HENDRICKS Co	unty_INDIANA (state) were married by me as authorize
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated MAY 5, 1997
Signed by: /s/ I.ARRY I. BELLVILLE	,
Filed and recorded in accordance with the laws of the State of Indiana on	
	Sharoz Dugan
5 THE REPORT OF THE PROPERTY OF THE PARTY O	SignedCler

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 808 File 59

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

Female Applicant 50 No Yes 1997

If No, Medical Examination or Report Dated 5-12-97

Name of Physician David Hadey m.D.

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last Morgan	Name Arry J Middle Jonnston
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City, County State
U20 wilson St Danville Hendricks 1x	51 S. Walnut Danville Hendricks 1
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 2.95	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Fother (Specify) Dr5 License,	Date of birth verified by: Birth Certificate Wother (Specify) Drs. License
	Dro. Citarise
1 Are you now or have you over been edivided to be of unequal mind?	
Are you now or have you ever been adjudged to be of unsound mind? No Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes No Yes No Yes
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No ✓ Yes ✓ 5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. No P Yes D On Ston
S. List the full frames of any dependent clinident.	5. List the full names of any dependent children. That he wonnesten
A CONTRACT OF THE PARTY OF THE	
6. (a) Full name of applicant's father Frederick Ray Morgan	6. (a) Full name of applicant's father Carl Franklin Forence
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	(If adopted, list adoptive parents only)
Birthplace of father (State or foreign country) Indu ound	Residence of father (if deceased, so state) Indiana Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Jo Ann Poberts	(b) Full maiden name of applicant's mother Thelma Dean Mob
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) That and	Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Kentucky	Birthplace of mother (State or foreign country) Indiana
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Mark Morga Date 5-5-97	immune deficiency syndrome). MILLO Sollar official 5-5-97
Date 2	X Signature of Applicant Date 3 3 1/
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed Flore K. Morga	X signed unity of whiston
New Address Subscribed and sworn to before me this day of 19	New Address day of, 19
HOLDRICKS Circuit Court	Subscribed and sworn to before me this
	show began
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
Sales and more made in o consone of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) SS:	State of Indiana)
County of HENDRICKS	County of HENDRICKS SS:
Father ID # ID #	Father ID #
Subscribed and sworn to before me thisday of19	MotherID #
Clerk	Clerk
COMPLETE IS MARRIAGE LIGENIES ISSUED BY CORDER OF COURSE	
County County	A marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, authoriz	zes and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl dated5-5-97, authorizing the marriage of	derk of the Circuit Court of HENDRICKS County, Indiana, Mark R. Morgan
, which the maintage of _	I further certify that the following marriage certificate was filed in my office:
I,Gregory L. Ratliff	(name), certify that on May 17, 1997
(date), atDanville	in Hendricks County, Indiana,
	County Indiana (state), and Indiana (state)
under a marriage license that was issued by the Clerk of the Circuit Court of	istate) were married by me as authorized
Signed by: /s/ Gregory L. Ratliff	,
Filed and recorded in accordance with the laws of the State of Indiana on_	5-23-97 (date).
	Shoros Dugas
The state of the s	SignedClerk
BOYCE FORMS • SYSTEMS 1-400-382-4702 1477	HENDRICKS Circuit Court

_Circuit Court

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County

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

		والمتراجع فالمترافية والمترجون والسروا والمراوا
	e Applicant 50 No D	Yes 🗆
If No,	Medical Examination or Rep	port Dated H-25-97
Name	of Physician Da Nolli	nan

MALE APPLICANT	FEMALE APPLICANT
Name First De Middle To Jan Flast	Marie This First F. Middle
Dale of Birth Month Day Year	Date of winth Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street, or R.R. City County State 40168	Residence Address Street or R.R. City County State 46
Residence Address Street of R.R. City County State 40168	Residence Address Street or R.R. Sity County State 7 6
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 1996
Date of birth verified by: Birth Certificate Stother (Specify) Survivos quense	Date of birth verified by: Birth Certificate Other (Specify) Drivers gicins
The Allegan Control of the Street Control of	
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? Yes Yes	If answer is "yes," has the adjudication been removed? No Yes □ 2. Are you related to the male applicant closer than second cousin? No Yes □
3. Are you now under the influence of an alcoholic beverage?	Are you now under the influence of an alcoholic beverage? No. Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children. While Milling	5. List the full names of any dependent children. Oshly Marie Mil
6. (a) Full name of applicant's father Mavis Keith Walton	6. (a) Full name of applicant's father Richard Lee Nitha
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Androna	Residence of father (if deceased, so state) Anapolisa
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother favure (MM)) ayven, (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother Detroice flightle (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Indiguna
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Indiana
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable disease
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire
immune deficiency syndreme).	immune deficiency syndrome).
Signature of Applicant X Way P Watter Date 5-6-97	Signature of Applicant & Cynthia E. Mulack Date 5-6-
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I sweat/affirm that the information given	
State of Indiana) I swear/affirm that the information given county of HENDRICKS SS: in this application is true and correct.	State of Indiana) I swear/affirm that the information give County of HENDRICKS ss: in this application is true and correct in the
Signed Troop Walton	signed & Cynthia E. Mililack
New Address 819 Mill 320k That 40-1, 46/68	New Address 814 Millbrook
Subscribed and sworn to before me this	Subscribed and sworn to before me this
Circuit Court	Staron Leganor of the HENDARCAS Circuit, Cou
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS SS:	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Cle
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	
and filed in, authoriz	Court, by written order issued
, authoriz	es and directs the issuance of a marriage license to the above named parties
	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cla	erk of the Circuit Court of HENDRICKS County, Indiana,
dated, authorizing the marriage of and Cynthia Eileen Niblack	Troy Duane Walton
I, Roy L. Norville	I further certify that the following marriage certificate was filed in my office.
(date), at Middletown	_ in Henry County, Indiana,
Troy Duane Walton of Hendricks	County Indiana (state) and
Cynthia Eileen Niblack of Marion Con	unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: / S/ Roy L. Norville	Minister County, Indiana, dated
Filed and recorded in accordance with the laws of the State of Indiana on	5-12-97 (date).
of the state of interaction	Marco O
	Signed Clerk
대통령 어디어지다 보통 에 보통 하시아 사람들이 나를 하지만 하시다.	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No D Yes A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated 4-28-97 circuit court when the person applies for a marriage license under Name of Physician ______. IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Divorce Death 🗌 Divorce 🔲 Annulment Last Marriage Ended By: Birth Certificate Other (Specify) vense No Yes Are you now or have you ever been adjudged to be of unsound mind? Yes 🔲 No-No 🗆 Yes 🗌 No 🗌 Yes 🗌 NO Yes 🗌 No Yes 🗌 Not Yes 🗌 Yes 🗌 No.A Yes 🗌 Yes 🔲 **ACKNOWLEDGMENT** acknowledge that I have received information regarding dangerous commu I acknowledge that I have received information regarding dangerous communicable diseases acknowledgment because of religious beliefs Clerk of Court Clerk of Court HENDRICKS maron Du CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County _ Court, by written order issued_ and filed in_ , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE _ County, Indiana, Kristin Lea Noble . I further certify that the following marriage certificate was filed in my office:

(name), certify that on _____ May 10, 1997 Charles R. Gipson _ (name), certify that on _ Marion Indianapolis _ County, Indiana,. David Martin Gipson Hendricks Indiana County _(state), and Kristin Lea Noble Hendricks Indiana County . (state) were married by me as authorized

HENDRICKS

Signed

Minister

County, Indiana, dated __

(official designation)

_ Clerk

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

____ Clerk _Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

	No
HEND.	County File 5
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the	Female Applicant 50 No ☐ Yes ☐ If No, Medical Examination or Report Dated
circuit court when the person applies for a marriage license under	Name of Physician
IC 31-7-3 commits a Class D felony.	THE RESERVE THE PROPERTY OF THE PARTY OF THE
MALE APPLICANT	FEMALE APPLICANT
MALE APPLICANT Name 2 First Middle Last	Name // First / Middle Last
Date of Birth Day Wear	Passine Laucock Silliam Poale of Birth Month
Place of Birth (State or foreign country)	Place of Birth (State or foreign country) A
Residence Address Street or R.R., City County, State 46741	Residence Address Street or R.R. City County State
145 Mann Rd Inaple Morion IV	503 Woodberry Dr. Danville Hooks 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 1995	Last Marriage Ended By: Death Divorce Annulment Date 199
Date of birth verified by: Birth Certificate Sother (Specify) Drivers ficense	Date of birth verified by: Birth Certificate Other (Specify) Drivers Licen
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? Note Yes
If answer is "yes," has the adjudication been removed? No Yes Yes Yes Yes	If answer is "yes," has the adjudication been removed? No ☐ Yes 2. Are you related to the male applicant closer than second cousin? No ☐ Yes
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐	Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.	Are you now under the influence of a narcotic drug? No. Yes List the full names of any dependent children.
S. List the full maines of any dependent children.	5. List the full manies of any dependent unitarin.
blower for the Taylor	e de la lance
6. (a) Full name of applicant's father Souloin Loging Source (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Smil Bessel Hallica (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Afclaged	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) And Common (b) Full maiden name of applicant's mother Auth author Vellon	Birthplace of father (State or foreign country) Maranno
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) of classical Birthplace of mother (State or foreign country) Sudiana	Residence of mother (if deceased, so state) Augusta State Birthplace of mother (State or foreign country) Analamov
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseated that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acqu
Signature of Applicant Wayne N. Lay la Date 5-6-97	immune deficiency syndrome) Signature of Applicant Abellian Date 5-6
Signature of Applicant Acting Fig. 4 and 5	Signature of Applicant School Applicant Date School
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the at
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given County of HENDRICKS in this application is true and correct.	State of Indiana I swear/affirm that the information of the second of t
Signed Dayne n. Laylor	Signed Wallen Gelliam
New Address 50B woodberry 46BB2 Subscribed and sworm to before me this and sworm to be fore me the sworm to be fore me this and sworm to be fore me the sworm to be fore me the sworm to be fore me the sworm to be fore m	New Address Subscribed and sworn to be fore me this
Subscribed and sworm obefore me this	Subscribed and sworn to before me this
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent si
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
	State of Indiana)
State of Indiana)	HENDRICKS SS:
County of HENDRICKS ss:	County of
HENDRICKS SS:	FatherID #
County of	FatherID #
County of ID # Mother ID #	Father
County of	Father
Father	Father
County of	Father

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 5-7-97

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

Female Applicant 50 No X Yes I If No, Medical Examination or Report Dated 5-5-97 Name of Physician M. Autison

MALE APPLICANT	FEMALE APPLICANT
Adam First Englishmended Dennes	Nagre athur First Marie Andrown
Date of Birth Month 2 - 12 - 74 Year	Date of Birth & Month 5-12-58
Place of Birth (State or foreign country) Andiana 46168	Place of Birth (State or foreign country) Kantusha
Residence Address Street or R.R. St. City County State pf / HAKS 1325 E Main St. A HA P.O. Box 17 HAKS	Residence Address Street or R.R., City County State 3 2 4 8 Main St. A 12 Phinish Number In
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date 1993
The Man Die	Date of birth verified by: Birth Certificate Other (Specify)
Date of birth verified by: Birth Certificate AOIner (Specify) Journs guesse	A Duvers guense
Are you now or have you ever been adjudged to be of unsound mind? Note: Yes:	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes
1. Are you now or have you ever been adjudged to be of unsound mind? Yes Yes	Are you now or have you ever been adjudged to be of unsound mind? No. Yes If answer is "yes," has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? No Yes Yes No Yes	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? Note: Yes:
5. List the full names of any dependent children	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Lavry Gene Denny	6. (a) Full name of applicant's father Filler Eugene Burchet
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of father (State or foreign country) Kenducky	Residence of father (If deceased, so state) Birthplace of father (State or foreign country) Sentincles
(b) Full maiden name of applicant's mother Rachel Faye Denny	(b) Full maiden name of applicant's mother Margne Munic Bell
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country) Kentucky	Birthplace of mother (State or foreign country).
ACKNOWLEDGMENT	ACKNOWN EDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome). Signature of Applicant A adam F Remus Date	Signature of Applicant X Rathy marie Inglam Date 5.7-97
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed A adam F Demy	Signed & Kathy marie Inguern New Address Sayne
Subscribed and sworn to before me this day of	Subscribed and sworn to before me this
Sharan Dugan Glerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS SS:	County of HENDRICKS SS:
Father ID # Mother ID #	Father ID # Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
	marriage license having been refused to the above named parties, the
and filed in, authorize	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cle	
dated, authorizing the marriage of	
and	I further certify that the following marriage certificate was filed in my office:
I,	_ in County, Indiana,
of	County(state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS (state) were married by me as authorized
Signed by:	
Filed and recorded in accordance with the laws of the State of Indiana on	(date).
	Signed Sharp Dugar)
	Signed Clerk

Last Marriage Ended By:

Clerk of Court

State of Indiana

and filed in_

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No Yes A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician DA IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Divorce Annulment Death Divorce 🔲 Other (Specify) No Yes Yes 🗌 No No Yes No 🗆 Yes 🔲 No Yes No Yes 🔲 Not Yes 🗌 No Yes 🗌 Yes 🗌 Yes 🗌 **ACKNOWLEDGMENT** ACKNOWLEDGMENT acknowledge that I have received information regarding dangers 8 97 The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature Clerk of Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued _ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated 5-8-97 authorizing the marriage of Chad Anthony Chilton . County, Indiana, and ____ Jill Juanette Stewart . I further certify that the following marriage certificate was filed in my office: (name), certify that on May 10, 1997 I, ___ Daniel J. Staublin (name), certify that on _ Hendricks (date), at ____ Brownsburg County, Indiana, Chad Anthony Chilton Indiana _(state), and Jill Juanette Stewart of Hendricks Indiana (state) were married by me as authorized 5-8-97 County under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated _ /s/ Daniel J. Staublin Priest (official designation) Filed and recorded in accordance with the laws of the State of Indiana on (date).

Signed

Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59

Date of Application

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

Female Applicant 50 No X Yes
If No, Medical Examination or Report Dated 5-8-97

Name of Physician

M. Wisnulstein

MALE APPLICANT	FEMALE APPLICANT
Name Robert First Wayne Piers and Day Press and Year	Date of Birth Date of Birth Month Day Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address W Street or R.R. City County State 41/1722 222 223 236 Danville Wardes In	Residence Address Street or R.R. Daniel Holds Tr
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date Date of birth verified by: Birth Certificate Other (Specify)
Date of birth verified by: Birth Certificate Souther (Specify) Durbers Jicense	Date of birth verified by: Birth Certificate Cother (Specify) Stivers Jumes
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? No Yes Yes No Yes No Yes	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes Yes Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children
6. (a) Full name of applicant's father Danny Eugent Pierson	6 (a) Full name of applicant's tother Phillip Oran Brichli
6. (a) Full name of applicant's father Janny Fugent Filter (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father FMULLY Stuckst (If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (If deceased, so state)
(b) Full maiden name of applicant's mother Thirdly Kay Havris	(b) Full maiden name of applicant's mother Glenda Han Gen
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome). Signature of Applicant & Robert W Runaur Date 5-8-97	immune deficiency syndrome). Whole Bucklus Date 5-8-97
Signature of Applicant A TOWN W THE Date 5 0 17	Signature of Applicant XXXIII Date Date
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) see: I swear/affirm that the information given	State of Indiana) see I swear/affirm that the information given
County of HENDRICKS in this application is true and correct. Signed X Robert in Pressure.	County of HENDRICKS in this application is true and correct.
New Address Same	New Address Same
Subscribed and sworn to before me this day of /// Aug, 19	Subscribed and sworn to before me this day of
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS ss:	State of Indiana) ss:
Father ID #	County of
Mother ID # Subscribed and sworn to before me this day of, 19	MotherID #
Clerk	Clerk
	A marriage license having been refused to the above named parties, the
	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cla	erk of the Circuit Court of HENDRICKS County, Indiana,
dated	Robert Wayne Pierson I further certify that the following marriage certificate was filed in my office:
I, Bryan K. Rose	(name), certify that on6-14-97
(date), at Danville of Hendricks	inHendricks County, Indiana, County Indiana (state), and
Ginger Lynn Brickler of Hendricks Co	unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ Bryan K. Rose	Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	6-18-97 (date).
	Signed Signed Clerk Clerk
BOYCE FORMS + SYSTEMS 1-400-362-4702 1477	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No 🗆 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Never Married OR No. of Previous Marriages No Yes Are you now or have you ever been adjudged to be of unsound mind? NOD Yes 🗌 No 🗌 Yes 🗌 If answer is "ves." has the adjudication been removed? No 🗆 Yes 🗌 No B Yes 🔲 No DK Yes 🗌 Nov Yes 🗌 Yes 🗌 No Yes 🗌 Yes 🗌 ACKNOWLEDGMENT information regarding dangerous comm The above applicant has objected to verifying by oath or affirmation or signature to The above applicant has objected to verifying by oath or affirmation or HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued _ , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE County, Indiana,

. I further certify that the following marriage certificate was filed in my office: (name), certify that on May 23, 1997

(date).

Theres Ougax

County, Indiana,

County, Indiana, dated _

(state), and

(official designation)

(state) were married by me as authorized

Clerk Circuit Court

(name), certify that on _ Hendricks

Indiana

HENDRICKS

Indiana

County Clerk

County

County

and Vicki Lynn Masariu

Signed by: /s/ Sharon Dugan

Sharon Dugan

Larry Dennis Ebert

Vicki Lynn Masariu

(date), at ____ Danville

authorizing the marriage of _

Hendricks

Hendricks

under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ Sharon Dugan Hendricks

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

Clerk of Court

and filed in.

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59
Date of Application

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

Female Applicant 50 No Yes
If No, Medical Examination or Report Dated 4-14-97

Name of Physician Amadis

MALE APPLICANT	FEMALE APPLICANT
Name First Fart Middle 11 . Last	Name first Lw Watrick Last
Date of Birth Month 12 - 26 - 61	Daty of Birth Month //- 4 - 57
Place of Birth (State or foreign country) Andiana 1111	Place of Birth (State or foreign country) Andiana
Residence Address S Co Rd 875 E Plainful Andby In	Residence Address Street or R.R. City County State 44168
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 Divorge Annulment Date 1993	Last Marriage Ended By: Death Divorce Annulment Date 1995
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify) Drawbus License
- pure yues	
Are you now or have you ever been adjudged to be of unsound mind? No Yes □	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? Yes Yes
2. Are you related to the female applicant closer than second cousin? Yes □ 3. Are you now under the influence of an alcoholic beverage? Note □ Yes □	3. Are you now under the influence of an alcoholic beverage? Note: The you related to the linate applicant closer than second coosin. Yes:
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. Muchael Lamar Park
5. List the full names of any dependent children. Jacobson Kochell Highester - Condition	Wishy Ryan Patrick - Conduction
Fortise Hignite - Rachel Marie Highe	James Patrock
6. (a) Full name of applicant's father Aug Full Augmust (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Residence of father (If deceased, so state) Andiana	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother Douthla Fillian Ducke	Birthplace of father (State or foreign country) Aensuchy (b) Full maiden name of applicant's mother Luca Mast Mother
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)
- Hereinery	
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome). Signature of Applicant Amus Efficient Date 5/9/97	immune deficiency syndrome). Signature of Applicant Date 5-9-97
Signature of Applicant	Signature of Approximation of the Control of the Co
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant (bes objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS SS: in this application is true and correct.	County of HENDRICKS Ss: in this application is true and correct.
New Address AME	Signed Same New Address Same
Subscribed and sworn to before me this day of, 19, 19	Subscribed and sworn to before me this day of
Sharon Dugas Clirk of the HENDRICKS Circuit Court	Skarar Dugar Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
state lacts which make the consent of the other parent uninecessary	state facts which make the consent of the other parent dimecessary
State of Indiana) Scientific HENDRICKS SS:	State of Indiana) County of HENDRICKS ss:
County of	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me this	Subscribed and sworn to before me this day of, 19 Clerk
COMPLETE IS MADDIAGE LICENSE ISSUED BY ODDED OF COURT	A marriage license begins been refused to the above pared region the
County	A marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, authoriz	zes and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl dated $5-9-9.7$	lerk of the Circuit Court of HENDRICKS County, Indiana, James Earl Hignite
the transfer of	I further certify that the following marriage certificate was filed in my office:
I, Mary Joy Pausyi	(name), certify that on May 23, 1997
James Earl Hignite of Hendricks	inHendricksCounty, Indiana, CountyIndiana(state), and
Jamie Lu Patrick of Hendricks Co	nunty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ Mary Joy Pausyi Ju	f HENDRICKS County, Indiana, dated 5-9-97 Lidge Pro-Tem (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	5-30-97 (date).
	- Haran
	Signed Clerk Circuit Court
	CITCHII COUT

Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County Nod Female Applicant 50 If No, Medical Examination or Report Dated
Name of Physician M. Hugor

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

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
5-8-72	Place of Birth (State or foreign country) 1
Place of Birth (State or foreign country) Washington D.C.	Prace of birth (state or foreign country)
Residence Address Street or R.R. City County State 44/65	Residence Address Street or R.R. City County State 46168
1034 Hess St. Prangus MINES IN	1034 Hiss St. Plainfuld Under IV
Previous Marital Status: Never Married OR No. of Previous Marifages	Previous Marital Status: Never Married
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date 1995
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Mother (Specify)
Date of birth verified by: Sirth Certificate Souther (Specify) Divolis Ficense	- A Durbus glains
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind? No \(\square\) Yes \(\square\)
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? No Yes No Yes No Yes	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. Set the sull names of any dependent children. Set the sull names of any dependent children.	4. Are you now under the influence of a narcotic drug? No Yes S. List the full names of any dependent children. Callage Cich.
Milwer	Bethanly was I make
	Dering revers Welve
6. (a) Full name of applicant's father Lavy Lewis Mehrers	6. (a) Full name of applicant's father Robert Fuzza Which
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) alaquama	Residence of father (if deceased, so state) Andyana
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Kathlen allice Hefficen	(b) Full maiden name of applicant's mother Analy Kay Whal
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
	Sudjana
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant X wali MMh Date 5-9-97	Signature of Applicant Abaua Jurus Date 5-9-97
Signature of Applicant A W LAN # Date 5.477	Signature of Applicant Date Date
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given County of HENDRICKS in this application is true and correct.	State of Indiana) I swear/affirm that the information given County of HENDRICKS) in this/application is true and correct.
Signed A Will M. Pul	County of
New Address Sam &	New Address
Subscribed and sworn to before me this	Substrited and sworn to before me this
Circuit Court	Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS SS:	County of HENDRICKS SS:
Father ID #	Father ID #
Subscribed and sworn to before me thisday of19	Mother ID # Subscribed and sworn to before me this day of, 19
Clerk	Gubernued and sworn to before me this day or, 19
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the
and filed in	Court, by written order issued
and filed in, authorize	as and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	rk of the Circuit Court of HENDRICKS County Indiana
dated 5-9-97, authorizing the marriage of	William Mason Mehrer
	I further certify that the following marriage certificate was filed in my office: (name), certify that on May 9, 1997
William Mason Mehrer of Hendricks	in Hendricks County, Indiana, County
Dana Joyce Wright of Hendricks Com	County Indiana (state), and unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 5-9-97
Signed by: /s/ Sharon Dugan Hendric	kş County Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	
	Thousand cons)
	SignedClerk
	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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

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

_Circuit Court

The state of the s	
MALE APPLICANT Name // First Middle Last	FEMALE APPLICANT Name Oct
Deniel Vernon Fulto	Glephanie ann Grown
Date of Birth Mortify - 19 - 74	Date of Birth Month 9-14-76
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State 44274 5902 County True Andrew In The State Marion In	Residence Address Street or R.R. By City County State Strake 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
	2
Date of birth verified by: Birth Certificate Other (Specify) Privers Ticense	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?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? No Yes Yes Yes Yes	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? Yes Yes Yes
3. Are you now under the influence of an alcoholic beverage? No Yes ☐	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children
6. (a) Full name of applicant's father Google Keith Fults	6. (a) Full name of applicant's father Leffordy alan Brown
(If adopted, list adoptive parents only). Residence of father (if deceased, so state).	(If adopted, list adoptive parents only)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Lange Collier Languing	(b) Full maiden name of applicant's mother Susan Marlina Java
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only).
Birthplace of mother (If deceased, so state)	Birthplace of mother (if deceased, so state)
	Sumples of money (state of rotation)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases
immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Stephen Duck Duck Date Style /	Signature of Applicant X Daniel V. From Date 5-7-9/
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS Ss: Is wear/affirm that the information given in this application is true and correct.	State of Indiana) I swear/affirm that the information given County of HENDRICKS ss: in this application is true and correct.
Signed Alliana Duum	County of in this application is true and correct.
New Address 5902 Apache Wells #408 Speedway TN	New Address 5902 APache well \$ #468 Speed way it
Subscribed and sworn to pefore me this day of HINDRICKS HENDRICKS	Subscribed and sworn to before me this
Clerk of the Circuit Court	Shoron Lugar Clark of the RENDRICAS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID #	Father ID #
MotherID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
	Clerk
	A marriage license having been refused to the above named parties, the
and filed in authorize	
, authorize	tes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cledated, authorizing the marriage of	erk of the Circuit Court of HENDRICKS County, Indiana,
I, Leonard Maynard	I further certify that the following marriage certificate was filed in my office: (name), certify that onMay 17, 1997
(date), at Brownsburg	in Hendricks County, Indiana,
	County Indiana (state), and
	ounty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ Leonard Maynard	Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	5-23-97 (date).
	Sharan Diggs
	SignedClerk
	HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No D A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. Doulos MALE APPLICANT **FEMALE APPLICANT** Last Marriage Ended By Death Divorce 🗌 Annulment Death Divorce 🗌 Last Marriage Ended By: Date of birth verified by: Birth Certificate Other (Specify) runse No. No Yes Yes 🗌 No 🗌 Yes 🗌 No 🗌 Yes 🗌 No D No Yes 🔲 Yes 🗌 No D Yes 🗌 No D Yes 🗌 No A Yes 🔲 Not Yes 🗌 ndrana ndiana **ACKNOWLEDGMENT ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases edge that I have received information regarding dangerous communicable diseases Clerk of Court Clerk of Court State of Indiana HENDRICKS Circuit Court HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in_ authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated 5-9-97, authorizing the marriage of Ryan Andrew Hera and Jodi Lynn Bratcher. I further certify that the County, Indiana, authorizing the marriage of _ Ryan Andrew Herald I, Leonard Maynard . I further certify that the following marriage certificate was filed in my office:

(date).

June 7, 1997

County, Indiana, dated 5-9-97

(state) were married by me as authorized

Clerk Circuit Court

County, Indiana,

_(state), and _

(official designation)

_ (name), certify that on _

Hendricks

Indiana

Indiana

Minister

6-12-97

County _

County.

Hendricks

(date), at Brownsbu: Ryan Andrew Herald

Jodi Lynn Bratcher

Brownsburg

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

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

/s/ Leonard Maynard

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No A A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician _ IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** No X No. Yes 🗌 Yes 🗌 No 🗌 Yes 🔲 Yes 🗌 NoB Yes 🔲 Yes 🔲 Yes 🗌 Yes 🗌 No Yes Yes 🗌 ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court Clerk of Court CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN the parents of this applicant, hereby give consent for this marriage. If only one parent signs, HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued_ and filed in_ , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of _, authorizing the marriage of ____ Brandon Michael Harrison dated ____5-12-97 Sara Dianne Martin __. I further certify that the following marriage certificate was filed in my office:

_____ (name), certify that on ______ June 7, 1997 Andrew Kinsey ___ (name), certify that on ___ n __ Hendricks Brownsburg (date), at _ _ County, Indiana,_ Brandon Michael Harrison of Hendricks County __ Indiana _(state), and _ Sara Dianne Martin __ of__ Hendricks _ County_ Indiana (state) were married by me as authorized

_County, Indiana, dated __5-12-97

(official designation)

(date).

Minister

6-10-97

Signed .

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

Signed by: /s/ Andrew Kinsey

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

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 59

Date of Application

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

Female Applicant 50 No 🗆 Yes 🗆 If No, Medical Examination or Report Dated 4-5-97

Name of Physician 🔎 🍂

HENDRICKS

Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name // First // Middle // Last	Name First Middle Last
Tonald day Martin	Jovi Lynn Poor
Date of Birth Mortily 1 - 2 6 - 58	Date of Birth Month (1-3-59)
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
13500 henal parkway-Art HOD Little Rock, aR	204 Friendship St. Jawa City, IA 52243
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 1986
Date of birth verified by: Birth Certificate Sother (Specify)	Date of birth verified by: Birth Certificate Nother (Specify)
A Drivers greens	1 store guesse
- AR	Iowa
1. Are you now or have you ever been adjudged to be of unsound mind? Note Yes □	Are you now or have you ever been adjudged to be of unsound mind? No. Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? Note: Yes:	Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes Yes Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children
1 . M M. t.	2.)11
6. (a) Full name of applicant's father ames Maris Marlin	6. (a) Full name of applicant's father Wallace Pour
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) Missipsippi	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother The Celeste Smith	(b) Full maiden name of applicant's mother phyllis Eilun Ke
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) January
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) 4 Notation
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant & RMale Day Martin Date 5-12-97	immune deficiency syndrome). Juri Lynn Port Date 5-, 2-
Signature of Applicant Date	Signature of Applicant Date
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	
State of Indiana) I swear/affirm that the information given county of HENDRICKS ss:	State of Indiana State of Indiana I swear/affirm that the information giver ss: in this application is true and correct
Signed X Complete Stry Walter	Signed A Jerri Lynn Poar
New Address 1911 ROSEWOOD BENTON AR 72015	New Address 1911 Rosewood, Benton AR 72015
guitscribed and sworn to before me this	Subscribed and sworm to before me this
Clerk of the HENDRICKS Circuit Court	Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS ss:	State of Indiana) HENDRICKS SS:
Father ID #	County of TEMPORES) Father ID #
Mother ID #	MotherID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the chairs named action the
County	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	
I certify that there was filed in my office a marriage license issued by the Cladated, authorizing the marriage of	erk of the Circuit Court of HENDRICKS County, Indiana,
and Terri Lynn Poor, authorizing the marriage of	I further certify that the following marriage certificate was filed in my office:
	(name), certify that on _May 31, 1997
(date), at Camby	_ in Hendricks County, Indiana,
Ronald Jay Martin of Pulaski	County Arkansas (state), and
Terri Lynn Poor of Johnson Com	unty Towa (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ Charles W. Heavilin	Ministration County, Indiana, dated 5-12-97
Filed and recorded in accordance with the laws of the State of Indiana on	(date). (official designation)
The and recorded in decordance with the taws of the state of maidna on	
	Signed Shoros Ougax

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 5-12-97
Date of Application

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

Female Applicant 50 No Yes I If No, Medical Examination or Report Dated H-19-97 Name of Physician 19, fraganti

MALE APPLICANT	FEMALE APPLICANT
Name Robert First Edward Voice	Name Kimbuly Kay Middle Leonard
Date of Birth Month 1-17-56 Day Year	Date of Birth J- Month 9-15-64 Day
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Besidence Address Back Bla City County State Back Bla Franklin Johnson Iv
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Date of birth verified by: Birth Certificate Other (Specify) Windows Givense	Date of birth verified by: Birth Certificate Other (Specify) Drivers Jicesse
Are you now or have you ever been adjudged to be of unsound mind? No ✓ Yes ✓	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	. If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? Yes Yes Yes Yes Yes Yes Yes Yes	2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? Yes
Are you now under the influence of an alcoholic beverage? No Yes Yes No Yes	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father William Grant Voype II	6. (a) Full name of applicant's father Dase Favrest Leonard
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of father (State or foreign country)	Residence of father (if deceased, so state) Caugustia
(b) Full maiden name of applicant's mother Noncy Low Stalley	(b) Full maiden name of applicant's mother Mary Karen Duan
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country).
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant A Cut 4 Voya Date 3/n/97	Signature of Applicant Xunberly X. Jeanandate 5-12-97
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
New Address 505 S. Green St Brownshiere PN	New Address 505 & Blean at Brownshing In 4161
Subscribed and sworp to before me this 12 day of May , 19 97 40112	Subscribed and sworn to before me this 12 day of May 19 97
Sharan Quan Clerk of the HENDRICKS Circuit Court	Storon Dugar Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana	Charles of buildings
State of Indiana) County of HENDRICKS SS:	State of Indiana) County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	MotherID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me this day of, 19
	Clerk
County	A marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cla	
dated, authorizing the marriage of	Robert Edward Vorpe
and Kimberly Kay Leonard	I further certify that the following marriage certificate was filed in my office:
I, Harold L. Leininger II	(name), certify that on May 17, 1997
(date), atBrownsburg ofHendricks	inHendricks County, Indiana, CountyIndiana (state), and
	County Indiana (state), and unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 5-12-97
Signed by: /s/ Harold L. Leininger II	Minister (official designation) 5-30-97 (data)
Filed and recorded in accordance with the laws of the State of Indiana on	5-30-97 (date).
	Signed Haran Digger
	Signed Clerk HENDRICKS Circuit Court
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	Circuit Court