

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 170
Date of Application 4-11-00

IC 31-11-11-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the
circuit court when the person applies for a marriage license under
IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 3-30-00
Name of Physician Dr. Young

MALE APPLICANT

Name Matthew Scott Bruner
Date of Birth 7-27-75
Place of Birth (State or foreign country) Indiana
Residence Address 1206 Almond Dr. P.O. Box 468
City Hendricks State IN
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____
Drivers License

- Are you now 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. NO
- (a) Full name of applicant's father Larry Eugene Bruner
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Marcia Ann Bassett
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name Courtney Marie Newsome
Date of Birth 1-14-77
Place of Birth (State or foreign country) Illinois
Residence Address 1206 Almond Dr. P.O. Box 468
City Hendricks State IN
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____
Drivers License

- Are you now 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. _____
- (a) Full name of applicant's father Charles Buckley Newsome
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Kentucky
(b) Full maiden name of applicant's mother Finda Kay Starnes
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Washington State

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Matthew Bruner Date 4-11-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Courtney Marie Newsome Date 4-11-00

The 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 Matthew Bruner
New Address Same
Subscribed and sworn to before me this 11 day of April 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

State of Indiana)
County of Hendricks)
Signed Courtney Marie Newsome
New Address SAME
Subscribed and sworn to before me this 11 day of April 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 4-11-00, authorizing the marriage of Matthew Scott Bruner and Courtney Marie Newsome.
I further certify that the following marriage certificate was filed in my office: I, Stevan W. Ranson (name), certify that on April 15, 2000 (date), at Hazelwood in Hendricks County, Indiana, Matthew Scott Bruner of Hendricks County, Indiana (state), and Courtney Marie Newsome of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 4-11-00. Signed by: /s/ Stevan W. Ranson Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 4-26-00 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

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Page 171
Date of Application 4-12-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 3-12-00
Name of Physician Dr. Mand

MALE APPLICANT

Name First Middle Last
Jeffrey Huston Wesley

Date of Birth Month Day Year
2-13-72

Place of Birth (State or foreign country)
Indiana 46222

Residence Address Street or R.R. City County State
728 N Exeter Ave Jordan Indpls IN 46222

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

Last Marriage Ended By: Death Divorce Annulment Date 1997

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 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children.
- (a) Full name of applicant's father James Lloyd Wesley
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) South Carolina
Birthplace of father (State or foreign country) Kentucky
(b) Full maiden name of applicant's mother Jacquelyn McBeth
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name First Middle Last
Tammy Elizabeth Burrows

Date of Birth Month Day Year
10-22-76

Place of Birth (State or foreign country)
Indiana 46223

Residence Address Street or R.R. City County State
409 Swenberry Court Avon Indpls IN 46223

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

Last Marriage Ended By: Death Divorce Annulment Date

Date of Birth Verified By: Birth Certificate Other (Specify)

Drivers License

- Are you now 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children.
- (a) Full name of applicant's father Colbin Dean Burrows
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Jay Nell Waldrop
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Kentucky

ACKNOWLEDGEMENT

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

Signature of Applicant Jeffrey H Wesley Date 4-12-00

ACKNOWLEDGEMENT

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

Signature of Applicant Tammy Burrows Date 4-12-00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Jeffrey H Wesley
New Address 728 N Exeter Ave Indpls IN 46222
Subscribed and sworn to before me this 12 day of April 2000
Harold Dugan Clerk of the Hendricks-Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Tammy Burrows
New Address 728 N Exeter Avenue Jordan Indpls IN 46222
Subscribed and sworn to before me this 12 day of April 2000
Harold Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 4-12-00 authorizing the marriage of Jeffrey Huston Wesley and Tammy Elizabeth Burrows. I further certify that the following marriage certificate was filed in my office: I, Susan D. Link (name), certify that on April 12, 2000 (date), at Danville in Hendricks County, Indiana, Jeffrey Huston Wesley of Marion County, Indiana (state), and Tammy Elizabeth Burrows of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 4-12-00. Signed by: /s/ Susan D. Link, 1st Deputy Clerk (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 4-12-00 (date).

Signed Harold Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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Indiana State Board of
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Page 172
Date of Application 4-13-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 4-13-00
Name of Physician Dr. Joper

MALE APPLICANT

Name: First Jeffrey Middle Curtis Last Davis
Date of Birth: Month 7 Day 10 Year 55
Place of Birth (State or foreign country) Ohio
Residence Address: Street or R.R. 5101 Brook Court City Danville County Hendricks State IN
Previous Marital Status: Never Married OR No. of Previous Marriages 3
Last Marriage Ended By: Death Divorce Annulment Date 1997
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 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. NO
- (a) Full name of applicant's father Richard Curtis Davis
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) deceased
Birthplace of father (State or foreign country) Ohio
(b) Full maiden name of applicant's mother Edith June Spaka
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Virginia

FEMALE APPLICANT

Name: First Tina Middle K Last Cimmerman
Date of Birth: Month 12 Day 20 Year 58
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 9153 Crawfordsville City Clement County Marion State IN
Previous Marital Status: Never Married OR No. of Previous Marriages 1
Last Marriage Ended By: Death Divorce Annulment Date 1994
Date of Birth Verified By: Birth Certificate Other (Specify) Drivers License

- Are you now 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. Lindsay Rene Cimmerman
- (a) Full name of applicant's father George Dale Costlyou
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Peggy Ann Jaber
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [Signature] Date 4-13-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [Signature] Date 4-13-00

The 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) I swear/affirm that the information given in this application is true and correct.
Signed [Signature]
New Address 4101 Talon Ln, Grapples, IN 46234
Subscribed and sworn to before me this 13 day of April 2000
[Signature] Clerk of the Hendricks Circuit Court

State of Indiana)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.
Signed [Signature]
New Address 4101 Talon Ln, Grapples, IN 46234
Subscribed and sworn to before me this 13 day of April 2000
[Signature] Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 4-13-00, authorizing the marriage of Jeffery Curtis Davis and Tina K. Cimmerman.
I further certify that the following marriage certificate was filed in my office: I, John H. Sichting (name), certify that on June 3, 2000 (date), at Mooresville in Morgan County, Indiana, Jeffery Curtis Davis of Hendricks County, Indiana (state), and Tina K. Cimmerman of Marion County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 4-13-00. Signed by: /s/ John H. Sichting Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 6-15-00 (date).

Signed [Signature] Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
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Page 173
Date of Application 7-14-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 4-7-00
Name of Physician Dr. Columbia, M.D.

MALE APPLICANT

Name: Rafael Phillippe Crumbley
Date of Birth: 8-11-71
Place of Birth: Alabama 46123
Residence Address: 1046 Stillwell Dr. Avon, Indiana
Previous Marital Status: Never Married OR No. of Previous Marriages 1
Last Marriage Ended By: Death Divorce Annulment Date 1995
Date of Birth Verified By: Birth Certificate Other (Specify)

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 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
- List the full names of any dependent children. NO
- (a) Full name of applicant's father Harold Crumbley
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Alabama
Birthplace of father (State or foreign country) Alabama
(b) Full maiden name of applicant's mother Carolyn Houston
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Alabama
Birthplace of mother (State or foreign country) Alabama

FEMALE APPLICANT

Name: Kristi Maria Thomas
Date of Birth: 6-18-75
Place of Birth: Alabama 35903
Residence Address: 1631 Baber Ave Gadsden Etowah, Alabama
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify)

Drivers License

- Are you now 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. Texas Lambert Thomas
- (a) Full name of applicant's father Wilke Joe Thomas
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Alabama
Birthplace of father (State or foreign country) Alabama
(b) Full maiden name of applicant's mother Enenia Ayers
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Alabama
Birthplace of mother (State or foreign country) Alabama

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [Signature] Date 4/14/00

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [Signature] Date 4/14/00

The 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 [Signature]
New Address 1046 Stillwell Dr. Avon, IN 46123
Subscribed and sworn to before me this 14 day of April 2000
Harold Dugan Clerk of the Hendricks Circuit Court

I swear/affirm that the information given in this application is true and correct.
Signed [Signature]
New Address 1046 Stillwell Dr. Avon, IN 46123
Subscribed and sworn to before me this 14 day of April 2000
Harold Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for 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 _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 4-14-00, authorizing the marriage of Rafael Phillippe Crumbley and Kristi Maria Thomas. I further certify that the following marriage certificate was filed in my office: I, Bradley E. Oldham (name), certify that on April 14, 2000 (date), at Indianapolis in Marion County, Indiana, Rafael Phillippe Crumbley Hendricks County, Indiana (state), and Kristi Maria Thomas of Etowah County, Alabama (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 4-14-00. Signed by: /s/ Bradley E. Oldham, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 5-18-00 (date).

Signed Harold Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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Date of Application 7-14-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 3-30-00
Name of Physician Dr. Osthimer

MALE APPLICANT

Name: Justen Andrew Gibbens
Date of Birth: 11-5-75
Place of Birth: Indiana 47857
Residence Address: 9347 N Weaver P.O. Box 119 Knightsville Clay IN
Previous Marital Status: Never Married OR No. of Previous Marriages: _____
Last Marriage Ended By: Death Divorce Annulment Date: _____
Date of Birth Verified By: Birth Certificate Other (Specify) Drivers License

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

6. (a) Full name of applicant's father: Perry Dee Gibbens
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother: Sandra Kay Phlegger
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: Elizabeth Ann Jenkins
Date of Birth: 8-1-74
Place of Birth: Indiana 46168
Residence Address: 250 N East St #314 P.O. Box 119 Knightsville IN
Previous Marital Status: Never Married OR No. of Previous Marriages: _____
Last Marriage Ended By: Death Divorce Annulment Date: _____
Date of Birth Verified By: Birth Certificate Other (Specify) Drivers License

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

6. (a) Full name of applicant's father: William Dale Jenkins
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother: Sherry Lynn Jehu
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Justen A. Gibbens Date 4-14-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Elizabeth A. Jenkins Date 4-14-00

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

State of Indiana)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.
Signed Justen A. Gibbens
New Address 109 Villa Court Brazil IN 47834
Subscribed and sworn to before me this 14 day of April 2000
Harold Dugan Clerk of the 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 _____ Date _____

State of Indiana)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.
Signed Elizabeth A. Jenkins
New Address 109 Villa Ct. Brazil, IN 47834
Subscribed and sworn to before me this _____ day of _____ 2000
Harold Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

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

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 4-14-00, authorizing the marriage of Justen Andrew Gibbens and Elizabeth Ann Jenkins.
I further certify that the following marriage certificate was filed in my office: I, Tom Whitesel (name), certify that on April 29, 2000 (date), at Indianapolis in Hendricks County, Indiana, Justen Andrew Gibbens of Clay County, Indiana (state), and Elizabeth Ann Jenkins of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 4-14-00. Signed by: /s/ Tom Whitesel Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 5-2-00 (date).

Signed Harold Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 175
Date of Application 4-14-00

IC 31-11-11-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the
circuit court when the person applies for a marriage license under
IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 4-14-00
Name of Physician D. Seab

MALE APPLICANT

Name: Chad Leitzman Culbertson
Date of Birth: 6-11-80
Place of Birth: Indiana 46103
Residence Address: 4896 Pearl St. P.O. Box 177 Amo Hendricks IN
Previous Marital Status: Never Married OR No. of Previous Marriages: _____
Last Marriage Ended By: Death Divorce Annulment Date: _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____

Drivers License

- Are you now 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. _____
- (a) Full name of applicant's father: Richard Allen Culbertson
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother: Julie Kay Leitzman
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: Cristy Lynn Hardman
Date of Birth: 3-15-80
Place of Birth: Indiana 46103
Residence Address: P.O. Box 177 Amo Hendricks IN
Previous Marital Status: Never Married OR No. of Previous Marriages: 1
Last Marriage Ended By: Death Divorce Annulment Date: 1999
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 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. Nathaniel Lee Bugis-Hardman
- (a) Full name of applicant's father: Paul Simms
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Tennessee
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother: Debbie Lynn Bugis
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Chad Culbertson Date: 4-14-00

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Cristy Hardman Date: 4-14-00

The 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: Chad Culbertson
New Address: Same
Subscribed and sworn to before me this 14 day of April 2000
Clerk of the Hendricks Circuit Court: Harold Dugan

I swear/affirm that the information given in this application is true and correct.
Signed: Cristy Hardman
New Address: Same
Subscribed and sworn to before me this 14 day of April 2000
Clerk of the Hendricks Circuit Court: Harold Dugan

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for 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 _____ Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 4-14-00, authorizing the marriage of Chad Leitzman Culbertson and Cristy Lynn Hardman (name). I further certify that the following marriage certificate was filed in my office: I, Robert Garris (name), certify that on May 6, 2000 (date), at Camby in Hendricks County, Indiana County, Indiana (state), and Cristy Lynn Hardman of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 4-14-00. Signed by: /s/ Robert E. Garris Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 5-10-00 (date).

Signed Harold Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
 Indiana State Board of
 Health under Authority
 of IC 31-11-4-4

Book 63
 Page 176
 Date of Application 4-14-00

IC 31-11-1. Furnishing false information upon applying for license.
 A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
 If No, Medical Examination or Report Dated 4-11-00
 Name of Physician M. Abshive

MALE APPLICANT

Name First Middle Last
Ralph Michael Dodds
 Date of Birth Month Day Year
4-6-67
 Place of Birth (State or foreign country)
Indiana 46123
 Residence Address Street or R.R. City County State
8364 Captain Dr. Avon Hanks In
 Previous Marital Status: Never Married OR No. of Previous Marriages 1
 Last Marriage Ended By: Death Divorce Annulment Date 1999
 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 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children.
None
- (a) Full name of applicant's father Ralph McMillan Dodds
 (If adopted, list adoptive parents only)
 Residence of father (if deceased, so state) Indiana
 Birthplace of father (State or foreign country) Alabama
 (b) Full maiden name of applicant's mother Linda Jeanine Gowan
 (If adopted, list adoptive parents only)
 Residence of mother (if deceased, so state) Indiana
 Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name First Middle Last
Debra Eileen LaCroix
 Date of Birth Month Day Year
6-1-64
 Place of Birth (State or foreign country)
Indiana 46123
 Residence Address Street or R.R. City County State
8364 Captain Dr. Avon Hanks In
 Previous Marital Status: Never Married OR No. of Previous Marriages 2
 Last Marriage Ended By: Death Divorce Annulment Date 1999
 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 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children.
Jeremy Daniel LaCroix
Christina Nicole LaCroix
- (a) Full name of applicant's father Stanley Ryan Rumpke
 (If adopted, list adoptive parents only)
 Residence of father (if deceased, so state) Indiana
 Birthplace of father (State or foreign country) Indiana
 (b) Full maiden name of applicant's mother Martha Lucille Bobb
 (If adopted, list adoptive parents only)
 Residence of mother (if deceased, so state) Texas
 Birthplace of mother (State or foreign country) Oregon

ACKNOWLEDGEMENT
 I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
 Signature of Applicant Ralph M Dodds Date 4-14-00

ACKNOWLEDGEMENT
 I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
 Signature of Applicant Debra E LaCroix Date 4-14-00

The 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) I swear/affirm that the information given
 County of Hendricks) in this application is true and correct.
 Signed Ralph M Dodds
 New Address Same
 Subscribed and sworn to before me this 14 day of April 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
 County of Hendricks) in this application is true and correct.
 Signed Debra E LaCroix
 New Address Same
 Subscribed and sworn to before me this 14 day of April 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
 We, the parents of this applicant, hereby give consent for 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 _____
 _____ Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
 We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
 State of Indiana)
 County of Hendricks)
 Father _____ ID # _____
 Mother _____ ID # _____
 Subscribed and sworn to before me this _____ day of _____
 _____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
 I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 4-14-00, authorizing the marriage of Ralph Michael Dodds and Debra Eileen LaCroix.
 I further certify that the following marriage certificate was filed in my office: I, Jerry Habig (name), certify that on April 22, 2000 (date), at Indianapolis in Marion County, Indiana, Ralph Michael Dodds of Hendricks County, Indiana (state), and Debra Eileen LaCroix of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 4-14-00. Signed by: /s/ Jerry Haabig Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 4-26-00 (date).

Signed Sharon Dugan Clerk
 Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 177
Date of Application 4-17-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 4-7-00
Name of Physician Dr. Collicott

MALE APPLICANT

Name: Gary Albert Richardson
Date of Birth: 9-25-63
Place of Birth: Indiana 46173
Residence Address: 9032 E Co Rd 200 S Avon IN
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____
Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. NO
6. (a) Full name of applicant's father: James Albert Richardson
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother: Caryl Catherine Justice
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Illinois

FEMALE APPLICANT

Name: Rhonda Lynn Rogers
Date of Birth: 9-17-64
Place of Birth: Indiana 46168
Residence Address: 7866 Quail Ridge S Pfld Hendks IN
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____
Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. NO
6. (a) Full name of applicant's father: Stephen Richard Rogers
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother: Caryl Dean Thompson
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Gary A Richardson Date 4-17-2000

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Rhonda Rogers Date 4-17-2000

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Gary A Richardson
New Address SAME
Subscribed and sworn to before me this 17 day of April, 2000
Harold Dugan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Rhonda Rogers
New Address 9032 E. Co Rd 200 S. Avon IN 46123
Subscribed and sworn to before me this 17 day of April, 2000
Harold Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 4-17-00, authorizing the marriage of Gary Albert Richardson and Rhonda Lynn Rogers.
I further certify that the following marriage certificate was filed in my office: I, Stephen White (name), certify that on April 29, 2000 (date), at Plainfield in Hendricks County, Indiana, Gary Albert Richardson of Hendricks County, Indiana (state), and Rhonda Lynn Rogers of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 4-17-00. Signed by: /s/ Stephen White Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 5-2-00 (date).

Signed Harold Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
 Indiana State Board of
 Health under Authority
 of IC 31-11-4-4

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IC 31-11-11-1. Furnishing false information upon applying for license.
 A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
 If No, Medical Examination or Report Dated 4-1-00
 Name of Physician Dr. Pizzato

MALE APPLICANT

Name First Richard Middle John Last Howe
 Date of Birth Month 02 Day 28 Year 56
 Place of Birth (State or foreign country) Indiana
 Residence Address Street or R.R. City County State
18 Picadilly Road Brownsburg Hendricks IN
 Previous Marital Status: Never Married OR No. of Previous Marriages _____
 Last Marriage Ended By: Death Divorce Annulment Date _____
 Date of Birth Verified By: Birth Certificate Other (Specify) _____

FEMALE APPLICANT

Name First Suzanne Middle Karen Last Long
 Date of Birth Month 9 Day 25 Year 53
 Place of Birth (State or foreign country) Indiana
 Residence Address Street or R.R. City County State
18 Picadilly Rd. Brownsburg Hendricks IN
 Previous Marital Status: Never Married OR No. of Previous Marriages 1
 Last Marriage Ended By: Death Divorce Annulment Date 12-13-99
 Date of Birth Verified By: Birth Certificate Other (Specify) _____

driver's 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 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
- List the full names of any dependent children. NA

6. (a) Full name of applicant's father William Edward Howe
 (If adopted, list adoptive parents only) _____
 Residence of father (if deceased, so state) deceased
 Birthplace of father (State or foreign country) Indiana
 (b) Full maiden name of applicant's mother Carlyn Jane Barker
 (If adopted, list adoptive parents only) _____
 Residence of mother (if deceased, so state) deceased
 Birthplace of mother (State or foreign country) Indiana

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 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
- List the full names of any dependent children. NA

6. (a) Full name of applicant's father Grover Donald Puyear
 (If adopted, list adoptive parents only) _____
 Residence of father (if deceased, so state) Indiana
 Birthplace of father (State or foreign country) Indiana
 (b) Full maiden name of applicant's mother Thelma Laverne Shircliff
 (If adopted, list adoptive parents only) _____
 Residence of mother (if deceased, so state) Indiana
 Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
 Signature of Applicant Richard Howe Date 4/17/2000

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
 Signature of Applicant Suzanne K Long Date 4/17/00

The 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) I swear/affirm that the information given
 County of Hendricks) in this application is true and correct.
 Signed Richard Howe
 New Address same as above
 Subscribed and sworn to before me this 17th day of April, 2000
Harold Dugan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
 County of Hendricks) in this application is true and correct.
 Signed Suzanne K Long
 New Address same as above
 Subscribed and sworn to before me this 17th day of April, 2000
Harold Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for 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 _____
 _____ Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
 County of Hendricks)
 Father _____ ID # _____
 Mother _____ ID # _____
 Subscribed and sworn to before me this _____ day of _____
 _____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 4-17-00, authorizing the marriage of Richard John Howe and Suzanne Karen Long.
 I further certify that the following marriage certificate was filed in my office: I, Susan D. Link (name), certify that on April 17, 2000 (date), at Danville in Hendricks County, Indiana, Richard John Howe of Hendricks County, Indiana (state), and Suzanne Karen Long of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 4-17-00. Signed by: /s/ Susan D. Link 1st Deputy Clerk (official designation)
 Filed and recorded in accordance with the laws of the State of Indiana on 4-17-00 (date).

Signed Harold Dugan Clerk
 Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

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Date of Application 4-18-00

IC 31-11-11-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the
circuit court when the person applies for a marriage license under
IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 3-27-00
Name of Physician Dr. Boothe

MALE APPLICANT

Name: Richard Berry Boesch
Date of Birth: 9-20-55
Place of Birth: Arizona
Residence Address: 2383 E Main St. #41 City: P.O. Box 41 County: Hendricks State: IN
Previous Marital Status: Never Married OR No. of Previous Marriages: 1
Last Marriage Ended By: Death Divorce Annulment Date: 1976
Date of Birth Verified By: Birth Certificate Other (Specify) _____

Indiana ID

- Are you now 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. NO
- (a) Full name of applicant's father: Herman Berry Boesch
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): deceased
Birthplace of father (State or foreign country): Illinois
(b) Full maiden name of applicant's mother: Mary Jane Sawyer
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): Colorado

FEMALE APPLICANT

Name: Darlene Louise Holzmueller
Date of Birth: 9-30-65
Place of Birth: Ohio
Residence Address: 2383 E Main St. #41 City: P.O. Box 41 County: Hendricks State: IN
Previous Marital Status: Never Married OR No. of Previous Marriages: 1
Last Marriage Ended By: Death Divorce Annulment Date: 1997
Date of Birth Verified By: Birth Certificate Other (Specify) _____

Indiana ID

- Are you now 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. _____
- (a) Full name of applicant's father: Richard Monroe Hatfield
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): Ohio
Birthplace of father (State or foreign country): Ohio
(b) Full maiden name of applicant's mother: Pauline Louise Steward
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): Ohio
Birthplace of mother (State or foreign country): Ohio

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Richard Boesch Date: 4-18-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Darlene Holzmueller Date: 4-18-00

The 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)
I swear/affirm that the information given in this application is true and correct.
Signed: Sharon Dugan
New Address: _____
Subscribed and sworn to before me this 18 day of April 2000
Clerk of the Hendricks Circuit Court

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed: Darlene Holzmueller
New Address: _____
Subscribed and sworn to before me this 18 day of April 2000
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 4-18-00, authorizing the marriage of Richard Berry Boesch and Darlene Louise Holzmueller. I further certify that the following marriage certificate was filed in my office: I, Susan D. Link (name), certify that on April 19, 2000 (date), at Danville in Hendricks County, Indiana, Richard Berry Boesch of Hendricks County, Indiana (state), and Darlene Louise Holzmueller of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 4-18-00. Signed by: /s/ Susan D. Link, 1st Deputy Clerk (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 4-19-00 (date).

Signed: Sharon Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 180
Date of Application 4-18-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 4-13-00
Name of Physician Georgetown Medical Care

MALE APPLICANT

Name First Middle Last
William Edward Gerber Jr.

Date of Birth Month Day Year
12 16 75

Place of Birth (State or foreign country)
Germany Hendricks

Residence Address Street or R.R. City County State
8467 S County Rd 825 E Plainfield IN

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify)
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 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
- List the full names of any dependent children. NA
- (a) Full name of applicant's father William Edward Gerber Sr.
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Texas
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Joyce Ann Cooksey
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Texas
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name First Middle Last
Jennifer Lynn Williams

Date of Birth Month Day Year
2 13 79

Place of Birth (State or foreign country)
Indiana Hendricks

Residence Address Street or R.R. City County State
8467 S. County Rd 825 E Plainfield IN

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify)
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 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
- List the full names of any dependent children. NA
- (a) Full name of applicant's father James Michael Williams
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Ann Maire Patton
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

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

Signature of Applicant William E Gerber Jr. Date 04/18/00

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. _____ 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.
Signed William E Gerber Jr.
New Address SAME AS ABOVE
Subscribed and sworn to before me this 18th day of April 2000
Harold Dugas Clerk of the Hendricks Circuit Court

ACKNOWLEDGEMENT

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

Signature of Applicant Jennifer L Williams Date 04/18/00

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. _____ 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.
Signed Jennifer L Williams
New Address SAME AS ABOVE
Subscribed and sworn to before me this 18th day of April 2000
Harold Dugas Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 4-18-00, authorizing the marriage of William Edward Gerber, Jr and Jennifer Lynn Williams.
I further certify that the following marriage certificate was filed in my office: I, John C. Parsley (name), certify that on May 20, 2000 (date), at Plainfield in Hendricks County, Indiana, William Edward Gerber, Jr of Hendricks County, Indiana (state), and Jennifer Lynn Williams of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 4-18-00. Signed by: /s/ John C. Parsley Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 5-23-00 (date).

Signed Harold Dugas Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 181
Date of Application 4-19-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 4-6-00
Name of Physician Dr. Michelle Oakerson

MALE APPLICANT
Name First Middle Last
Randall Joseph Brucken
Date of Birth Month Day Year
6 12 74
Place of Birth (State or foreign country) Indiana 46268
Residence Address Street or R.R. City County State
6602 PIKE VIEW DR. INDPLS MARION IN
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify)

FEMALE APPLICANT
Name First Middle Last
Dennise Lin Perkins
Date of Birth Month Day Year
3 1 71
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. City County State
5746 E CR 200N DANVILLE HENDRICKS IN
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify)

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

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

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Randall J Brucken Date 4/19/00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Dennise Lin Perkins Date 4-19-2000

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Randall J Brucken
New Address 1741 Cunningham Rd. Speedway IN 46224
Subscribed and sworn to before me this 19th day of April, 2000
Harold Dugas Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Dennise Lin Perkins
New Address 1741 Cunningham Rd. Speedway, IN 46224
Subscribed and sworn to before me this 19th day of April, 2000
Harold Dugas Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 4-19-00, authorizing the marriage of Randall Joseph Brucken and Dennise Lin Perkins.
I further certify that the following marriage certificate was filed in my office: I, Joy Bilger Goehring (name), certify that on May 6, 2000 (date), at Avon in Hendricks County, Indiana, Randall Joseph Brucken of Marion County, Indiana (state), and Dennise Lin Perkins of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 4-19-00. Signed by: /s/ Joy Bilger Goehring Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 5-9-00 (date).

Signed Harold Dugas Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 182
Date of Application 4-19-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 4-17-00
Name of Physician Dr. Wance

MALE APPLICANT

Name: Kevin Arthur Hechinger
Date of Birth: 8-2-70
Place of Birth: Indiana
Residence Address: 2289 S Ct Rd 1050E Indpls Hncks In
City: Indpls Hncks In County: 46231 State: 46231
Previous Marital Status: Never Married OR No. of Previous Marriages: 1
Last Marriage Ended By: Death Divorce Annulment Date: 1996
Date of Birth Verified By: Birth Certificate Other (Specify) Drivers License

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

FEMALE APPLICANT

Name: Pamela Sue Agey
Date of Birth: 12-11-71
Place of Birth: California
Residence Address: 2289 S Ct Rd 1050E Indpls Hncks In
City: Indpls Hncks In County: 46231 State: 46231
Previous Marital Status: Never Married OR No. of Previous Marriages: 1
Last Marriage Ended By: Death Divorce Annulment Date: 1996
Date of Birth Verified By: Birth Certificate Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. James Raymond Agey
6. (a) Full name of applicant's father: Roger Dale Fuller
(If adopted, list adoptive parents only) California
Residence of father (if deceased, so state) California
Birthplace of father (State or foreign country) California
(b) Full maiden name of applicant's mother: Blondie Jean Urquilla
(If adopted, list adoptive parents only) Arizona
Residence of mother (if deceased, so state) Arizona
Birthplace of mother (State or foreign country) Nebraska

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [Signature] Date 4-19-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [Signature] Date 4/19/00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed [Signature]
New Address Same
Subscribed and sworn to before me this 19 day of April 2000
[Signature] Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed [Signature]
New Address Same
Subscribed and sworn to before me this 19 day of April 2000
[Signature] Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 4-19-00, authorizing the marriage of Kevin Arthur Hechinger and Pamela Sue Agey.
I further certify that the following marriage certificate was filed in my office: I, Paul T. Jump (name), certify that on April 29, 2000 (date), at Indianapolis in Marion County, Indiana, Kevin Arthur Hechinger of Hendricks County, Indiana (state), and Pamela Sue Agey of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 4-19-00. Signed by: /s/ Paul T. Jump Ordained Elder (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 5-2-00 (date).

Signed [Signature] Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 183
Date of Application 4-20-00

IC 31-11-1-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

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

MALE APPLICANT

Name First Middle Last
Fredric Oren Archer

Date of Birth Month Day Year
3-30-35

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
778 Lodge Drive Inside Hooks In 46231

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

Last Marriage Ended By: Death Divorce Annulment Date 1998

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 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
- Are you now under the influence of an alcoholic beverage? No 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 Oren Clifford Archer
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) deceased
Birthplace of father (State or foreign country) Indiana

(b) Full maiden name of applicant's mother Imogene Hicks
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) deceased
Birthplace of mother (State or foreign country) Kentucky

FEMALE APPLICANT

Name First Middle Last
Delora Ann Little

Date of Birth Month Day Year
12-28-43

Place of Birth (State or foreign country)
Ohio

Residence Address Street or R.R. City County State
9530 E CORN 300N Whitestown Boone In 46075

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

Last Marriage Ended By: Death Divorce Annulment Date 1986

Date of Birth Verified By: Birth Certificate Other (Specify)

Drivers License

- Are you now 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
- 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 George Evans
(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 Beatrice Amy Durham
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Fredric O Archer Date 4/20/00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Delora Ann Little Date 4-20-00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Fredric O Archer
New Address 778 Lodge Dr. Indpls In 46231
Subscribed and sworn to before me this 20 day of April 2000
Harold Dugan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Delora Ann Little
New Address 778 Lodge Drive Indpls In 46231
Subscribed and sworn to before me this 20 day of April 2000
Harold Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 4-20-00, authorizing the marriage of Fredric Oren Archer and Delora Ann Little.
I further certify that the following marriage certificate was filed in my office: I, Roberta White (name), certify that on May 13, 2000 (date), at Indianapolis in Marion County, Indiana, Fredric Oren Archer of Hendricks County, Indiana (state), and Delora Ann Little of Boone County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 4-20-00. Signed by: /s/ Roberta White Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 5-22-00 (date).

Signed Harold Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

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Date of Application 4-20-00

IC 31-11-11-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 5-87
Name of Physician Dr. Gausless

MALE APPLICANT

Name: Timothy Walter Butler
Date of Birth: 6 / 12 / 55
Place of Birth: Indiana
Residence Address: 5445 CR N 1000 E Brownsburg Hendricks In
Previous Marital Status: Never Married OR No. of Previous Marriages 2
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____
Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father: John R. Butler
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother: Hazel M. King
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: Janet Elaine Messer
Date of Birth: 2 / 22 / 57
Place of Birth: Indiana
Residence Address: 5445 CR N 1000 E Brownsburg Hendricks In
Previous Marital Status: Never Married OR No. of Previous Marriages 1
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____
Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children: Dustin Walter Messer
Brittany Mae Messer
6. (a) Full name of applicant's father: Clyde Andrew Maar
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother: Dorothy Mae Koester
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [Signature] Date 4-20-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [Signature] Date 4-20-00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed [Signature]
New Address Same as Above
Subscribed and sworn to before me this 20 day of April
[Signature] Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed [Signature]
New Address Same as Above
Subscribed and sworn to before me this 20 day of April
[Signature] Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 4-20-00, authorizing the marriage of Timothy Walter Butler and Janet Elaine Messer.
I further certify that the following marriage certificate was filed in my office: I, Dr. James Edward Rudiger (name), certify that on April 22, 2000 (date), at Indianapolis in Marion County, Indiana, Timothy Walter Butler of Hendricks County, Indiana (state), and Janet Elaine Messer of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 4-20-00. Signed by: /s/ Dr. James Edward Rudiger Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 4-26-00 (date).

Signed [Signature] Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 185
Date of Application 4-20-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 2-24-00
Name of Physician Dr. Fletcher

MALE APPLICANT

Name First Middle Last
Ryan Jon Lykins

Date of Birth Month Day Year
8-13-76

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
10148 Fairmount Dr. Apts 5 Avon Ind 46123

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

Last Marriage Ended By: Death Divorce Annulment Date 1997

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 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children.
NO
- (a) Full name of applicant's father Jon Curtis Lykins
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Teresa Lynn Beatty
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name First Middle Last
Beth Ann Werner

Date of Birth Month Day Year
5-16-72

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
10148 Fairmount Dr. Apts 5 Avon Ind 46123

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify)

Drivers License

- Are you now 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children.
NO
- (a) Full name of applicant's father David Arthur Werner
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) deceased
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Francis Iris Novis
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Mississippi
Birthplace of mother (State or foreign country) Illinois

ACKNOWLEDGEMENT

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

Signature of Applicant [Signature] Date 4-20-00

ACKNOWLEDGEMENT

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

Signature of Applicant [Signature] Date 4-20-00

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

Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed [Signature]
New Address SAME
Subscribed and sworn to before me this 20 day of April 2000
[Signature] Clerk of the 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 _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed [Signature]
New Address SAME
Subscribed and sworn to before me this 20 day of April 2000
[Signature] Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 4-20-00, authorizing the marriage of Ryan Jon Lykins and Beth Ann Werner.

I further certify that the following marriage certificate was filed in my office: I, Benita Fox (name), certify that on June 9, 2000 (date), at Nashville in Brown County, Indiana, Ryan Jon Lykins of Hendricks County, Indiana (state), and Beth Ann Werner of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 4-20-00. Signed by: /s/ Benita Fox Clerk of Brown Circuit Court (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 6-20-00 (date).

Signed [Signature] Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 186
Date of Application 4-24-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

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

MALE APPLICANT

Name: William Alfred McCarty
Date of Birth: 5-5-32
Place of Birth: Indiana 46234
Residence Address: 2083 Wanessa Dr. Judge Anderson
Previous Marital Status: Never Married OR No. of Previous Marriages: 1
Last Marriage Ended By: Death Divorce Annulment Date: 1995
Date of Birth Verified By: Birth Certificate Other (Specify) _____
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 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
- List the full names of any dependent children. _____
- (a) Full name of applicant's father: Frank Francis McCarty
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): deceased
Birthplace of father (State or foreign country): _____
(b) Full maiden name of applicant's mother: Helen McKinnely
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): deceased
Birthplace of mother (State or foreign country): _____

FEMALE APPLICANT

Name: Barbara Jean Perkins
Date of Birth: 10-30-34
Place of Birth: Indiana 46234
Residence Address: 2083 Wanessa Dr. Judge Anderson
Previous Marital Status: Never Married OR No. of Previous Marriages: 2
Last Marriage Ended By: Death Divorce Annulment Date: 1999
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 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. _____
- (a) Full name of applicant's father: Glen Crapstick
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): deceased
Birthplace of father (State or foreign country): Indiana
(b) Full maiden name of applicant's mother: Eva May Vedette
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): deceased
Birthplace of mother (State or foreign country): Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: William a m carty Date: 4-24-00

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. _____ 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.
Signed: William a m carty
New Address: SAME
Subscribed and sworn to before me this 24 day of April 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Barbara J Perkins Date: 4-24-00

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. _____ 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.
Signed: Barbara J Perkins
New Address: SAME
Subscribed and sworn to before me this 24 day of April 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 4-24-00, authorizing the marriage of William Alfred McCarty and Barbara Jean Perkins. I further certify that the following marriage certificate was filed in my office: I, Sharon Dugan (name), certify that on April 24, 2000 (date), at Danville in Hendricks County, Indiana, William Alfred McCarty of Hendricks County, Indiana (state), and Barbara Jean Perkins of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 4-24-00. Signed by: /s/ Sharon Dugan Hendricks County Clerk (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 4-24-00 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 187
Date of Application 4-24-00

IC 31-11-11-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the
circuit court when the person applies for a marriage license under
IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 4-21-00
Name of Physician Dr. Fletcher

MALE APPLICANT

Name Christopher Michael Cooke
Date of Birth 7-2-72
Place of Birth (State or foreign country) Indiana
Residence Address 109 Ben Hur St. Ligon Hanks In
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) Drivers License

- Are you now 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. _____
- (a) Full name of applicant's father Peroy Allen Cooke
(If adopted, list adoptive parents only) _____
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 Kathryn Bradshaw
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name Sarah Marie Graham
Date of Birth 6-23-77
Place of Birth (State or foreign country) North Carolina
Residence Address 109 Ben Hur St. Ligon Hanks In
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) Drivers License

- Are you now 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. _____
- (a) Full name of applicant's father David Eugene Graham
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Donna Marie Linton
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [Signature] Date 4-24-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Sarah Marie Graham Date 4/24/2000

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed [Signature]
New Address same
Subscribed and sworn to before me this 24 day of April 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Sarah Marie Graham
New Address same
Subscribed and sworn to before me this 24 day of April 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 4-24-00, authorizing the marriage of Christopher Michael Cooke and Sarah Marie Graham.
I further certify that the following marriage certificate was filed in my office: I, Richard A. Alstott (name), certify that on May 20, 2000 (date), at Pittsboro in Hendricks County, Indiana, Christopher Michael Cooke Hendricks County, Indiana (state), and Sarah Marie Graham of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 4-24-00. Signed by: /s/ Richard A. Alstott, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 5-23-00 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 188
Date of Application 4-26-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination of Report Dated _____
Name of Physician Dr. Mierwiler

MALE APPLICANT
Name Philip Joseph Nowling
Date of Birth 9 13 57
Place of Birth Indiana
Residence Address 317 Wayside Dr. Plainfield Hendricks In
Previous Marital Status: Never Married OR No. of Previous Marriages 1
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____

FEMALE APPLICANT
Name Tanya Rene Enslin
Date of Birth 11 14 69
Place of Birth Indiana
Residence Address 317 Wayside Dr. Plainfield Hendricks In
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____

Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children Stephanie Ann Nowling, Jeremiah Joseph Nowling, Jason Keith Nowling, Natalie Nicole Nowling
6. (a) Full name of applicant's father Philip Glenn Nowling
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Florida
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Jarret Sue Myers
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Florida
Birthplace of mother (State or foreign country) Illinois

Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children Nicole Rene Enslin, Tyler James Ryan
6. (a) Full name of applicant's father Earl Michael Enslin
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Cynthia Sue Colby
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Philip Joseph Nowling Date 4/26/2000

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Tanya R. Enslin Date 4/26/2000

The 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) I swear/affirm that the information given in this application is true and correct.
Signed Philip J. Nowling
New Address Same as Above
Subscribed and sworn to before me this 26 day of April
Harold Dugan Clerk of the Hendricks Circuit Court

State of Indiana)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.
Signed Tanya R. Enslin
New Address Same as Above
Subscribed and sworn to before me this 26 day of April
Harold Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 4-26-00, authorizing the marriage of Philip Joseph Nowling and Tanya Rene Enslin. I further certify that the following marriage certificate was filed in my office: I, Jerry L. Myers (name), certify that on May 6, 2000 (date), at Indianapolis in Marion County, Indiana, Philip Joseph Nowling of Hendricks County, Indiana (state), and Tanya Rene Enslin of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 4-26-00. Signed by: /s/ Jerry L. Myers Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 5-12-00 (date).

Signed Harold Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 63 Page 189 Date of Application 4-26-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No [] Yes [X] If No, Medical Examination or Report Dated 3-31-00 Name of Physician Dr. Karen Beard

MALE APPLICANT Name: David Eugene Barnes Date of Birth: 4/12/56 Place of Birth: Virginia, Hendricks Residence Address: 4530 Connaught W Dr Plainfield IN 46168

FEMALE APPLICANT Name: Annette Louise Curtis Date of Birth: 1/26/58 Place of Birth: Indiana, Hendricks Residence Address: 4526 Connaught W Dr Plainfield IN Previous Marital Status: Never Married

drivers license 1. Are you now or have you ever been adjudged to be of unsound mind? No [X] Yes [] 2. Are you related to the female applicant closer than second cousin? No [X] Yes []

drivers license 1. Are you now or have you ever been adjudged to be of unsound mind? No [X] Yes [] 2. Are you related to the male applicant closer than second cousin? No [X] Yes []

ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant David Barnes Date 4-26-00

ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Annette Curtis Date 4-26-00

The 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) I swear/affirm that the information given in this application is true and correct. Signed David Barnes New Address 4526 CONNAUGHT W. DR. PLEB. Subscribed and sworn to before me this 26th day of April, 2000 Sharon Dugax Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given in this application is true and correct. Signed Annette Curtis New Address same as above Subscribed and sworn to before me this 26th day of April, 2000 Sharon Dugax Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 4-26-00, authorizing the marriage of David Eugene Barnes and Annette Louise Curtis I further certify that the following marriage certificate was filed in my office: I, Myron Barnard (name), certify that on May 26, 2000 (date), at Indianapolis in Marion County, Indiana, David Eugene Barnes of Hendricks County, Indiana (state), and Annette Louise Curtis of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 4-26-00. Signed by: /s/ Myron Barnard Judge (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 6-15-00 (date).

Signed Sharon Dugax Clerk Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 190
Date of Application 4-26-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 4-20-00
Name of Physician Dr. Floyd

MALE APPLICANT

Name First Middle Last
Jimmie Lee Joslin, Jr.

Date of Birth Month Day Year
7-29-69

Place of Birth (State or foreign country)
Illinois

Residence Address Street or R.R. City County State
1348 Brownswood Dr. Brownswood Hendricks Ind 46112

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify) _____

Drivers License

- Are you now 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. _____
- (a) Full name of applicant's father Jimmie Lee Joslin, Sr.
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Illinois
Birthplace of father (State or foreign country) Illinois
(b) Full maiden name of applicant's mother Jennifer Sue Smith
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Illinois
Birthplace of mother (State or foreign country) Illinois

FEMALE APPLICANT

Name First Middle Last
Dorothy Louise Barrios

Date of Birth Month Day Year
12-5-70

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
1348 Brownswood Dr. Brownswood Hendricks Ind 46112

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

Last Marriage Ended By: Death Divorce Annulment Date 1992

Date of Birth Verified By: Birth Certificate Other (Specify) _____

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 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
- List the full names of any dependent children. _____
- (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 Barbara Lou Cole
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) deceased
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

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

Signature of Applicant [Signature] Date 4/26/00

ACKNOWLEDGEMENT

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

Signature of Applicant [Signature] Date Apr. 26, 2000

The 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) [Signature] I swear/affirm that the information given in this application is true and correct.
Signed [Signature]
New Address Same
Subscribed and sworn to before me this 26 day of April 2000
Harold Dugan Clerk of the Hendricks Circuit Court

State of Indiana)
County of Hendricks) [Signature] I swear/affirm that the information given in this application is true and correct.
Signed [Signature]
New Address Same
Subscribed and sworn to before me this 26 day of April 2000
Harold Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 4-26-00, authorizing the marriage of Jimmie Lee Joslin, Jr. and Dorothy Louise Barrios. I further certify that the following marriage certificate was filed in my office: I, Adam Kirtley (name), certify that on April 29, 2000 (date), at Speedway in Marion County, Indiana, Jimmie Lee Joslin, Jr. of Hendricks County, Indiana (state), and Dorothy Louise Barrios of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 4-26-00. Signed by: /s/ Adam Kirtley, Minister (official designation). Filed and recorded in accordance with the laws of the State of Indiana on 5-2-00 (date).

Signed [Signature] Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 191
Date of Application 4-27-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 4-25-00
Name of Physician Dr. DeCamp

MALE APPLICANT
Name: Bradley Alan Wilson
Date of Birth: 4-7-71
Place of Birth: Indiana
Residence Address: 282 N East Street P.O. Box 46168 Hendricks IN
Previous Marital Status: Never Married OR No. of Previous Marriages: 1
Last Marriage Ended By: Death Divorce Annulment Date: 1996
Date of Birth Verified By: Birth Certificate Other (Specify)

FEMALE APPLICANT
Name: Phaedra Christine Wilson
Date of Birth: 12-23-68
Place of Birth: Canada
Residence Address: 140 N Center St. P.O. Box 46168 Hendricks IN
Previous Marital Status: Never Married OR No. of Previous Marriages: 1
Last Marriage Ended By: Death Divorce Annulment Date: 1995
Date of Birth Verified By: Birth Certificate Other (Specify)

Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.
Katelyn Elaine Wilson
6. (a) Full name of applicant's father: Edward Thomas Wilson
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): Indiana
Birthplace of father (State or foreign country): Indiana
(b) Full maiden name of applicant's mother: Karen Elaine Hoffeditz
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): Indiana

Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.
Justin Anthony Bond-Wilson
Christiana Nicole Smith
6. (a) Full name of applicant's father: Onslow Parsons Wilson
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): Indiana
Birthplace of father (State or foreign country): British West Indies
(b) Full maiden name of applicant's mother: Marjorie Patricia Down Bond
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): Canada

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Bradley A Wilson Date: 4/27/00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Phaedra C. Wilson Date: 4/27/00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed: Bradley A Wilson
New Address: 140 N Center St
Subscribed and sworn to before me this 27 day of April 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed: Phaedra C. Wilson
New Address: Same
Subscribed and sworn to before me this 27 day of April 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 4-27-00, authorizing the marriage of Bradley Alan Wilson and Phaedra Christine Wilson. I further certify that the following marriage certificate was filed in my office: I, Paulette Frye (name), certify that on April 27, 2000 (date), at Danville in Hendricks County, Indiana, Bradley Alan Wilson of Hendricks County, Indiana (state), and Phaedra Christine Wilson of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 4-27-00. Signed by: /s/ Paulette Frye, Clerk-Treasurer (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 4-27-00 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 192
Date of Application 4-27-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 4-27-00
Name of Physician Dr. Kessler

MALE APPLICANT

Name First Middle Last
Joshua Daniel Ramsey

Date of Birth Month Day Year
12-2-73

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
420 E Rodney St. Brownsburg Hendricks IN 46112

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify) _____

Drivers License

- Are you now 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children.
Skylar Daniel Ramsey
Caleb Riley Ramsey
- (a) Full name of applicant's father Johnnie Daniel Ramsey
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Kentucky
(b) Full maiden name of applicant's mother Rita Faye Simpson
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name First Middle Last
Michelle Nicole Herbert

Date of Birth Month Day Year
11-17-75

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
420 E Rodney St. Brownsburg Hendricks IN 46112

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify) _____

Drivers License

- Are you now 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children.
Skylar Daniel Ramsey
Caleb Riley Ramsey
- (a) Full name of applicant's father Chris Allen Herbert
(If adopted, list adoptive parents only) _____
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 Joann Woodson
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Joshua D. Ramsey Date 4-27-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Michelle Herbert Date 4-27-00

The 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) I swear/affirm that the information given in this application is true and correct.
Signed Joshua D. Ramsey
New Address Same
Subscribed and sworn to before me this 27 day of April 2000
Harold Dugan Clerk of the Hendricks Circuit Court

State of Indiana)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.
Signed Michelle Herbert
New Address Same
Subscribed and sworn to before me this 27 day of April 2000
Harold Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated April 27, 2000, authorizing the marriage of Joshua Daniel Ramsey and Michelle Nicole Herbert. I further certify that the following marriage certificate was filed in my office: I, John L. Ross (name), certify that on June 24, 2000 (date), at Plainfield in Hendricks County, Indiana, Joshua Daniel Ramsey of Hendricks County, Indiana (state), and Michelle Nicole Herbert of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated April 24, 2000. Signed by: /s/ John L. Ross Ordained Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on June 28, 2000 (date).

Signed Harold Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 193
Date of Application 4-27-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 4-26-00
Name of Physician Dr. Kelly

MALE APPLICANT
Name First Middle Last Jason Adams Weaver
Date of Birth Month Day Year 12-24-78
Place of Birth (State or foreign country) Indiana 46234
Residence Address Street or R.R. City County State 2230 Wynbrooke Blvd Indianapolis Hendricks IN
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify)

FEMALE APPLICANT
Name First Middle Last Tamara Dawn Ours
Date of Birth Month Day Year 8-16-80
Place of Birth (State or foreign country) Indiana 46234
Residence Address Street or R.R. City County State 2230 Wynbrooke Blvd Indianapolis Hendricks IN
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify)

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

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

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Jason A Weaver Date 4/27/00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Tamara Ours Date 4/27/00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Jason A Weaver
New Address Dame
Subscribed and sworn to before me this 27 day of April 2000
Sharon Degan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Tamara Ours
New Address same
Subscribed and sworn to before me this 27 day of April 2000
Sharon Degan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 4-27-00, authorizing the marriage of Jason Adams Weaver and Tamara Dawn Ours.
I further certify that the following marriage certificate was filed in my office: I, Charles R. Kielhorn (name), certify that on June 10, 2000 (date), at Jasper in Dubois County, Indiana, Jason Adams Weaver of Hendricks County, Indiana (state), and Tamara Dawn Ours of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 4-27-00. Signed by: /s/ Charles R. Kielhorn Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 6-20-00 (date).

Signed Sharon Degan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 194
Date of Application 4-28-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 4-27-00
Name of Physician Dr. Gupta

MALE APPLICANT
Name: Keith Alan Twitty
Date of Birth: 6-26-79
Place of Birth: Indiana 46123
Residence Address: 7302 Woodside Dr. Avon, IN 46123
Previous Marital Status: Never Married

FEMALE APPLICANT
Name: Marcel Denise Pyles
Date of Birth: 7-14-81
Place of Birth: Indiana 46123
Residence Address: 6820 E Cord Road Avon, IN 46123
Previous Marital Status: Never Married

Drivers License
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 a narcotic drug? No Yes
5. List the full names of any dependent children. NO
6. (a) Full name of applicant's father: Richie Lynn Twitty
Residence of father: Indiana
Birthplace of father: Indiana
(b) Full maiden name of applicant's mother: Sandra Lois Pendry
Residence of mother: Indiana
Birthplace of mother: Michigan

Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. NO
6. (a) Full name of applicant's father: Jeffrey Colin Pyles
Residence of father: Pennsylvania
Birthplace of father: Pennsylvania
(b) Full maiden name of applicant's mother: Judy Lynn Brown
Residence of mother: Indiana
Birthplace of mother: Indiana

ACKNOWLEDGEMENT
Signature of Applicant: [Signature] Date: 4-28-00

ACKNOWLEDGEMENT
Signature of Applicant: Marcel D. Pyles Date: 4-28-00

The 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 _____

I swear/affirm that the information given in this application is true and correct.
Signed: [Signature]
New Address: 7397 Tassel Ct. Avon 46123
Subscribed and sworn to before me this 28 day of April 2000
Clerk of the Hendricks Circuit Court: [Signature]

I swear/affirm that the information given in this application is true and correct.
Signed: Marcel D. Pyles
New Address: 7397 Tassel Ct. Avon 46123
Subscribed and sworn to before me this 28 day of April 2000
Clerk of the Hendricks Circuit Court: [Signature]

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 4-28-00, authorizing the marriage of Keith Alan Twitty and Marcel Denise Pyles.
I further certify that the following marriage certificate was filed in my office: I, Elder Bruce G. Adamson (name), certify that on April 29, 2000 (date), at Indianapolis in Marion County, Indiana, Keith Alan Twitty of Hendricks County, Indiana (state), and Marcel Denise Pyles of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 4-28-00. Signed by: /s/ Elder Bruce G. Adamson Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 5-5-00 (date).

Signed: [Signature] Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 195
Date of Application 4-28-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 4-11-00
Name of Physician Dr. Fletcher

MALE APPLICANT

Name: David Allen Clapper
Date of Birth: 8-4-60
Place of Birth: Indiana 46234
Residence Address: 2167 Wanessa Dr. Indpls Hndcks Iv
Previous Marital Status: Never Married OR No. of Previous Marriages 1
Last Marriage Ended By: Death Divorce Annulment Date 1998
Date of Birth Verified By: Birth Certificate Other (Specify) Drivers License

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

FEMALE APPLICANT

Name: Carman Quin Green
Date of Birth: 7-1-68
Place of Birth: Indiana 46234
Residence Address: 2167 Wanessa Dr. Indpls Hndcks Iv
Previous Marital Status: Never Married OR No. of Previous Marriages 1
Last Marriage Ended By: Death Divorce Annulment Date 1994
Date of Birth Verified By: Birth Certificate Other (Specify) Drivers License

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

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant David A Clapper Date 4/28/00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Carman Green Date 4-28-00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed David A Clapper
New Address 3AMIZ
Subscribed and sworn to before me this 28 day of April 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Carman Green
New Address Sammy
Subscribed and sworn to before me this 28 day of April 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 4-28-00, authorizing the marriage of David Allen Clapper and Carman Quin Green.
I further certify that the following marriage certificate was filed in my office: I, Mark O'Hara (name), certify that on April 28, 2000 (date), at Brownsburg in Hendricks County, Indiana, David Allen Clapper of Hendricks County, Indiana (state), and Carman Quin Green of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 4-28-00. Signed by: /s/ Mark O'Hara Judge Pro-Tem (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 5-2-00 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

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Page 196
Date of Application 4-28-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

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

MALE APPLICANT

Name: Christian Edward Vaughan
Date of Birth: 12-2-55
Place of Birth: Indiana
Residence Address: 8301 Bittersweet Lane Brownsburg, IN 46112
Previous Marital Status: Never Married OR No. of Previous Marriages: 3
Last Marriage Ended By: Death Divorce Annulment Date: 1999
Date of Birth Verified By: Birth Certificate Other (Specify) Driver's License

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

6. (a) Full name of applicant's father: Vernon George Vaughan
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): Indiana
Birthplace of father (State or foreign country): Indiana
(b) Full maiden name of applicant's mother: Eleanor Lee Pardue
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): Indiana

FEMALE APPLICANT

Name: Marlene Ridener
Date of Birth: 7-4-57
Place of Birth: Indiana
Residence Address: 4171 Stoneridge Dr. Brownsburg, IN 46112
Previous Marital Status: Never Married OR No. of Previous Marriages: 1
Last Marriage Ended By: Death Divorce Annulment Date: 1991
Date of Birth Verified By: Birth Certificate Other (Specify) Driver's License

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

6. (a) Full name of applicant's father: Herbert Reintjes
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): Indiana
Birthplace of father (State or foreign country): Indiana
(b) Full maiden name of applicant's mother: Willette May Tuttle
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): deceased
Birthplace of mother (State or foreign country): Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Christian Edward Vaughan Date: 4-28-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Marlene Ridener Date: 4/28/00

The 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) I swear/affirm that the information given in this application is true and correct.
Signed: Christian Edward Vaughan
New Address: 4171 Stoneridge Dr Brownsburg, IN 46112
Subscribed and sworn to before me this 28 day of April, 2000
Harold Dugas Clerk of the Hendricks Circuit Court

State of Indiana)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.
Signed: Marlene Ridener
New Address: 4171 Stoneridge Dr Brownsburg, IN 46112
Subscribed and sworn to before me this 28 day of April, 2000
Harold Dugas Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 4-28-00, authorizing the marriage of Christian Edward Vaughan and Marlene Ridener.
I further certify that the following marriage certificate was filed in my office: I, Steven T. Reeves (name), certify that on May 6, 2000 (date), at Indianapolis in Marion County, Indiana, Christian Edward Vaughan of Brown County, Indiana (state), and Marlene Ridener of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 4-28-00. Signed by: /s/ Steven T. Reeves Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 5-9-00 (date).

Signed: Harold Dugas Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 197
Date of Application 4-28-00

IC 31-11-1-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 4-28-00
Name of Physician Dr. Duddy

MALE APPLICANT

Name: Marc Lowell Elam
Date of Birth: 11/25/78
Place of Birth: Illinois
Residence Address: 544 Fieldhurst Lane Plainfield Hendricks
Previous Marital Status: Never Married OR No. of Previous Marriages: _____
Last Marriage Ended By: Death Divorce Annulment Date: _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____
Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father: Lowell Douglas Elam
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): Indiana
Birthplace of father (State or foreign country): Kentucky
(b) Full maiden name of applicant's mother: Marianna Rowe
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): Kentucky

FEMALE APPLICANT

Name: Lana Renee Boyle
Date of Birth: 8/3/79
Place of Birth: Michigan
Residence Address: 915 Dover Dr. Apt. 1332 Greenwood Johnson
Previous Marital Status: Never Married OR No. of Previous Marriages: _____
Last Marriage Ended By: Death Divorce Annulment Date: _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____
Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father: Michael Leonard Boyle
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): Michigan
Birthplace of father (State or foreign country): Michigan
(b) Full maiden name of applicant's mother: Berita Elvete Fabente
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): Michigan
Birthplace of mother (State or foreign country): Michigan

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Marc Elam Date: 4/28/00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Lana R. Boyle Date: 4/28/00

The 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)
I swear/affirm that the information given in this application is true and correct.
Signed: Marc Elam
New Address: 915 Dover Dr. Greenwood In 46142
Subscribed and sworn to before me this 28 day of April
Sharon Dugan Clerk of the Hendricks Circuit Court

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed: Lana R. Boyle
New Address: Same as above
Subscribed and sworn to before me this 28 day of April
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk: _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father: _____ ID #: _____
Mother: _____ ID #: _____
Subscribed and sworn to before me this _____ day of _____
Clerk: _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 4-28-00, authorizing the marriage of Marc Lowell Elam and Lana Renee Boyle.
I further certify that the following marriage certificate was filed in my office: I, Stevan W. Ranson (name), certify that on May 1, 2000 (date), at Clayton in Hendricks County, Indiana, Marc Lowell Elam of Hendricks County, Indiana (state), and Lana Renee Boyle of Johnson County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 4-28-00. Signed by: /s/ Stevan W. Ranson Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 5-5-00 (date).

Signed: Sharon Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 63 Page 198 Date of Application 4-28-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No [X] Yes [] If No, Medical Examination or Report Dated 4-8-00 Name of Physician Dr. Nichols

MALE APPLICANT: Name Dennis Jason Haddix, Date of Birth 8-11-77, Residence Address 167 Sycamore St. Brownsville, IN 46112, Previous Marital Status Never Married [X]. Includes Drivers License section with questions about mental health, alcohol, and narcotics.

FEMALE APPLICANT: Name Mandy Renee Reid, Date of Birth 11-14-75, Residence Address 10882 Baberway Dr. Brownsburg, IN 46112, Previous Marital Status Never Married [X]. Includes Drivers License section with questions about mental health, alcohol, and narcotics.

ACKNOWLEDGEMENT: I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant [Signature] Date 4/28/00

ACKNOWLEDGEMENT: I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant [Signature] Date 4-28-00

The 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) I swear/affirm that the information given in this application is true and correct. Signed [Signature] New Address 167 Sycamore St. Brownsburg, IN 46112 Subscribed and sworn to before me this 28 day of April 2000 [Signature] Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given in this application is true and correct. Signed [Signature] New Address 10882 Baberway Dr. Brownsburg, IN 46112 Subscribed and sworn to before me this 28 day of April 2000 [Signature] Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN: We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary. State of Indiana) County of Hendricks) Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____ Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN: We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary. State of Indiana) County of Hendricks) Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____ Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE: I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 4-28-00, authorizing the marriage of Dennis Jason Haddix and Mandy Renee Reid. I further certify that the following marriage certificate was filed in my office: I, Norman W. Campbell (name), certify that on June 3, 2000 (date), at Pittsboro in Hendricks County, Indiana, Dennis Jason Haddix of Hendricks County, Indiana (state), and Mandy Renee Reid of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 4-28-00. Signed by: /s/ Norman W. Campbell, Elder (official designation). Filed and recorded in accordance with the laws of the State of Indiana on 6-15-00 (date).

Signed [Signature] Clerk Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 199
Date of Application 4-28-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 4-25-00
Name of Physician DR. BEARD

MALE APPLICANT
Name First Middle Last
JEFFREY CHARLES RAY
Date of Birth Month Day Year
06 22 76
Place of Birth (State or foreign country)
INDIANA
Residence Address Street or R.R. City County State
401 STADIUM DR BROWNSBURG HENDRICKS IN
Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date
Date of Birth Verified By: Birth Certificate Other (Specify)

FEMALE APPLICANT
Name First Middle Last
LIESEL GALE HUTTE
Date of Birth Month Day Year
07 13 80
Place of Birth (State or foreign country)
INDIANA
Residence Address Street or R.R. City County State
5644 ROYAL TROON WAY AVON HENDRICKS IN
Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date
Date of Birth Verified By: Birth Certificate Other (Specify)

DRIVERS LICENSE
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. 0
6. (a) Full name of applicant's father JAMES LEROY RAY
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) INDIANA
Birthplace of father (State or foreign country) KENTUCKY
(b) Full maiden name of applicant's mother ELLEN J. WISEMAN
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) INDIANA
Birthplace of mother (State or foreign country) INDIANA

DRIVERS LICENSE
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. 0
6. (a) Full name of applicant's father ERNEST CLYDE HUTTE
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) INDIANA
Birthplace of father (State or foreign country) INDIANA
(b) Full maiden name of applicant's mother DIANA GALE DODSON
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) INDIANA
Birthplace of mother (State or foreign country) INDIANA

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [Signature] Date 4-28-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [Signature] Date 4-28-00

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date 4-28-00

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

State of Indiana)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.
Signed [Signature]
New Address _____
Subscribed and sworn to before me this _____ day of _____
[Signature] Clerk of the Hendricks Circuit Court

State of Indiana)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.
Signed [Signature]
New Address 5445 Carnoustie Circle Avon, IN 460123
Subscribed and sworn to before me this _____ day of _____
[Signature] Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 4-28-00, authorizing the marriage of Jeffrey Charles Ray and Liesel Gale Hutte.
I further certify that the following marriage certificate was filed in my office: I, Scott Robinson (name), certify that on May 20, 2000 (date), at Indianapolis in Marion County, Indiana, Jeffrey Charles Ray of Hendricks County, Indiana (state), and Liesel Gale Hutte of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 4-28-00. Signed by: /s/ Scott Robinson Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 6-15-00 (date).

Signed [Signature] Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 200
Date of Application 5-1-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 4-27-00
Name of Physician Dr. Jones

MALE APPLICANT

Name: Jason Jeffrey Werner
Date of Birth: 1-15-78
Place of Birth: Georgia
Residence Address: 5979 Marco St. P.O. Box 46168 Hendricks IN
Previous Marital Status: Never Married OR No. of Previous Marriages: _____
Last Marriage Ended By: Death Divorce Annulment Date: _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____

Drivers License

- Are you now 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children: Paylor Jay Werner
- (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: Kimberly Margaret Wagner
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: Liberty Blythe Willis
Date of Birth: 6-22-74
Place of Birth: Indiana
Residence Address: 5979 Marco Street P.O. Box 46168
Previous Marital Status: Never Married OR No. of Previous Marriages: _____
Last Marriage Ended By: Death Divorce Annulment Date: _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____

Ind ID

- Are you now 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children: Paylor Jay Werner
- (a) Full name of applicant's father: Stanley Mac Willis
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Florida
Birthplace of father (State or foreign country) Illinois
(b) Full maiden name of applicant's mother: Jimmie Jo White
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: [Signature] Date: 5-1-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: [Signature] Date: 5/1/00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed: [Signature]
New Address: same
Subscribed and sworn to before me this 1 day of May 2000
Sharon Dupax Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed: [Signature]
New Address: same
Subscribed and sworn to before me this 1 day of May 2000
Sharon Dupax Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-1-00, authorizing the marriage of Jason Jeffrey Werner and Liberty Blythe Willis.
I further certify that the following marriage certificate was filed in my office: I, Susan D. Link (name), certify that on May 1, 2000 (date), at Danville in Hendricks County, Indiana, Jason Jeffrey Werner of Hendricks County, Indiana (state), and Liberty Blythe Willis of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-1-00. Signed by: /s/ Susan D. Link 1st Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 5-1-00 (date).

Signed [Signature] Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 201
Date of Application 5-1-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 4-27-00
Name of Physician Dr. Brin

MALE APPLICANT

Name First Middle Last
William Chad Bradford

Date of Birth Month Day Year
9-5-74

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
22834 Pine Arbor Dr. 3B Elkhart 46516 IN

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify) _____

Drivers License

- Are you now 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. NO
- (a) Full name of applicant's father William Homer Bradford
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Yinger Jay Bough
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name First Middle Last
Crista Rochelle Bruner

Date of Birth Month Day Year
6-8-76

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
818 S. Jefferson St. Elkhart 46512 IN

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify) _____

Drivers License

- Are you now 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. NO
- (a) Full name of applicant's father Steven Robert Bruner
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Marion Jane Towell
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [Signature] Date 5/1/00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Crista R. Bruner Date 5-1-00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed [Signature]
New Address 6410 Summer Place Dr. Apt 28 Granger, IN 46530
Subscribed and sworn to before me this May 2000 day of May 2000
Harold Dugan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Crista R. Bruner
New Address 6410 Summer Place Dr. Apt. 28 Granger, IN 46530
Subscribed and sworn to before me this May 2000 day of May 2000
Harold Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-1-00, authorizing the marriage of William Chad Bradford and Crista Rochelle Bruner.
I further certify that the following marriage certificate was filed in my office: I, Steven T. Reeves (name), certify that on June 17, 2000 (date), at Brownsburg in Hendricks County, Indiana, William Chad Bradford of Elkhart County, Indiana (state), and Crista Rochelle Bruner of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-1-00. Signed by: /s/ Steven T. Reeves, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 6-22-00 (date).

Signed Harold Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
 Indiana State Board of
 Health under Authority
 of IC 31-11-4-4

Book 63
 Page 202
 Date of Application 5-1-00

IC 31-11-11-1. Furnishing false information upon applying for license.
 A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
 If No, Medical Examination or Report Dated 5-1-00
 Name of Physician Dr. Hasky

MALE APPLICANT

Name First Allen Middle Douglas Last Bryzek
 Date of Birth Month 6 Day 21 Year 68
 Place of Birth (State or foreign country) Illinois
 Residence Address Street or R.R. 4357 Windsor Rd City Brownsburg County Hendricks State IN
 Previous Marital Status: Never Married OR No. of Previous Marriages 1
 Last Marriage Ended By: Death Divorce Annulment Date _____
 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 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. Kelsey Ann + Charles Alexander Bryzek
- (a) Full name of applicant's father Bruce Allen Bryzek
 (If adopted, list adoptive parents only) _____
 Residence of father (if deceased, so state) Deceased
 Birthplace of father (State or foreign country) Illinois
 (b) Full maiden name of applicant's mother Nancy Ellen Thackwell
 (If adopted, list adoptive parents only) _____
 Residence of mother (if deceased, so state) Indiana
 Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name First Amanda Middle Holly Last Ferguson
 Date of Birth Month 11 Day 21 Year 76
 Place of Birth (State or foreign country) Indiana
 Residence Address Street or R.R. 5309 Michael Ct City Brownsburg County Hendricks State IN
 Previous Marital Status: Never Married OR No. of Previous Marriages _____
 Last Marriage Ended By: Death Divorce Annulment Date _____
 Date of Birth Verified By: Birth Certificate Other (Specify) _____

Drivers License

- Are you now 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. Cassidy Summer Ferguson
- (a) Full name of applicant's father Allen Ralph Ferguson
 (If adopted, list adoptive parents only) _____
 Residence of father (if deceased, so state) Deceased
 Birthplace of father (State or foreign country) Indiana
 (b) Full maiden name of applicant's mother Kendra Hays Ferguson
 (If adopted, list adoptive parents only) _____
 Residence of mother (if deceased, so state) Indiana
 Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT
 I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
 Signature of Applicant Allen D. Bryzek Date 5/1/00

ACKNOWLEDGEMENT
 I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
 Signature of Applicant Amanda H. Ferguson Date 5/1/00

The 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)
 I swear/affirm that the information given in this application is true and correct.
 Signed Allen D. Bryzek
 New Address 4401 Charles St. Brownsburg IN
 Subscribed and sworn to before me this _____ day of _____
Sharon Dugas Clerk of the Hendricks Circuit Court

State of Indiana)
 County of Hendricks)
 I swear/affirm that the information given in this application is true and correct.
 Signed Amanda H. Ferguson
 New Address 4401 Charles St. Brownsburg IN
 Subscribed and sworn to before me this _____ day of _____
Sharon Dugas Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
 We, the parents of this applicant, hereby give consent for 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 _____
 Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
 We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
 State of Indiana)
 County of Hendricks)
 Father _____ ID # _____
 Mother _____ ID # _____
 Subscribed and sworn to before me this _____ day of _____
 Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
 I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-1-00, authorizing the marriage of Allen Douglas Bryzek and Amanda Holly Ferguson.
 I further certify that the following marriage certificate was filed in my office: I, George W. Curry (name), certify that on May 13, 2000 (date), at Brownsburg in Hendricks County, Indiana, Allen Douglas Bryzek of Hendricks County, Indiana (state), and Amanda Holly Ferguson of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-1-00. Signed by: /s/ George W. Curry Minister (official designation)
 Filed and recorded in accordance with the laws of the State of Indiana on 5-16-00 (date).

Signed Sharon Dugas Clerk
 Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 203
Date of Application 5-3-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 5-2-00
Name of Physician Dr. Hadley

MALE APPLICANT

Name: Steven Duane Dawson
Date of Birth: 2-13-75
Place of Birth: Indiana 46158
Residence Address: 4706 E Co Rd 850 S Mooresville Hendricks
Previous Marital Status: Never Married OR No. of Previous Marriages: 1
Last Marriage Ended By: Death Divorce Annulment Date: _____
Date of Birth Verified By: Birth Certificate Other (Specify) Drivers License

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

6. (a) Full name of applicant's father: Jonathan Wesley Dawson
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): Indiana
Birthplace of father (State or foreign country): Arkansas
(b) Full maiden name of applicant's mother: Cheryl Marie Merritt
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): Indiana

FEMALE APPLICANT

Name: Carrie Lynn Connell
Date of Birth: 9-16-78
Place of Birth: Indiana 46158
Residence Address: 4706 E Co Rd 850 S Mooresville Hendricks
Previous Marital Status: Never Married OR No. of Previous Marriages: 1
Last Marriage Ended By: Death Divorce Annulment Date: 1998
Date of Birth Verified By: Birth Certificate Other (Specify) Drivers License

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

6. (a) Full name of applicant's father: Don Alden Clement, Sr
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): Indiana
Birthplace of father (State or foreign country): Illinois
(b) Full maiden name of applicant's mother: Janet Sue Abbott
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): Indiana

ACKNOWLEDGEMENT

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

Signature of Applicant: Steven Dawson Date: 5-3-00

ACKNOWLEDGEMENT

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

Signature of Applicant: Carrie Connell Date: 5-3-00

The 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) I swear/affirm that the information given in this application is true and correct.
Signed: Steven Dawson
New Address: same
Subscribed and sworn to before me this 3 day of May 2000
Harold Dugan Clerk of the Hendricks Circuit Court

State of Indiana)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.
Signed: Carrie L Connell
New Address: same
Subscribed and sworn to before me this 3 day of May 2000
Harold Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

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

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-3-00, authorizing the marriage of Steven Duane Dawson and Carrie Lynn Connell.
I further certify that the following marriage certificate was filed in my office: I, Joseph D. Merriman (name), certify that on June 10, 2000 (date), at Brownsburg in Hendricks County, Indiana, Steven Duane Dawson of Hendricks County, Indiana (state), and Carrie Lynn Connell of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-3-00. Signed by: /s/ Joseph D. Merriman Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 6-20-00 (date).

Signed: Harold Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 63 Page 204 Date of Application 5-4-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No [X] Yes [] If No, Medical Examination or Report Dated 5-1-00 Name of Physician Dr. Stegmiller

MALE APPLICANT Jason Gage Ruebel, Date of Birth 10-25-74, Place of Birth Minnesota, Residence Address 2718 Montana Ave #3 Cincinnati OH, Previous Marital Status: Never Married [X], Drivers License [X]

FEMALE APPLICANT Tina Suzette Comer, Date of Birth 10-14-72, Place of Birth Indiana, Residence Address 460 Peachtree Lane Danville Ind, Previous Marital Status: Never Married [X], Drivers License [X]

ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant [Signature] Date 5/4/00

ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant [Signature] Date 5-4-00

The 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) I swear/affirm that the information given County of Hendricks) in this application is true and correct. Signed [Signature] New Address 2718 MONTANA AVE APT #3 CINCINNATI OH 45211 Subscribed and sworn to before me this 4 day of May 2000 [Signature] Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given County of Hendricks) in this application is true and correct. Signed [Signature] New Address 460 PEACHTREE LANE APT #3 DANVILLE IN 46011 Subscribed and sworn to before me this 4 day of May 2000 [Signature] Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary. State of Indiana) County of Hendricks) Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____ Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary. State of Indiana) County of Hendricks) Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____ Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 4 2000, authorizing the marriage of Jason Gage Ruebel and Tina Suzette Comer. I further certify that the following marriage certificate was filed in my office: I, Joyce Gerwing (name), certify that on July 1 2000 (date), at Indianapolis in Marion County, Indiana, Jason Gage Ruebel of Hamilton County, Indiana (state), and Tina Suzette Comer of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 4 2000. Signed by: /s/ Joyce Gerwing Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on July 18 2000 (date).

Signed [Signature] Clerk Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 205
Date of Application 5-4-00

IC 31-11-11-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the
circuit court when the person applies for a marriage license under
IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 5-4-00
Name of Physician Hendricks City Health

MALE APPLICANT

Name First Middle Last
Matthew John Secret

Date of Birth Month Day Year
4-30-74

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
2216 Crown Plaza Rd Hendricks IN 46168

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify) _____

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 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
- List the full names of any dependent children. NO
- (a) Full name of applicant's father Ora Raymond Secret
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Florida
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Rosemary Taylor
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Florida
Birthplace of mother (State or foreign country) Kentucky

FEMALE APPLICANT

Name First Middle Last
Sherry Elizabeth Wood

Date of Birth Month Day Year
3-14-71

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
810 Cramertown Top Martinsville Morgan IN 46151

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

Last Marriage Ended By: Death Divorce Annulment Date 1997

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 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. NO
- (a) Full name of applicant's father Randall Martin Wood
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Patricia Ann Snoddy
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Matthew Secret Date 5/4/00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Sherry E Wood Date 5/4/00

The above applicant has 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
County of Hendricks) in this application is true and correct.
Signed x Matthew Secret
New Address SAME AS ABOVE
Subscribed and sworn to before me this 4 day of May 2000
Sharon Dugan Clerk of the 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 _____ Date _____

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed x Sherry E Wood
New Address 2216 Crown Plaza Rd Hendricks IN
Subscribed and sworn to before me this 4 day of May 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

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

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-4-00, authorizing the marriage of Matthew John Secret and Sherry Elizabeth Wood.
I further certify that the following marriage certificate was filed in my office: I, Kevin Morris (name), certify that on May 13, 2000 (date), at Plainfield in Hendricks County, Indiana, Matthew John Secret of Hendricks County, Indiana (state), and Sherry Elizabeth Wood of Morgan County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-4-00. Signed by: _____ /s/ Kevin Morris Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 5-16-00 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 206
Date of Application 5-4-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 5-4-00
Name of Physician New Life Assoc - Danville

MALE APPLICANT

Name First Middle Last
Robert Eugene Western

Date of Birth Month Day Year
4-15-73

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
403 Wabash St. P.O. Box 46168

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify) Drivers License

- Are you now 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. Taylor David Western
Alexandria Dawn Western - Dean Michael Western - Chase Matthew Western
- (a) Full name of applicant's father Marion David Western
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Bonnie Louise Singleton
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name First Middle Last
Stephanie Ann Williams

Date of Birth Month Day Year
8-17-76

Place of Birth (State or foreign country)
Texas

Residence Address Street or R.R. City County State
403 Wabash St. P.O. Box 46168

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify) Drivers License

- Are you now 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. Taylor David Western
Alexandria Dawn Western - Dean Michael Western - Chase Matthew Western
- (a) Full name of applicant's father Floyd Randall Williams
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Cathy Lavonne Peters
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Texas

ACKNOWLEDGEMENT

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

Signature of Applicant [Signature] Date 5-4-00

ACKNOWLEDGEMENT

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

Signature of Applicant [Signature] Date 5-4-00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed [Signature]
New Address Same
Subscribed and sworn to before me this 4 day of May 2000
[Signature] Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed [Signature]
New Address Same
Subscribed and sworn to before me this 4 day of May 2000
[Signature] Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-4-00, authorizing the marriage of Robert Eugene Western and Stephanie Ann Williams.

I further certify that the following marriage certificate was filed in my office: I, Susan D. Link (name), certify that on May 15, 2000 (date), at Danville in Hendricks County, Indiana, Robert Eugene Western of Hendricks County, Indiana (state), and Stephanie Ann Williams of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-4-00. Signed by: /s/ Susan D. Link 1st Deputy Clerk (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 5-15-00 (date).

Signed [Signature] Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 207
Date of Application 5-5-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 4-20-00
Name of Physician D. Webb

MALE APPLICANT

Name: Scott Lewis First
Date of Birth: 11-13-75
Place of Birth: Indiana
Residence Address: 2471 Meadowlark Way Apt C P.O. Box 4668
Previous Marital Status: Never Married OR No. of Previous Marriages: 1
Last Marriage Ended By: Death Divorce Annulment Date: _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____
Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. Hunter Lewis First
6. (a) Full name of applicant's father: Edward Lewis First
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Ohio
(b) Full maiden name of applicant's mother: Patricia Francis Ferguson
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: Lisa Pat Alexander
Date of Birth: 4-21-76
Place of Birth: Indiana
Residence Address: 2471 Meadowlark Way Apt C P.O. Box 4668
Previous Marital Status: Never Married OR No. of Previous Marriages: 1
Last Marriage Ended By: Death Divorce Annulment Date: 1998
Date of Birth Verified By: Birth Certificate Other (Specify) _____
Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. Megan Nicole Staley - Hunter Lewis First
6. (a) Full name of applicant's father: David Arvis Alexander
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother: Patty Lou Hendrix
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Scott Lewis Date 5-5-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Lisa Alexander Date 05/05/00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Scott Lewis
New Address Same
Subscribed and sworn to before me this 5 day of May 2000
Harold Dugan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Lisa Alexander
New Address Same
Subscribed and sworn to before me this 5 day of May 2000
Harold Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-5-00, authorizing the marriage of Scott Lewis First and Lisa Pat Alexander.
I further certify that the following marriage certificate was filed in my office: I, Randy A. Harrison (name), certify that on May 6, 2000 (date), at Plainfield in Hendricks County, Indiana, Scott Lewis First of Hendricks County, Indiana (state), and Lisa Pat Alexander of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-5-00. Signed by: /s/ Randy A. Harrison Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 5-9-00 (date).

Signed Harold Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 208
5-5-00
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

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

MALE APPLICANT
Name Gene Gordon Sargent
Date of Birth 3-21-46
Place of Birth Wisconsin
Residence Address 6005 Philtgen Road Warren Indiana 41087
Previous Marital Status: Never Married OR No. of Previous Marriages 2
Last Marriage Ended By: Death Divorce Annulment Date 1999
Date of Birth Verified By: Birth Certificate Other (Specify)

FEMALE APPLICANT
Name Phyllis Irene Bibbee
Date of Birth 11-26-45
Place of Birth West Virginia
Residence Address 4 Henry Street Ravenswood Jackson WV 26164
Previous Marital Status: Never Married OR No. of Previous Marriages 3
Last Marriage Ended By: Death Divorce Annulment Date 1996
Date of Birth Verified By: Birth Certificate Other (Specify)

Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
2. Are you related to the female applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. NO
6. (a) Full name of applicant's father Donald Thomas Sargent
Residence of father (if deceased, so state) deceased
Birthplace of father (State or foreign country) Illinois
(b) Full maiden name of applicant's mother Helen Marie McConnell
Residence of mother (if deceased, so state) Illinois
Birthplace of mother (State or foreign country) Wisconsin

Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. NO
6. (a) Full name of applicant's father Haynes Richards
Residence of father (if deceased, so state) deceased
Birthplace of father (State or foreign country) West Virginia
(b) Full maiden name of applicant's mother Georgia Sturgell
Residence of mother (if deceased, so state) deceased
Birthplace of mother (State or foreign country) West Virginia

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [Signature] Date 5-5-2000

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [Signature] Date 5-5-2000

The 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)
I swear/affirm that the information given in this application is true and correct.
Signed [Signature]
New Address _____
Subscribed and sworn to before me this 5 day of May 2000
[Signature] Clerk of the Hendricks Circuit Court

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed [Signature]
New Address _____
Subscribed and sworn to before me this 5 day of May 2000
[Signature] Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-5-00, authorizing the marriage of Gene Gordon Sargent and Phyllis Irene Bibbee. I further certify that the following marriage certificate was filed in my office: I, Sharon Dugan (name), certify that on May 5, 2000 (date), at Danville in Hendricks County, Indiana, Gene Gordon Sargent of JoDaviess County, Illinois (state), and Phyllis Irene Bibbee of Jackson County, West Virginia (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-5-00. Signed by: /s/ Sharon Dugan Hendricks County Clerk (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 5-5-00 (date).

Signed [Signature] Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 209
Date of Application 5-5-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

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

MALE APPLICANT

Name: Lorenzo Zelotus Fletcher II
Date of Birth: 5-25-30
Place of Birth: New Jersey
Residence Address: P.O. Box 105 Ellsworth Hancock Maine 04605
Previous Marital Status: Never Married OR No. of Previous Marriages: _____
Last Marriage Ended By: Death Divorce Annulment Date: 1998
Date of Birth Verified By: Birth Certificate Other (Specify) _____
Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. NO
6. (a) Full name of applicant's father: William Emory Fletcher
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): deceased
Birthplace of father (State or foreign country): Maine
(b) Full maiden name of applicant's mother: Adeline Patricia Hills
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): deceased
Birthplace of mother (State or foreign country): New Jersey

FEMALE APPLICANT

Name: Myrna Jean Lewis
Date of Birth: 11-11-37
Place of Birth: Iowa
Residence Address: 7211 Lake O'Jantons Snodgrass Hills Ia
Previous Marital Status: Never Married OR No. of Previous Marriages: 5
Last Marriage Ended By: Death Divorce Annulment Date: 1992
Date of Birth Verified By: Birth Certificate Other (Specify) _____
Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father: Harrison Jones
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): deceased
Birthplace of father (State or foreign country): Iowa
(b) Full maiden name of applicant's mother: Helen Jeana Rickard
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): deceased
Birthplace of mother (State or foreign country): Iowa

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Lorenzo Z Fletcher II Date: 5-5-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Myrna J Lewis Date: 5-5-00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed: Lorenzo Z Fletcher II
New Address: same
Subscribed and sworn to before me this 5 day of May 2000
Harold Dugan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed: Myrna Jean Lewis
New Address: PO BOX 105 ELLSWORTH MAINE 04605
Subscribed and sworn to before me this 5 day of May 2000
Harold Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-5-00, authorizing the marriage of Lorenzo Zelotus Fletcher II and Myrna Jean Lewis.
I further certify that the following marriage certificate was filed in my office: I, Charles E. Hostetter (name), certify that on May 25, 2000 (date), at Plainfield in Hendricks County, Indiana, Lorenzo Zelotus Fletcher II Hancock County, Maine (state), and Myrna Jean Lewis of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-5-00. Signed by: /s/ Charles E. Hostetter, Brownsburg Town Court Judge (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 5-26-00 (date).

Signed: Harold Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
 Indiana State Board of
 Health under Authority
 of IC 31-11-4-4

Book 63
 Page 210
 Date of Application 5-5-00

IC 31-11-11-1. Furnishing false information upon applying for license.
 A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

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

MALE APPLICANT

Name Marcus Joseph Treece
 Date of Birth 6/8/69
 Place of Birth (State or foreign country) Indiana
 Residence Address 1271 E. US 136 Pittsboro Hendricks Co. 46167
 Previous Marital Status: Never Married OR No. of Previous Marriages 1
 Last Marriage Ended By: Death Divorce Annulment Date 1995
 Date of Birth Verified By: Birth Certificate Other (Specify) Drivers License

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

FEMALE APPLICANT

Name Dustina Rene Hawkins
 Date of Birth 1-16-74
 Place of Birth (State or foreign country) Indiana
 Residence Address 105 E Fremont St. Pittsboro Hendricks Co. 46168
 Previous Marital Status: Never Married OR No. of Previous Marriages _____
 Last Marriage Ended By: Death Divorce Annulment Date _____
 Date of Birth Verified By: Birth Certificate Other (Specify) Drivers License

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

ACKNOWLEDGEMENT
 I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
 Signature of Applicant Marcus J. Treece Date 5/5/00

ACKNOWLEDGEMENT
 I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
 Signature of Applicant Dustina Rene Hawkins Date 5/5/00

The 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) I swear/affirm that the information given
 County of Hendricks) in this application is true and correct.
 Signed Marcus J. Treece
 New Address same
 Subscribed and sworn to before me this 5 day of May 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
 County of Hendricks) in this application is true and correct.
 Signed Dustina Rene Hawkins
 New Address 1271 E US 136 Pittsboro, Indiana 46167
 Subscribed and sworn to before me this 5 day of May 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
 We, the parents of this applicant, hereby give consent for 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 _____
 Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
 We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
 State of Indiana)
 County of Hendricks)
 Father _____ ID # _____
 Mother _____ ID # _____
 Subscribed and sworn to before me this _____ day of _____
 Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
 I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-5-00, authorizing the marriage of Marcus Joseph Treece and Dustina Rene Hawkins.
 I further certify that the following marriage certificate was filed in my office: I, Max L. Dowds (name), certify that on May 6, 2000 (date), at Indianapolis in Marion County, Indiana, Marcus Joseph Treece of Hendricks County, Indiana (state), and Dustina Rene Hawkins of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-5-00. Signed by: /s/ Max L. Dowds, Minister (official designation)
 Filed and recorded in accordance with the laws of the State of Indiana on 5-10-00 (date).

Signed Sharon Dugan Clerk
 Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 211
Date of Application 5-5-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 4-25-00
Name of Physician M. Brown

MALE APPLICANT

Name: John Ryan McCort
Date of Birth: 12-20-77
Place of Birth: Indiana
Residence Address: 10877 Glenayr Dr. Camby Indpa IN 46413
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____
Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father: John William McCort
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): Georgia
Birthplace of father (State or foreign country): Kansas
(b) Full maiden name of applicant's mother: Ronda Sue Davis
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): Indiana

FEMALE APPLICANT

Name: Christy Michelle Kasserler
Date of Birth: 11-23-78
Place of Birth: Texas
Residence Address: 10877 Glenayr Dr. Camby Indpa IN 46413
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____
Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father: Larry Gene Kasserler
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): Texas
Birthplace of father (State or foreign country): Texas
(b) Full maiden name of applicant's mother: Christine Renee Wise
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): Texas
Birthplace of mother (State or foreign country): Texas

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [Signature] Date 5/5/00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [Signature] Date 5-5-00

The 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 [Signature] I swear/affirm that the information given in this application is true and correct.
New Address SAME
Subscribed and sworn to before me this 5 day of May 2000
[Signature] Clerk of the Hendricks Circuit Court

State of Indiana)
County of Hendricks)
Signed [Signature] I swear/affirm that the information given in this application is true and correct.
New Address same as above
Subscribed and sworn to before me this 5 day of May 2000
[Signature] Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-5-00, authorizing the marriage of John Ryan McCort and Christy Michelle Kasserler.
I further certify that the following marriage certificate was filed in my office: I, Terry E. Miller (name), certify that on June 9, 2000 (date), at Greenwood in Johnson County, Indiana, John Ryan McCort of Hendricks County, Indiana (state), and Christy Michelle Kasserler of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-5-00. Signed by: /s/ Terry E. Miller Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 6-20-00 (date).

Signed [Signature] Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 212
Date of Application 5-8-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 5-8-00
Name of Physician Hendricks City Health

MALE APPLICANT

Name: Aaron Peter Malesky
Date of Birth: 12-29-78
Place of Birth: Indiana
Residence Address: 33 Wayncroft Ave Indianapolis IN 46241
Previous Marital Status: Never Married OR No. of Previous Marriages: _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____
Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. NO
6. (a) Full name of applicant's father: Stanley Joseph Malesky
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Pennsylvania
(b) Full maiden name of applicant's mother: Nancy Jane Spear
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Pennsylvania

FEMALE APPLICANT

Name: Tana Renee Stipp
Date of Birth: 3-30-78
Place of Birth: Indiana
Residence Address: 1125 Ledgewood Lane Avon IN 46223
Previous Marital Status: Never Married OR No. of Previous Marriages: _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____
Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. NO
6. (a) Full name of applicant's father: Bladen Mitchell Stipp
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Arkansas
(b) Full maiden name of applicant's mother: Brenda Jean Kelly
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Arkansas

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Aaron Malesky Date 5-8-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Tana Stipp Date 5-8-00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Aaron Malesky
New Address 1125 Ledgewood Ln Avon, IN 46223
Subscribed and sworn to before me this 8 day of May 2000
Harold Reagan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Tana Stipp
New Address 1125 Ledgewood Ln Avon, IN 46223
Subscribed and sworn to before me this 8 day of May 2000
Harold Reagan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-8-00, authorizing the marriage of Aaron Peter Malesky and Tana Renee Stipp.
I further certify that the following marriage certificate was filed in my office: I, Matthew S. Reagan (name), certify that on May 20, 2000 (date), at Avon in Hendricks County, Indiana, Aaron Peter Malesky of Marion County, Indiana (state), and Tana Renee Stipp of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-8-00. Signed by: /s/ Matthew S. Reagan Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 6-15-00 (date).

Signed Harold Reagan Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 213
Date of Application 5-8-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 5-1-00
Name of Physician Dr. Kourany

MALE APPLICANT
Name Steven Allen Montgomery
Date of Birth 10-26-71
Place of Birth Indiana
Residence Address 695 W Clinton St Danville Hendricks IN 46122
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify)

FEMALE APPLICANT
Name Jessica Lynn Ashbaugh
Date of Birth 2-4-74
Place of Birth Indiana
Residence Address 695 W Clinton St Danville Hendricks IN 46122
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify)

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

Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.
6. (a) Full name of applicant's father William David Ashbaugh #
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) California
Birthplace of father (State or foreign country) Japan
(b) Full maiden name of applicant's mother Pamela Lee Holder
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Steven A. Montgomery Date 5-8-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Jessica Ashbaugh Date 5-8-00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Steven A. Montgomery
New Address SAME
Subscribed and sworn to before me this 8 day of May 2000
Harold Dugan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Jessica L. Ashbaugh
New Address SAME
Subscribed and sworn to before me this 8 day of May 2000
Harold Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-8-00, authorizing the marriage of Steven Allen Montgomery and Jessica Lynn Ashbaugh.
I further certify that the following marriage certificate was filed in my office: I, Susan D. Link (name), certify that on May 8, 2000 (date), at Danville in Hendricks County, Indiana, Steven Allen Montgomery of Hendricks County, Indiana (state), and Jessica Lynn Ashbaugh of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-8-00. Signed by: /s/ Susan D. Link, 1st Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 5-8-00 (date).

Signed Harold Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 214
Date of Application 5-8-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

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

MALE APPLICANT

Name First Middle Last
Nicholas Vernon Heymig, Jr.

Date of Birth Month Day Year
10-23-34

Place of Birth (State or foreign country)
Indiana 46168

Residence Address Street or R.R. City County State
2325 E Main St. Box 15 P.O. Hendricks IN

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

Last Marriage Ended By: Death Divorce Annulment Date 1999

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 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children.
NO
- (a) Full name of applicant's father Nicholas Vernon Heymig, Sr.
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) deceased
Birthplace of father (State or foreign country) Germany?
(b) Full maiden name of applicant's mother Emma?
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) deceased
Birthplace of mother (State or foreign country) ?

FEMALE APPLICANT

Name First Middle Last
Nancy Jeanine Campbell

Date of Birth Month Day Year
11-8-37

Place of Birth (State or foreign country)
Indiana 46241

Residence Address Street or R.R. City County State
5341 W Morris St. Indpls Marion IN

Previous Marital Status: Never Married OR No. of Previous Marriages 4

Last Marriage Ended By: Death Divorce Annulment Date 1994

Date of Birth Verified By: Birth Certificate Other (Specify)
Indiana ID

- Are you now 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children.
NO
- (a) Full name of applicant's father Harley George Kreigh
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) deceased
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Gertrude Frieda Swank
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) deceased
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

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

Signature of Applicant Nicholas Heymig Date 5-8-2000

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

ACKNOWLEDGEMENT

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

Signature of Applicant Nancy Campbell Date 5-8-2000

The above applicant has 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
County of Hendricks) in this application is true and correct.
Signed Nicholas Heymig
New Address 5341 W MORRIS ST
Subscribed and sworn to before me this 8 day of May 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Nancy Campbell
New Address 5341 W MORRIS ST
Subscribed and sworn to before me this 8 day of May 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for 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 _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-8-00, authorizing the marriage of Nicholas Vernon Heymig, Jr and Nancy Jeanine Campbell.
I further certify that the following marriage certificate was filed in my office: I, Hubert Greer (name), certify that on May 27, 2000 (date), at Plainfield in Hendricks County, Indiana, Nicholas Vernon Heymig, Jr. of Hendricks County, Indiana (state), and Nancy Jeanine Campbell of Marion County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-8-00. Signed by: /s/ Hubert Greer Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 6-15-00 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 215
Date of Application 5-8-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 5-8-00
Name of Physician Dr. Stephens

MALE APPLICANT

Name: Isaiah Jeriah McNeil
Date of Birth: 10-1-78
Place of Birth: Indiana
Residence Address: 724 Kingston Circle B'burg Hendricks IN
Previous Marital Status: Never Married
Last Marriage Ended By: Death Divorce Annulment Date _____
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 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children.
Kaley Nicole McNeil
Mekensie Sierra McNeil
- (a) Full name of applicant's father: Randall Joseph McNeil
Residence of father (if deceased, so state): Indiana
Birthplace of father (State or foreign country): Indiana
(b) Full maiden name of applicant's mother: Wanda May Hall
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): Indiana

FEMALE APPLICANT

Name: Amy Nicole Davasher
Date of Birth: 9-12-79
Place of Birth: Indiana
Residence Address: 724 Kingston Circle B'burg Hendricks IN
Previous Marital Status: Never Married
Last Marriage Ended By: Death Divorce Annulment Date _____
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 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children.
Kaley Nicole McNeil
Mekensie Sierra McNeil
- (a) Full name of applicant's father: Jeffery Allen Davasher
Residence of father (if deceased, so state): Indiana
Birthplace of father (State or foreign country): Indiana
(b) Full maiden name of applicant's mother: Sandra Lynn Redifer
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Isaiah McNeil Date 5-8-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Amy Davasher Date 5/8/00

The 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 Isaiah McNeil in this application is true and correct.
New Address SAME
Subscribed and sworn to before me this 8 day of May 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

State of Indiana)
County of Hendricks)
Signed Amy Davasher in this application is true and correct.
New Address SAME
Subscribed and sworn to before me this 8 day of May 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-8-00, authorizing the marriage of Isaiah Jeriah McNeil and Amy Nicole Davasher.
I further certify that the following marriage certificate was filed in my office: I, Carl M. Hazel (name), certify that on June 10, 2000 (date), at Plainfield in Hendricks County, Indiana, Isaiah Jeriah McNeil of Hendricks County, Indiana (state), and Amy Nicole Davasher of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-8-00. Signed by: /s/ Carl M. Hazel Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 6-20-00 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 216
Date of Application 5-9-00

IC 31-11-11-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 5-2-00
Name of Physician Dr. Jones

MALE APPLICANT

Name First Middle Last
Jason Douglas Ritchie

Date of Birth Month Day Year
8 17 77

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
12340 McClure Rd Martinsville Morgan IN

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify) _____

Drivers License

- Are you now 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. _____
- (a) Full name of applicant's father Robert Douglas Ritchie
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) West Virginia
(b) Full maiden name of applicant's mother Marion Regina Riley
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Hennary

FEMALE APPLICANT

Name First Middle Last
Emilie Anne Coffman

Date of Birth Month Day Year
10 20 77

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
7946 Westerville Drive Clayton IN 46118

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify) _____

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 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
- List the full names of any dependent children. _____
- (a) Full name of applicant's father William Joseph Coffman
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) California
(b) Full maiden name of applicant's mother Roberta Jean Brock
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Jason Ritchie Date 5-9-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Emilie Coffman Date 5-9-00

The 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)
I swear/affirm that the information given in this application is true and correct.
Signed Jason Ritchie 47906
New Address 110 Columbia St Apt 301 West Lafayette
Subscribed and sworn to before me this 9 day of May
Sharon Dugan Clerk of the Hendricks Circuit Court

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Emilie Coffman 47906
New Address 110 Columbia St Apt 301 West Lafayette
Subscribed and sworn to before me this 9 day of May
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 4-9-00, authorizing the marriage of Jason Douglas Ritchie and Emilie Anne Coffman.
I further certify that the following marriage certificate was filed in my office: I, Stevan W. Ranson (name), certify that on May 20, 2000 (date), at Hazelwood in Hendricks County, Indiana, Jason Douglas Ritchie of Morgan County, Indiana (state), and Emilie Anne Coffman of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 4-9-00. Signed by: /s/ Stevan W. Ranson Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 5-22-00 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 217
Date of Application 5-10-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 5-4-00
Name of Physician Dr. Kennington

MALE APPLICANT

Name First Middle Last
William Roger Johnson, Jr.

Date of Birth Month Day Year
5-30-73

Place of Birth (State or foreign country)
Illinois

Residence Address Street or R.R. City County State
385 N Wayne St. Danville Hendricks IN 46122

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify) Ind ID

- Are you now 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children.
Jacoby Tyler Johnson
Taylor Renee Johnson
- (a) Full name of applicant's father William Roger Johnson, Sr.
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Illinois
(b) Full maiden name of applicant's mother Phyllis Parozan
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Illinois
Birthplace of mother (State or foreign country) Illinois

FEMALE APPLICANT

Name First Middle Last
Christine Parrish

Date of Birth Month Day Year
3-19-76

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
385 N Wayne St. Danville Hendricks IN 46122

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify) Drivers License

- Are you now 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children.
Joseph Allen Parrish
Justin Jacob Wayne Hutchins
- (a) Full name of applicant's father James David Parrish
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Karen Lee DeKoruy
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant William R. Johnson, Jr. Date 5-10-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Christine Parrish Date 5-10-00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed William R. Johnson, Jr.
New Address Same
Subscribed and sworn to before me this 10 day of May 2000
Harold Dugas Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Christine Parrish
New Address Same
Subscribed and sworn to before me this 10 day of May 2000
Harold Dugas Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-10-00, authorizing the marriage of William Roger Johnson, Jr. and Christine Parrish.
I further certify that the following marriage certificate was filed in my office: I, Kenneth Pingleton (name), certify that on May 20, 2000 (date), at Fillmore in Putnam County, Indiana, William Roger Johnson, Jr. of Hendricks County, Indiana (state), and Christine Parrish of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-10-00. Signed by: /s/ Kenneth Pingleton, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 5-24-00 (date).

Signed Harold Dugas Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 218
Date of Application 5-11-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 4-19-00
Name of Physician M. Yarrow McClain

MALE APPLICANT

Name: Paul David Bottorff
Date of Birth: 6-18-76
Place of Birth: Indiana
Residence Address: 1133 Windham Circle Apt H B'burg Ind IN 46112
Previous Marital Status: Never Married OR No. of Previous Marriages: 0
Last Marriage Ended By: Death Divorce Annulment Date: _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____

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 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
- List the full names of any dependent children. NO
- (a) Full name of applicant's father: James J. Bottorff
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): Indiana
Birthplace of father (State or foreign country): Indiana
(b) Full maiden name of applicant's mother: Ann Maria Fisher
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): Indiana

FEMALE APPLICANT

Name: Carrie Suzanne Handley
Date of Birth: 4-10-77
Place of Birth: Ohio
Residence Address: 1133 Windham Circle Apt H B'burg Ind IN 46112
Previous Marital Status: Never Married OR No. of Previous Marriages: 0
Last Marriage Ended By: Death Divorce Annulment Date: _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____

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 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
- List the full names of any dependent children. NO
- (a) Full name of applicant's father: Kenneth Russell Handley
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): Indiana
Birthplace of father (State or foreign country): Indiana
(b) Full maiden name of applicant's mother: Denise Helen Kaecht
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): California

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases 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 Date _____

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Carrie S. Handley Date 05/11/00

The 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) I swear/affirm that the information given in this application is true and correct.
Signed Paul D. Bottorff
New Address Same
Subscribed and sworn to before me this 11 day of May 2000
Harold Dugan Clerk of the Hendricks Circuit Court

State of Indiana)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.
Signed Carrie S. Handley
New Address Same
Subscribed and sworn to before me this 11 day of May 2000
Harold Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-11-00, authorizing the marriage of Paul David Bottorff and Carrie Suzanne Handley.
I further certify that the following marriage certificate was filed in my office: I, Louis E. Schumacher (name), certify that on May 13, 2000 (date), at Brookville in Franklin County, Indiana, Paul David Bottorff of Putnam County, Indiana (state), and Carrie Suzanne Handley of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-11-00. Signed by: /s/ Louis E. Schumacher Administrator (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 5-22-00 (date).

Signed Harold Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 219
Date of Application 5-11-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 4-28-00
Name of Physician Dr. Oaberson

MALE APPLICANT

Name First Middle Last
Timothy John Demos

Date of Birth Month Day Year
2-13-75

Place of Birth (State or foreign country)
Illinois

Residence Address Street or R.R. City County State
105 N. Wheeling Road Prospect Heights Cook IL 60070

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify) _____

Drivers License

- Are you now 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children.
NO
- (a) Full name of applicant's father George Gust Demos
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Illinois
Birthplace of father (State or foreign country) Illinois
(b) Full maiden name of applicant's mother Sharon Barbara Dycos
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Minnesota
Birthplace of mother (State or foreign country) Illinois

FEMALE APPLICANT

Name First Middle Last
Emily Elizabeth Schermer

Date of Birth Month Day Year
5-29-75

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
7926 Elm Drive B'burg Hendricks IN 46112

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify) _____

Drivers License

- Are you now 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children.
NO
- (a) Full name of applicant's father Daniel Lynn Schermer
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Beth Elaine Ritter
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Timothy J. Demos Date 5-11-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Emily E. Schermer Date 5-11-00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Timothy J. Demos
New Address 105 N. Wheeling Rd. Prospect Hts. IL 60070
Subscribed and sworn to before me this 11 day of May 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Emily E. Schermer
New Address 105 N. Wheeling Rd. Prospect Hts. IL 60070
Subscribed and sworn to before me this 11 day of May 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-11-00, authorizing the marriage of Timothy John Demos and Emily Elizabeth Schermer. I further certify that the following marriage certificate was filed in my office: I, Harold L. Leininger II (name), certify that on May 13, 2000 (date), at Brownsburg in Hendricks County, Indiana, Timothy John Demos of Cook County, Illinois (state), and Emily Elizabeth Schermer Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-11-00. Signed by: /s/ Harold L. Leininger II Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 5-18-00 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 220
Date of Application 5-11-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 5-8-00
Name of Physician Dr. Paulus

MALE APPLICANT
Name First Middle Last
Earnest Toney Miller
Date of Birth Month Day Year
11 76
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. City County State
10940 Blenay Dr. Camby Hendricks In 46113
Previous Marital Status: Never Married OR No. of Previous Marriages 1
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify)

FEMALE APPLICANT
Name First Middle Last
Heather Diane Lawson
Date of Birth Month Day Year
12 4 77
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. City County State
10940 Blenay Dr. Camby Hendricks In 46113
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify)

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

Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. Baylee Miller
6. (a) Full name of applicant's father Stirling Lloyd Lawson
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Kennesaw
(b) Full maiden name of applicant's mother Rebecca Sue Fiddle
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [Signature] Date 5-11-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [Signature] Date 5-11-00

The 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) I swear/affirm that the information given
in this application is true and correct.
Signed [Signature]
New Address Same as Above
Subscribed and sworn to before me this 11 day of May
[Signature] Clerk of the Hendricks Circuit Court

State of Indiana)
County of Hendricks) I swear/affirm that the information given
in this application is true and correct.
Signed [Signature]
New Address Same as Above
Subscribed and sworn to before me this 11 day of May
[Signature] Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-11-00, authorizing the marriage of Earnest Toney Miller and Heather Diane Lawson.
I further certify that the following marriage certificate was filed in my office: I, Kenneth Smith (name), certify that on May 13, 2000 (date), at Camby in Hendricks County, Indiana, Earnest Toney Miller of Hendricks County, Indiana (state), and Heather Diane Lawson of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-11-00. Signed by: /s/ Kenneth Smith Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 5-16-00 (date).

Signed [Signature] Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 221
Date of Application 5-11-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 1-27-00
Name of Physician D. Thomas

MALE APPLICANT

Name First Middle Last
William Joseph Williams

Date of Birth Month Day Year
12-19-48

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
5306 Ridgehill Way P'dd Indpls IN 46668

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

Last Marriage Ended By: Death Divorce Annulment Date 1995

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 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children.
Amanda Jean Williams
- (a) Full name of applicant's father Donald Charles Williams
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) deceased
Birthplace of father (State or foreign country) Illinois
(b) Full maiden name of applicant's mother Pearl Antoinette Stone
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) deceased
Birthplace of mother (State or foreign country) Illinois

FEMALE APPLICANT

Name First Middle Last
Rhonda Kaye Marcum

Date of Birth Month Day Year
5-16-60

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
5306 Ridgeville Way P'dd Indpls IN 46668

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

Last Marriage Ended By: Death Divorce Annulment Date 1990

Date of Birth Verified By: Birth Certificate Other (Specify)

Drivers License

- Are you now 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children.
Amanda Marie Marcum
- (a) Full name of applicant's father Dustin Jackson
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Kentucky
(b) Full maiden name of applicant's mother Mary Lynn Lowry
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [Signature] Date 5-11-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [Signature] Date 5-11-00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed [Signature]
New Address 2345 N. Butler Ave Indpls 46218
Subscribed and sworn to before me this 10 day of May 2000
[Signature] Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed [Signature]
New Address 2345 N. Butler Ave Indpls 46218
Subscribed and sworn to before me this 11 day of May 2000
[Signature] Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 11, 2000, authorizing the marriage of William Joseph Williams and Rhonda Kaye Marcum.
I further certify that the following marriage certificate was filed in my office: I, George W. Schoonmaker (name), certify that on June 10, 2000 (date), at Indianapolis in Marion County, Indiana, William Joseph Williams of Hendricks County, Indiana (state), and Rhonda Kaye Marcum of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 11, 2000. Signed by: /s/ Rev. George W. Schoonmaker, Minister of the Gospel (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 28, 2000 (date).

Signed [Signature] Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 222
Date of Application 5-12-00

IC 31-11-11-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 5-2-00
Name of Physician M. Johns

MALE APPLICANT

Name First Middle Last
Jeremy Wayne Tucker

Date of Birth Month Day Year
11-3-76

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
416 S School St. Brownsburg Ind IN 46112

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify) _____

Drivers License

- Are you now 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children.
NO
- (a) Full name of applicant's father Daniel Lee Tucker
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Brona Rae Spurgeon
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name First Middle Last
Laura Elizabeth Murry

Date of Birth Month Day Year
5-12-78

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
1314 Hornaday Road B'burg Ind IN 46112

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify) _____

Drivers License

- Are you now 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children.
NO
- (a) Full name of applicant's father Ronald Eugene Murry
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Illinois
(b) Full maiden name of applicant's mother Deborah Joan Muehl
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

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

Signature of Applicant [Signature] Date 5/12/00

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

Clerk of Court _____ Date _____

ACKNOWLEDGEMENT

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

Signature of Applicant [Signature] Date 5/12/00

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

Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.

Signed [Signature]
New Address 416 S. School St. Brownsburg IN 46112

Subscribed and sworn to before me this 12 day of May 2000
[Signature] Clerk of the Hendricks Circuit Court

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.

Signed [Signature]
New Address 416 South School St. Brownsburg, IN. 46112

Subscribed and sworn to before me this 12 day of May 2000
[Signature] Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-12-00, authorizing the marriage of Jeremy Wayne Tucker and Laura Elizabeth Murry

I further certify that the following marriage certificate was filed in my office: I, Gene R. Lilienthal (name), certify that on June 3, 2000 (date), at Indianapolis in Marion County, Indiana, Jeremy Wayne Tucker of Hendricks County, Indiana (state), and Laura Elizabeth Murry of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-12-00. Signed by: /s/ Gene R. Lilienthal Minister (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 6-22-00 (date).

Signed [Signature] Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 223
Date of Application 5-12-00

IC 31-11-11-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the
circuit court when the person applies for a marriage license under
IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 5-11-00
Name of Physician Dr. Stegmoller

MALE APPLICANT

Name First Middle Last
Robert James Frank

Date of Birth Month Day Year
2-8-56

Place of Birth (State or foreign country)
New York 46132

Residence Address Street or R.R. City County State
515 Woodberry Dr. Danville Hendricks IN

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

Last Marriage Ended By: Death Divorce Annulment Date 1999

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 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children.
NO
- (a) Full name of applicant's father Robert Frank
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) deceased
Birthplace of father (State or foreign country) Tennessee
(b) Full maiden name of applicant's mother Marion Lonna Slade
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) deceased
Birthplace of mother (State or foreign country) Canada

FEMALE APPLICANT

Name First Middle Last
Carolyn Anne Farragher

Date of Birth Month Day Year
7-16-58

Place of Birth (State or foreign country)
Australia 46132

Residence Address Street or R.R. City County State
515 Woodberry Dr. Danville Hendricks IN

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

Last Marriage Ended By: Death Divorce Annulment Date 2000

Date of Birth Verified By: Birth Certificate Other (Specify)
Passport

- Are you now 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children.
David John Baber, Jr.
- (a) Full name of applicant's father Neil Maxwell Farragher
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Australia
Birthplace of father (State or foreign country) Australia
(b) Full maiden name of applicant's mother Jorraine Neily
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Australia
Birthplace of mother (State or foreign country) Australia

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases 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 J. Frank Date 12 May 2000

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Carolyn Farragher Date 12 May 2000

The 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)
I swear/affirm that the information given in this application is true and correct.
Signed Robert J. Frank
New Address same
Subscribed and sworn to before me this May day of 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Carolyn Farragher
New Address same
Subscribed and sworn to before me this May day of 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-12-00, authorizing the marriage of Robert James Frank and Carolyn Anne Farragher.
I further certify that the following marriage certificate was filed in my office: I, Susan D. Link (name), certify that on May 15, 2000 (date), at Danville in Hendricks County, Indiana, Robert James Frank of Hendricks County, Indiana (state), and Carolyn Anne Farragher of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-12-00. Signed by: /s/ Susan D. Link, 1st Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 5-15-00 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 224
Date of Application 5-12-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 5-11-00
Name of Physician Dr. Paddy

MALE APPLICANT

Name First Middle Last
Jason Aaron Oberlander

Date of Birth Month Day Year
6 17 71

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
242 Indiana Street Plainfield Hendricks In

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify) _____

Drivers License

- Are you now 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. Nathan Oberlander
Syler Oberlander
- (a) Full name of applicant's father William Thomas Hall
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Angela Oberlander
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name First Middle Last
Michelle Kay Johnson

Date of Birth Month Day Year
10 9 71

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
242 Indiana Street Plainfield Hendricks In

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify) _____

Drivers 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 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
- List the full names of any dependent children. Benjamin Johnson
Blake Johnson
Brice Johnson
- (a) Full name of applicant's father Paul David Poland
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) ?
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Martha Jean Blankenship
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Jason Oberlander Date 5-12-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Michelle Johnson Date 5-12-00

The 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) I swear/affirm that the information given in this application is true and correct.
Signed Jason Oberlander
New Address Same as Above
Subscribed and sworn to before me this 18 day of May
Harold Degan Clerk of the Hendricks Circuit Court

State of Indiana)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.
Signed Michelle Johnson
New Address Same as Above
Subscribed and sworn to before me this 18 day of May
Harold Degan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-12-00, authorizing the marriage of Jason Aaron Oberlander and Michelle Kay Johnson.
I further certify that the following marriage certificate was filed in my office: I, Susan D. Link (name), certify that on May 15, 2000 (date), at Danville in Hendricks County, Indiana, Jason Aaron Oberlander of Hendricks County, Indiana (state), and Michelle Kay Johnson of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-12-00. Signed by: /s/ Susan D. Link, 1st Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 5-16-00 (date).

Signed Harold Degan Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 225
Date of Application 5-12-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 5-12-00
Name of Physician Dr. Johnson

MALE APPLICANT
Name: Scott Brian Sheppard
Date of Birth: 6-11-74
Place of Birth: Ohio
Residence Address: 315 Pennwood Lane Brownsburg Ind 46112
Previous Marital Status: Never Married
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify)

FEMALE APPLICANT
Name: Stefanie Ann Harmon
Date of Birth: 3-18-78
Place of Birth: Indiana
Residence Address: 315 Pennwood Lane Brownsburg Ind 46112
Previous Marital Status: Never Married
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify)

Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
2. Are you related to the female applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. NO
6. (a) Full name of applicant's father: Kenneth Kirby Sheppard
Residence of father: Indiana
Birthplace of father: Ohio
(b) Full maiden name of applicant's mother: Patricia Jean Hopkins
Residence of mother: Indiana
Birthplace of mother: Ohio

Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. NO
6. (a) Full name of applicant's father: Steven Douglas Harmon
Residence of father: Indiana
Birthplace of father: Indiana
(b) Full maiden name of applicant's mother: Jerry Ann Roy
Residence of mother: Indiana
Birthplace of mother: Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: [Signature] Date: 5/20/00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Stefanie Harmon Date: 5-12-00

The 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 _____

I swear/affirm that the information given in this application is true and correct.
Signed: [Signature]
New Address: SAME
Subscribed and sworn to before me this 12 day of May 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

I swear/affirm that the information given in this application is true and correct.
Signed: Stefanie Harmon
New Address: SAME
Subscribed and sworn to before me this 12 day of May 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-12-00, authorizing the marriage of Scott Brian Sheppard and Stefanie Ann Harmon. I further certify that the following marriage certificate was filed in my office: I, Steve T. Reeves (name), certify that on May 20, 2000 (date), at Brownsburg in Hendricks County, Indiana, Scott Brian Sheppard of Hendricks County, Indiana (state), and Stefanie Ann Harmon of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-12-00. Signed by: /s/ Steven T. Reeves, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 5-24-00 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 226
Date of Application 5-12-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 5-12-00
Name of Physician Dr. Drummel

MALE APPLICANT

Name First Middle Last
Nathan Eugene Heffelman

Date of Birth Month Day Year
1-11-76

Place of Birth (State or foreign country) Indiana

Residence Address Street or R.R. City County State
1621 Franklin Dr. #114 Hendricks Ind 46168

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify) _____

Drivers License

- Are you now 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
- Are you now under the influence of an alcoholic beverage? No 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 Phillip Eugene Heffelman
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana

(b) Full maiden name of applicant's mother Judy Lee Tague
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name First Middle Last
Megan Elizabeth McNary

Date of Birth Month Day Year
3-25-79

Place of Birth (State or foreign country) Illinois

Residence Address Street or R.R. City County State
243 Causeway Dr. Apt 18 Indianapolis Ind 46214

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify) _____

Drivers License

- Are you now 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
- 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 Joe Allen McNary
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana

(b) Full maiden name of applicant's mother Margaret Jo Corill
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Illinois

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Nathan Heffelman Date 5-12-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Megan E. McNary Date 5-12-00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Nathan Heffelman
New Address 7243 Causeway Dr 1B Indianapolis IN 46214
Subscribed and sworn to before me this 12 day of May 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Megan McNary
New Address 7243 CAUSEWAY DR #1B INDIANAPOLIS IN 46214
Subscribed and sworn to before me this 12 day of May 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-12-00, authorizing the marriage of Nathan Eugene Heffelman and Megan Elizabeth McNary.
I further certify that the following marriage certificate was filed in my office: I, Charles Britt (name), certify that on June 3, 2000 (date), at Plainfield in Hendricks County, Indiana, Nathan Eugene Heffelman of Hendricks County, Indiana (state), and Megan Elizabeth McNary of Marion County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-12-00. Signed by: /s/ Charles Britt Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 6-20-00 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 227
Date of Application 5-12-00

IC 31-11-11-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the
circuit court when the person applies for a marriage license under
IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 5-12-00
Name of Physician Hendricks City Health

MALE APPLICANT

Name: Kevin Duane Donoho
Date of Birth: 9-12-74
Place of Birth: Illinois
Residence Address: 204 Meadows Rd Apt 4 Bourbonnais IL 60914
Previous Marital Status: Never Married OR No. of Previous Marriages: 0
Last Marriage Ended By: Death Divorce Annulment Date: _____
Date of Birth Verified By: Birth Certificate Other (Specify) Drivers License

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

6. (a) Full name of applicant's father: Gerald Ray Donoho
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): Illinois
Birthplace of father (State or foreign country): Illinois
(b) Full maiden name of applicant's mother: Carolyn Lynette Haskins
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): Illinois
Birthplace of mother (State or foreign country): Illinois

FEMALE APPLICANT

Name: Rachel Elizabeth Ewing
Date of Birth: 9-9-79
Place of Birth: Indiana
Residence Address: 5219 E 200 S Avon Hendricks IN 46033
Previous Marital Status: Never Married OR No. of Previous Marriages: 0
Last Marriage Ended By: Death Divorce Annulment Date: _____
Date of Birth Verified By: Birth Certificate Other (Specify) Drivers License

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

6. (a) Full name of applicant's father: John Wesley Ewing
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): Indiana
Birthplace of father (State or foreign country): Indiana
(b) Full maiden name of applicant's mother: Marlene May Humble
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): Ohio

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Kevin Donoho Date 5-12-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Rachel E. Ewing Date 5-12-00

The 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 _____

I swear/affirm that the information given in this application is true and correct.
Signed Kevin Donoho
New Address 204 Meadows Rd. Apt. 4 Bourbonnais IL 60914
Subscribed and sworn to before me this 12 day of May 2000
Harold Dugas Clerk of the Hendricks Circuit Court

I swear/affirm that the information given in this application is true and correct.
Signed Rachel E. Ewing
New Address 204 Meadows Rd Apt 4 Bourbonnais IL 60914
Subscribed and sworn to before me this 12 day of May 2000
Harold Dugas Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-12-00, authorizing the marriage of Kevin Duane Donoho and Rachel Elizabeth Ewing.
I further certify that the following marriage certificate was filed in my office: I, Michael D. Ice (name), certify that on May 20, 2000 (date), at Indianapolis in Marion County, Indiana, Kevin Duane Donoho of Kankakee County, Illinois (state), and Rachel Elizabeth Ewing of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-12-00. Signed by: /s/ Michael D. Ice Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 5-24-00 (date).

Signed Harold Dugas Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 228
Date of Application 5-15-00

IC 31-11-11-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the
circuit court when the person applies for a marriage license under
IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 5-11-2000
Name of Physician Dr. Fletcher

MALE APPLICANT

Name First Middle Last
Matthew Wayne Curtis

Date of Birth Month Day Year
5-26-77

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City Apt. County State
1108 Prairieview Terrace B'burg Hendricks IN 46112

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify) _____

Drivers License

- Are you now 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. _____
- (a) Full name of applicant's father David Paul Curtis
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Deborah Lee Brooker
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Michigan

FEMALE APPLICANT

Name First Middle Last
Stephanie Dawn Zollner

Date of Birth Month Day Year
2-11-77

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
7190 N Co Rd 650E B'burg Hendricks IN 46112

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify) _____

Drivers License

- Are you now 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. _____
- (a) Full name of applicant's father James Leroy Zollner
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) California
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Debrah Kathryn Willard
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [Signature] Date 05/15/00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [Signature] Date 5-15-00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed [Signature]
New Address 3400 SARE ROAD #912 BLOOMINGTON, IN 47401
Subscribed and sworn to before me this 15 day of May 2000
[Signature] Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed [Signature]
New Address 3400 Sare Road #912 Bloomington, IN 47401
Subscribed and sworn to before me this 15 day of May 2000
[Signature] Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-15-00, authorizing the marriage of Matthew Wayne Curtis and Stephanie Dawn Zollner.
I further certify that the following marriage certificate was filed in my office: I, Father Vincent P. Lampert (name), certify that on June 17, 2000 (date), at Indianapolis in Marion County, Indiana, Matthew Wayne Curtis of Hendricks County, Indiana (state), and Stephanie Dawn Zollner of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-15-00. Signed by: /s/ Father Vincent P. Lampert, Catholic Priest (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 6-22-00 (date).

Signed [Signature] Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 229
Date of Application 5-15-00

IC 31-11-1-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the
circuit court when the person applies for a marriage license under
IC 31-11-4-4 commits a Class D felony.

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

MALE APPLICANT
Name: First Jan, Middle Christopher, Last Gilbert
Date of Birth: Month 4, Day 21, Year 44
Place of Birth (State or foreign country): Illinois Hendricks
Residence Address: Street or R.R. 3904 Oakhurst Ln., City Brownsburg, County IN, State 46112
Previous Marital Status: Never Married OR No. of Previous Marriages 2
Last Marriage Ended By: Death Divorce Annulment Date 9-86
Date of Birth Verified By: Birth Certificate Other (Specify)

FEMALE APPLICANT
Name: First Martha, Middle Susan, Last Waas
Date of Birth: Month 2, Day 27, Year 49
Place of Birth (State or foreign country): Illinois Hendricks
Residence Address: Street or R.R. 3904 Oakhurst Ln., City Brownsburg, County IN, State 46112
Previous Marital Status: Never Married OR No. of Previous Marriages 2
Last Marriage Ended By: Death Divorce Annulment Date 9-83
Date of Birth Verified By: Birth Certificate Other (Specify)

drivers license
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.
Tanya Linda Gilbert
6. (a) Full name of applicant's father Norton Helm Gilbert
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) deceased
Birthplace of father (State or foreign country) Minnesota
(b) Full maiden name of applicant's mother Carol Louise Hanselman
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) deceased
Birthplace of mother (State or foreign country) Illinois

drivers license
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.
NA
6. (a) Full name of applicant's father David Ashor Waas
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) California
(b) Full maiden name of applicant's mother Rebecca mae Brightbill
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Illinois

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that
are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).
Signature of Applicant [Signature] Date 5/15/00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that
are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).
Signature of Applicant [Signature] Date 5/15/00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signature [Signature]
New Address same as above
Subscribed and sworn to before me this 15th day of May 2000
[Signature] Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signature [Signature]
New Address same as above
Subscribed and sworn to before me this 15th day of May 2000
[Signature] Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated
5-15-00, authorizing the marriage of Jan Christopher Gilbert and Martha Susan Waas
I further certify that the following marriage certificate was filed in my office: I, Darrel Crouter (name),
certify that on June 3, 2000 (date), at Indianapolis in Marion
County, Indiana, Jan Christopher Gilbert of Hendricks County, Indiana (state), and Martha Susan Waas
of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the
Circuit Court of Hendricks County, Indiana, dated 5-15-00. Signed by: /s/ Darrel Crouter Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 6-5-00 (date).

Signed [Signature] Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 230
Date of Application 5-15-00

IC 31-11-11-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the
circuit court when the person applies for a marriage license under
IC 31-11-4-4 commits a Class D felony.

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

MALE APPLICANT

Name First Middle Last
Randyll Alan Musselman

Date of Birth Month Day Year
6-19-42

Place of Birth (State or foreign country)
Iowa

Residence Address Street or R.R. City County State
453 W Main St. Jamestown Boone Ia 46147

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

Last Marriage Ended By: Death Divorce Annulment Date 1998

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 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
- Are you now under the influence of an alcoholic beverage? No 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 Glen Arnold Musselman
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) deceased
Birthplace of father (State or foreign country) Iowa

(b) Full maiden name of applicant's mother Doris Elizabeth Berghen
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Iowa
Birthplace of mother (State or foreign country) Iowa

FEMALE APPLICANT

Name First Middle Last
Barbara Dell Scott

Date of Birth Month Day Year
4-17-36

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
3745 N St Rd 267 B'burg Hendricks Ia 46112

Previous Marital Status: Never Married OR No. of Previous Marriages 4

Last Marriage Ended By: Death Divorce Annulment Date 2000

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 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
- 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 Charles Albert Coleman
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) deceased
Birthplace of father (State or foreign country) Indiana

(b) Full maiden name of applicant's mother Ma Adell McClelland
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Ken Dugan Date 5-15-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Barbara D. Scott Date 5/15/00

The above applicant has 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
County of Hendricks) in this application is true and correct.
Signed Ken Dugan
New Address Same
Subscribed and sworn to before me this 15 day of May 2000
Sharon Dugan Clerk of the 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 _____ Date _____

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Barbara D. Scott
New Address 453 W. Main St. Jamestown Ind.
Subscribed and sworn to before me this 15 day of May 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk

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

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 15 2000, authorizing the marriage of Randyll Alan Musselman and Barbara Dell Scott
I further certify that the following marriage certificate was filed in my office: I, Michael W Frazier II (name), certify that on May 15 2000 (date), at Jamestown in Boone County, Indiana, Randyll Alan Musselman of Boone County, Indiana, Barbara Dell Scott of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 15 2000. Signed by: /s/ Michael W Frazier II, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 11 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 231
Date of Application 5-16-00

IC 31-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 3-26-98
Name of Physician Dr. Rowler

MALE APPLICANT
Name James E. Swinford Jr.
Date of Birth 6 2 76
Place of Birth Indiana
Residence Address 10959 Sweetser Rd. Camby Hendricks In
Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date
Date of Birth Verified By: Birth Certificate Other (Specify)

FEMALE APPLICANT
Name Pamela Lyn Dickerson
Date of Birth 10 20 71
Place of Birth Indiana
Residence Address 10959 Sweetser Rd Camby Hendricks In
Previous Marital Status: Never Married OR No. of Previous Marriages 1
Last Marriage Ended By: Death Divorce Annulment Date
Date of Birth Verified By: Birth Certificate Other (Specify)

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

Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. Rachel Dickerson
Brandon Dickerson
6. (a) Full name of applicant's father Douglas Norman Hoge
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Deceased
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Burda Sue Watkins
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant James E. Swinford Jr. Date 5/16/00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Pamela Lyn Dickerson Date 5/16/00

The 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) I swear/affirm that the information given in this application is true and correct.
X Signed James E. Swinford Jr.
New Address Same as above
Subscribed and sworn to before me this 16 day of May
Sharon Dugan Clerk of the Hendricks Circuit Court

State of Indiana)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.
Signed Pamela Lyn Dickerson
New Address Same as above
Subscribed and sworn to before me this 16 day of May
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-16-00, authorizing the marriage of James E. Swinford, Jr and Pamela Lyn Dickerson.
I further certify that the following marriage certificate was filed in my office: I, Charles A. Carpenter (name), certify that on June 3, 2000 (date), at Belleville in Hendricks County, Indiana, James E. Swinford, Jr. of Hendricks County, Indiana (state), and Pamela Lyn Dickerson of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-16-00. Signed by: /s/ Charles A. Carpenter Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 6-15-00 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 232
Date of Application 5-17-00

IC 31-11-11-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the
circuit court when the person applies for a marriage license under
IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 5-17-00
Name of Physician DR. ELICA DUGGAN

MALE APPLICANT

Name First Middle Last
DAVID Andrew Burns

Date of Birth Month Day Year
7-10-74

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
536 Yorktown Lane Avon Ind 46123

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify) _____

Drivers License

- Are you now 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
- Are you now under the influence of an alcoholic beverage? No 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 Ronald Earl Burns
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana

(b) Full maiden name of applicant's mother Deborah Ann Whitten
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) California

FEMALE APPLICANT

Name First Middle Last
Stephanie Ann Christ

Date of Birth Month Day Year
12-28-76

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
2330 Quiet Court Judge Marion In 46139

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify) _____

Drivers License

- Are you now 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
- 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 Donald Emmert Christ
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana

(b) Full maiden name of applicant's mother Linda Sue Edmond
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Illinois

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [Signature] Date 5/17/00

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [Signature] Date 5/17/00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed [Signature]
New Address 536 Yorktown Lane Avon IN 46123
Subscribed and sworn to before me this 17 day of May 2000
[Signature] Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed [Signature]
New Address 536 Yorktown Ln. Avon IN 46123
Subscribed and sworn to before me this 17 day of May 2000
[Signature] Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-17-00, authorizing the marriage of David Andrew Burns and Stephanie Ann Christ

I further certify that the following marriage certificate was filed in my office: I, Fred Oaks (name), certify that on May 20, 2000 (date), at Indianapolis in Marion County, Indiana, David Andrew Burns of Hendricks County, Indiana (state), and Stephanie Ann Christ of Marion County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-17-00. Signed by: /s/ Fred Oaks Minister (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 5-26-00 (date).

Signed [Signature] Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 233
Date of Application 5-17-00

IC 31-11-11-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the
circuit court when the person applies for a marriage license under
IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 4-25-00
Name of Physician Dr. Sigmatler

MALE APPLICANT

Name: Donald Ray Lawson
Date of Birth: 1-14-50
Place of Birth: Indiana
Residence Address: 626 Lakeside Dr. Apt B P.O. Box 46168
City: Indianapolis County: 46168 State: IN
Previous Marital Status: Never Married OR No. of Previous Marriages: 1
Last Marriage Ended By: Death Divorce Annulment Date: 1999
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 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. NO
- (a) Full name of applicant's father: Willie Cyle Lawson
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state): Deceased
Birthplace of father (State or foreign country): Virginia
(b) Full maiden name of applicant's mother: Viola Mae Strangor
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state): Deceased
Birthplace of mother (State or foreign country): Virginia

FEMALE APPLICANT

Name: Debbie Lynn Lyons
Date of Birth: 7-16-56
Place of Birth: Wisconsin
Residence Address: 626 Lakeside Dr. Apt B P.O. Box 46168
City: Indianapolis County: 46168 State: IN
Previous Marital Status: Never Married OR No. of Previous Marriages: 2
Last Marriage Ended By: Death Divorce Annulment Date: 2000
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 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. NO
- (a) Full name of applicant's father: Donald Charles Guade
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state): Deceased
Birthplace of father (State or foreign country): Wisconsin
(b) Full maiden name of applicant's mother: Mary Kathryn Keegan
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state): Wisconsin
Birthplace of mother (State or foreign country): Wisconsin

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

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Debbie Lynn Lyons Date: 5-17-2000

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed: Donald Ray Lawson
New Address: Same
Subscribed and sworn to before me this 17 day of May 2000
Harold Dugan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed: Debbie Lynn Lyons
New Address: Same
Subscribed and sworn to before me this 17 day of May 2000
Harold Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk: _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father: _____ ID #: _____
Mother: _____ ID #: _____
Subscribed and sworn to before me this _____ day of _____
Clerk: _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-17-00, authorizing the marriage of Donald Ray Lawson and Debbie Lynn Lyons.
I further certify that the following marriage certificate was filed in my office: I, Stevan W. Ranson (name), certify that on May 19, 2000 (date), at Plainfield in Hendricks County, Indiana, Donald Ray Lawson of Hendricks County, Indiana (state), and Debbie Lynn Lyons of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-17-00. Signed by: /s/ Stevan W. Ranson Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 6-15-00 (date).

Signed: Harold Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 234
Date of Application 5-17-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 5-17-00
Name of Physician Dr. King

MALE APPLICANT
Name: Michael Scott Leigh
Date of Birth: 1-26-71
Place of Birth: Indiana 46112
Residence Address: 5 Grafton Court B'burg Hendricks Ind
Previous Marital Status: Never Married OR No. of Previous Marriages 1
Last Marriage Ended By: Death Divorce Annulment Date 1998
Date of Birth Verified By: Birth Certificate Other (Specify)

FEMALE APPLICANT
Name: Gloria Jean Jenkins
Date of Birth: 7-14-73
Place of Birth: Indiana 46112
Residence Address: 5 Grafton Court B'burg Hendricks Ind
Previous Marital Status: Never Married OR No. of Previous Marriages 1
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify)

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

Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. Connor Alexander Taylor Allen
6. (a) Full name of applicant's father: Carl Dale Jenkins
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother: Maria Sue Johnson
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [Signature] Date 5-17-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [Signature] Date 5/17/00

The 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 _____

I swear/affirm that the information given in this application is true and correct.
Signed [Signature]
New Address SAME
Subscribed and sworn to before me this 17 day of May 2000
[Signature] Clerk of the Hendricks Circuit Court

I swear/affirm that the information given in this application is true and correct.
Signed [Signature]
New Address SAME
Subscribed and sworn to before me this 17 day of May 2000
[Signature] Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-17-00, authorizing the marriage of Michael Scott Leigh and Gloria Jean Jenkins.
I further certify that the following marriage certificate was filed in my office: I, Miki Mathioudakis (name), certify that on May 20, 2000 (date), at Pittsboro in Hendricks County, Indiana, Michael Scott Leigh of Hendricks County, Indiana (state), and Gloria Jean Jenkins of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-17-00. Signed by: /s/ Miki Mathioudakis Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 6-15-00 (date).

Signed [Signature] Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 63 Page 235 Date of Application 5-18-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No [X] Yes [] If No, Medical Examination or Report Dated 4-26-00 Name of Physician Dr. Gardner

MALE APPLICANT

Name: Jeremy Daniel Johnson Date of Birth: 7-17-80 Place of Birth: Indiana Residence Address: 333 E Main St. Danville Inds IN Previous Marital Status: Never Married [X] OR No. of Previous Marriages: Last Marriage Ended By: Death [] Divorce [] Annulment [] Date: Date of Birth Verified By: [X] Birth Certificate [] Other (Specify):

FEMALE APPLICANT

Name: Marissa Lurke Carter Date of Birth: 11-7-81 Place of Birth: Colorado Residence Address: 333 E Main St. Danville Inds IN Previous Marital Status: Never Married [X] OR No. of Previous Marriages: Last Marriage Ended By: Death [] Divorce [] Annulment [] Date: Date of Birth Verified By: [] Birth Certificate [X] Other (Specify):

- 1. Are you now or have you ever been adjudged to be of unsound mind? No [X] Yes [] If answer is "yes", has the adjudication been removed? No [] Yes [] 2. Are you related to the female applicant closer than second cousin? No [X] Yes [] 3. Are you now under the influence of an alcoholic beverage? No [X] Yes [] 4. Are you now under the influence of a narcotic drug? No [X] Yes [] 5. List the full names of any dependent children. 6. (a) Full name of applicant's father: Timothy Ebenezer Johnson (b) Full maiden name of applicant's mother: Deborah Kay Harrell

- 1. Are you now or have you ever been adjudged to be of unsound mind? No [X] Yes [] If answer is "yes", has the adjudication been removed? No [] Yes [] 2. Are you related to the male applicant closer than second cousin? No [X] Yes [] 3. Are you now under the influence of an alcoholic beverage? No [X] Yes [] 4. Are you now under the influence of a narcotic drug? No [X] Yes [] 5. List the full names of any dependent children. 6. (a) Full name of applicant's father: Jerry Lee Carter (b) Full maiden name of applicant's mother: Deborah Lee Briggs

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant: [Signature] Date: 5-18-00

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant: [Signature] Date: 5-18-00

The 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) I swear/affirm that the information given County of Hendricks) in this application is true and correct. Signed: [Signature] New Address: Same Subscribed and sworn to before me this 18 day of May 2000 [Signature] Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given County of Hendricks) in this application is true and correct. Signed: [Signature] New Address: Same Subscribed and sworn to before me this 18 day of May 2000 [Signature] Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary. State of Indiana) County of Hendricks) Father ID # Mother ID # Subscribed and sworn to before me this day of Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary. State of Indiana) County of Hendricks) Father ID # Mother ID # Subscribed and sworn to before me this day of Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-18-00, authorizing the marriage of Jeremy Daniel Johnson and Marissa Lurke Carter. I further certify that the following marriage certificate was filed in my office: I, Mark Wright (name), certify that on May 20, 2000 (date), at Mooresville in Morgan County, Indiana, Jeremy Daniel Johnson of Hendricks County, Indiana (state), and Marissa Lurke Carter of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-18-00. Signed by: /s/ Mark Wright Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 7-6-00 (date).

Signed: [Signature] Clerk Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 236
Date of Application 5-18-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 5-15-00
Name of Physician Dr. Bode, MD

MALE APPLICANT
Name First Middle Last
Matthew James Needham
Date of Birth Month Day Year
2 8 72
Place of Birth (State or foreign country)
Indiana
Residence Address Street or R.R. City County State
1405 Beechwood Dr. Brownsburg IN Hend. 46112
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify)

FEMALE APPLICANT
Name First Middle Last
Jamie Elizabeth Shultz
Date of Birth Month Day Year
10 01 62
Place of Birth (State or foreign country)
Indiana
Residence Address Street or R.R. City County State
1405 Beechwood Dr. Brownsburg Hend. IN 46112
Previous Marital Status: Never Married OR No. of Previous Marriages 2
Last Marriage Ended By: Death Divorce Annulment Date 10-98
Date of Birth Verified By: Birth Certificate Other (Specify)

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

driver's license
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.
Caitlin Ann Shultz Samantha Nicole Shultz
Megan Elizabeth Shultz
6. (a) Full name of applicant's father James Allen Brizendine
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Dianne Katherine Welch
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Montreal, Canada

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Matthew James Needham Date 5/18/00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Jamie Elizabeth Shultz Date 5/18/00

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____
State of Indiana)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.
Signed Matthew James Needham
New Address Same as above
Subscribed and sworn to before me this 18th day of May, 2000
Harold Dupax Clerk of the 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 _____ Date _____
State of Indiana)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.
Signed Jamie Elizabeth Shultz
New Address Same as above
Subscribed and sworn to before me this 18th day of May, 2000
Harold Dupax Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-18-00, authorizing the marriage of Matthew James Needham and Jamie Elizabeth Shultz.
I further certify that the following marriage certificate was filed in my office: I, Kenneth Smith (name), certify that on May 19, 2000 (date), at Avon in Hendricks County, Indiana, Matthew James Needham of Hendricks County, Indiana (state), and Jamie Elizabeth Shultz of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-18-00. Signed by: /s/ Kenneth Smith Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 5-22-00 (date).

Signed Harold Dupax Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 237
Date of Application 5-18-00

IC 31-11-11-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the
circuit court when the person applies for a marriage license under
IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 5-16-00
Name of Physician Dr. Cuiello

MALE APPLICANT

Name: Ted Wayne Lewis
Date of Birth: 7-24-77
Place of Birth: Indiana 46112
Residence Address: 510 Marine Manor B'burg Hendricks IN
Previous Marital Status: Never Married OR No. of Previous Marriages: _____
Last Marriage Ended By: Death Divorce Annulment Date: _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____
Drivers License

- Are you now 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. _____
- (a) Full name of applicant's father: Edward Dwight Lewis
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother: Rain Denise Cameron
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: Susan Marie Katherine Beckley
Date of Birth: 9-29-79
Place of Birth: Indiana 46112
Residence Address: 510 Marine Manor B'burg Hendricks IN
Previous Marital Status: Never Married OR No. of Previous Marriages: _____
Last Marriage Ended By: Death Divorce Annulment Date: _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____
Drivers License

- Are you now 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. _____
- (a) Full name of applicant's father: Stephen Alden Beckley
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother: Jinda Marie Hooten
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Ted Lewis Date: 5-18-00

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Susan Beckley Date: 5-18-00

The 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: Ted Lewis
New Address: same
Subscribed and sworn to before me this 18 day of May 2000
Clerk of the Hendricks Circuit Court: Sharon Dugan

I swear/affirm that the information given in this application is true and correct.
Signed: Susan Beckley
New Address: SAME
Subscribed and sworn to before me this 18 day of May 2000
Clerk of the Hendricks Circuit Court: Sharon Dugan

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for 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 _____ Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-18-00, authorizing the marriage of Ted Wayne Lewis and Susan Marie Katherine Beckley.
I further certify that the following marriage certificate was filed in my office: I, Steven T. Reeves (name), certify that on June 10, 2000 (date), at Brownsburg in Hendricks County, Indiana, Ted Wayne Lewis of Hendricks County, Indiana (state), and Susan Marie Katherine Beckley of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-18-00. Signed by: /s/ Steven T. Reeves Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 6-19-00 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 238
Date of Application 5-19-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 4-24-00
Name of Physician Dr. Willis

MALE APPLICANT
Name: Sean Anthony Tuggle
Date of Birth: 5-25-69
Place of Birth: Indiana
Residence Address: 121 Shockley Ave, Ligon, Hendricks IN 46149
Previous Marital Status: Never Married OR No. of Previous Marriages: 1
Last Marriage Ended By: Death Divorce Annulment Date: 1999
Date of Birth Verified By: Birth Certificate Other (Specify)

FEMALE APPLICANT
Name: Elizabeth Ann Eller
Date of Birth: 2-20-69
Place of Birth: Indiana
Residence Address: 121 Shockley Ave, Ligon, Hendricks IN 46149
Previous Marital Status: Never Married OR No. of Previous Marriages: 1
Last Marriage Ended By: Death Divorce Annulment Date: _____
Date of Birth Verified By: Birth Certificate Other (Specify)

Drivers License
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 a narcotic drug? No Yes
5. List the full names of any dependent children.
6. (a) Full name of applicant's father: Connor Anthony Tuggle
(b) Full maiden name of applicant's mother: Alberta Lucille Stanley

Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.
6. (a) Full name of applicant's father: Charles Thomas Eller
(b) Full maiden name of applicant's mother: Diana Jo Arnold

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Sean Tuggle Date: 5-19-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Elizabeth A. Eller Date: 5/19/00

The 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 _____

I swear/affirm that the information given in this application is true and correct.
Signed: Sean Tuggle
Subscribed and sworn to before me this 19 day of May 2000
Clerk of the Hendricks Circuit Court: Harold Dugan

I swear/affirm that the information given in this application is true and correct.
Signed: Elizabeth A. Eller
Subscribed and sworn to before me this 19 day of May 2000
Clerk of the Hendricks Circuit Court: Harold Dugan

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary.
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-19-00, authorizing the marriage of Sean Anthony Tuggle and Elizabeth Ann Eller. I further certify that the following marriage certificate was filed in my office: I, Russell F. Allanson (name), certify that on May 20, 2000 (date), at North Salem in Hendricks County, Indiana, Sean Anthony Tuggle of Hendricks County, Indiana (state), and Elizabeth Ann Eller of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-19-00. Signed by: /s/ Russell F. Allanson Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 5-24-00 (date).

Signed: Harold Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 239
Date of Application 5-19-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 5-1-00
Name of Physician Dr. Kelton

MALE APPLICANT
Name: Charles Gene Beasley
Date of Birth: 8-28-72
Place of Birth: Indiana
Residence Address: 1470 S CORN 450E AVON HENRICKS IN
Previous Marital Status: Never Married
Last Marriage Ended By: Death Divorce Annulment Date
Date of Birth Verified By: Birth Certificate Other (Specify)

FEMALE APPLICANT
Name: Patricia Ann Thompson
Date of Birth: 9-18-70
Place of Birth: Indiana
Residence Address: 1470 S CORN 450E AVON HENRICKS IN
Previous Marital Status: Never Married
Last Marriage Ended By: Death Divorce Annulment Date
Date of Birth Verified By: Birth Certificate Other (Specify)

Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
2. Are you related to the female applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. NO
6. (a) Full name of applicant's father: Charles Dean Beasley
(b) Full maiden name of applicant's mother: Cecilynn E. Beasley

Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. Shelby Eileen Thompson
6. (a) Full name of applicant's father: Richard Maurice Thompson
(b) Full maiden name of applicant's mother: Daphne Eileen Hoeman

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: [Signature] Date: 5-19-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: [Signature] Date: 5/19/00

The 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 _____

I swear/affirm that the information given in this application is true and correct.
Signed: [Signature]
Subscribed and sworn to before me this 19 day of May 2000
Clerk of the Hendricks Circuit Court: [Signature]

I swear/affirm that the information given in this application is true and correct.
Signed: [Signature]
Subscribed and sworn to before me this 19 day of May 2000
Clerk of the Hendricks Circuit Court: [Signature]

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary.
State of Indiana _____
County of Hendricks _____
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-19-00, authorizing the marriage of Charles Gene Beasley and Patricia Ann Thompson.
I further certify that the following marriage certificate was filed in my office: I, C. Glen Burnside (name), certify that on May 20, 2000 (date), at Brownsburg in Hendricks County, Indiana, Charles Gene Beasley of Hendricks County, Indiana (state), and Patricia Ann Thompson of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-19-00. Signed by: /s/ C. Glen Burnside Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 6-14-00 (date).

Signed [Signature] Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 240
Date of Application 5-19-00

IC 31-11-11-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the
circuit court when the person applies for a marriage license under
IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 5-19-00
Name of Physician Dr. Murtha

MALE APPLICANT

Name: Daniel Robert Letourneau
Date of Birth: 2-22-78
Place of Birth: Pennsylvania
Residence Address: 7358 Benoit Dr. Indianapolis, IN 46214
Previous Marital Status: Never Married OR No. of Previous Marriages: 0
Last Marriage Ended By: Death Divorce Annulment Date: _____
Date of Birth Verified By: Birth Certificate Other (Specify) 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 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
- List the full names of any dependent children: Mackenzie Taylor Letourneau
- (a) Full name of applicant's father: Michael David Letourneau Sr.
Residence of father (if deceased, so state): Indiana
Birthplace of father (State or foreign country): Massachusetts
(b) Full maiden name of applicant's mother: Jinda Lee Haysaid
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): Pennsylvania

FEMALE APPLICANT

Name: Mary Megan Newport
Date of Birth: 9-3-76
Place of Birth: California
Residence Address: 6998 Park Square Dr. Unit B Avon, IN 46123
Previous Marital Status: Never Married OR No. of Previous Marriages: 0
Last Marriage Ended By: Death Divorce Annulment Date: _____
Date of Birth Verified By: Birth Certificate Other (Specify) 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 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
- List the full names of any dependent children: NO
- (a) Full name of applicant's father: Gary Wayne Newport
Residence of father (if deceased, so state): Indiana
Birthplace of father (State or foreign country): Indiana
(b) Full maiden name of applicant's mother: Cynthia Ann Siddell
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases 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 Letourneau Date: 5/19/00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Mary M Newport Date: 5-19-00

The 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: Daniel Letourneau
New Address: 6998 Park Square Dr. Unit B Avon, IN 46123
Subscribed and sworn to before me this 17 day of May 2000
Sharon Dugas Clerk of the Hendricks Circuit Court

State of Indiana)
County of Hendricks)
Signed: Mary M Newport
New Address: same
Subscribed and sworn to before me this 19 day of May 2000
Sharon Dugas Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 19, 2000, authorizing the marriage of Daniel Robert Letourneau and Mary Megan Newport.
I further certify that the following marriage certificate was filed in my office: I, David Jefferson (name), certify that on June 24, 2000 (date), at Plainfield in Hendricks County, Indiana, Daniel Robert Letourneau of Marion County, Indiana (state), and Mary Megan Newport of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 19th 2000. Signed by: /s/ David Jefferson Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 28, 2000 (date).

Signed: Sharon Dugas Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 63 Page 241 Date of Application 5-19-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No [X] Yes [] If No, Medical Examination or Report Dated 4-27-00 Name of Physician Women's Health Alliance

MALE APPLICANT Andrew Allen Carlton, Date of Birth 1-9-79, Residence Address 7285 Ridgeway Dr. Avon, Indiana 46231, Previous Marital Status: Never Married [X]

FEMALE APPLICANT Stephanie Ann Scannell, Date of Birth 10-13-80, Residence Address 7285 Ridgeway Dr. Avon, Indiana 46231, Previous Marital Status: Never Married [X]

ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted...

ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted...

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court [Signature] Date 5/19/00

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court [Signature] Date 5-19-00

State of Indiana) I swear/affirm that the information given County of Hendricks) in this application is true and correct. Signed [Signature] New Address Same Subscribed and sworn to before me this 19 day of May 2000 [Signature] Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given County of Hendricks) in this application is true and correct. Signed [Signature] New Address Same Subscribed and sworn to before me this 19 day of May 2000 [Signature] Clerk of the Hendricks Circuit Court

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-19-00, authorizing the marriage of Andrew Allen Carlton and Stephanie Ann Scannell. I further certify that the following marriage certificate was filed in my office: I, Christine Hursh (name), certify that on May 27, 2000 (date), at Danville in Hendricks County, Indiana, Andrew Allen Carlton of Hendricks County, Indiana (state), and Stephanie Ann Scannell of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-19-00. Signed by: /s/ Christine Hursh Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 6-22-00 (date).

Signed [Signature] Clerk Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 242
Date of Application 5-19-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 4-28-00
Name of Physician Dr. Stout

MALE APPLICANT

Name: Jonathan David Cooper
Date of Birth: 3 / 10 / 76
Place of Birth: Indiana
Residence Address: 6395 Monument Circle Over Hendricks In
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) Drivers License

- Are you now 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. _____
- (a) Full name of applicant's father: Joe David Cooper
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Perrassee
(b) Full maiden name of applicant's mother: Norma Baker
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Illinois

FEMALE APPLICANT

Name: Samantha Jean Smith
Date of Birth: 4 / 17 / 76
Place of Birth: Indiana
Residence Address: 6395 Monument Circle Over Hendricks In
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) Drivers License

- Are you now 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. _____
- (a) Full name of applicant's father: Stephrey Lee Smith
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother: Jean Gardine
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Virginia

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Jonathan Cooper Date 5-19-00

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Samantha Smith Date 5-19-00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Jonathan D Cooper
New Address Same as Above
Subscribed and sworn to before me this 19 day of May
Sharon Dugas Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Samantha Smith
New Address Same as Above
Subscribed and sworn to before me this 19 day of May
Sharon Dugas Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-19-00, authorizing the marriage of Jonathan David Cooper and Samantha Jean Smith.
I further certify that the following marriage certificate was filed in my office: I, John W. Morris (name), certify that on June 10, 2000 (date), at Frankfort in Clinton County, Indiana, Jonathan David Cooper of Hendricks County, Indiana (state), and Samantha Jean Smith of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-19-00. Signed by: /s/ John W. Morris Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 6-22-00 (date).

Signed Sharon Dugas Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 243
Date of Application 5-19-00

IC 31-11-1-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 5-15-00
Name of Physician Dr. Wentworth

MALE APPLICANT

Name: Timothy Gordon Brickert
Date of Birth: 3-24-80
Place of Birth: Indiana 46118
Residence Address: 7748 S St Rd 39 Clayton Ind 46118
Previous Marital Status: Never Married OR No. of Previous Marriages: _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____
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 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
- List the full names of any dependent children: Charles Logan Brickert
- (a) Full name of applicant's father: Cyrus Lamont Brickert
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother: Brenda Joyce Taylor
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Kentucky

FEMALE APPLICANT

Name: Tiffany Marie Short
Date of Birth: 8-6-81
Place of Birth: Indiana 46118
Residence Address: 223 W Michigan St. Clayton Ind 46118
Previous Marital Status: Never Married OR No. of Previous Marriages: _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____
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 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
- List the full names of any dependent children: Charles Logan Brickert
- (a) Full name of applicant's father: Ray Allen Short
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother: Vicki Sue Nier
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Tim Brickert Date 5/19/00

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Tiffany M. Short Date 5/19/00

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

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed: Tim Brickert
New Address: 223 W Michigan St
Subscribed and sworn to before me this 19 day of May 2000
Harold Dugan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed: Tiffany M. Short
New Address: Home
Subscribed and sworn to before me this 19 day of May 2000
Harold Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 19, 2000, authorizing the marriage of Timothy Gordon Brickert and Tiffany Marie Short.
I further certify that the following marriage certificate was filed in my office: I, Rev. Gordon Taylor (name), certify that on June 3, 2000 (date), at Greencastle in Putnam County, Indiana, Timothy Gordon Brickert of Hendricks County, Indiana (state), and Tiffany Marie Short of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 19, 2000. Signed by: /s/ Gordon Taylor, Minister Church of the Nazarene (official designation) Filed and recorded in accordance with the laws of the State of Indiana on June 29, 2000 (date).

Signed Harold Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 244
Date of Application 5-22-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 4-10-95/5-17-00
Name of Physician Dr. Choate

MALE APPLICANT
Name: John Paul Boller
Date of Birth: 6 / 17 / 71
Place of Birth: Indiana
Residence Address: P.O. Box 184 Danville Hendricks In
Previous Marital Status: Never Married OR No. of Previous Marriages: 1
Last Marriage Ended By: Death Divorce Annulment Date: _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____

FEMALE APPLICANT
Name: Debra Sue Grove
Date of Birth: 6 / 6 / 70
Place of Birth: Iowa
Residence Address: 224 E. Harrison & Memorial Morgan In
Previous Marital Status: Never Married OR No. of Previous Marriages: 1
Last Marriage Ended By: Death Divorce Annulment Date: _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____

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

Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. Devon Boller
Vanessa Grove
6. (a) Full name of applicant's father: Wesley Stone Wade Krol
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): Iowa
Birthplace of father (State or foreign country): Iowa
(b) Full maiden name of applicant's mother: Vicki Christine McQuiston
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): Iowa
Birthplace of mother (State or foreign country): Iowa

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: John Paul Boller Date: 5-22-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases 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: 5-22-00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed: John Paul Boller
New Address: same as above
Subscribed and sworn to before me this 22 day of May
Harold Dugas Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed: _____
New Address: P.O. Box 184 Danville In 46012
Subscribed and sworn to before me this 22 day of May
Harold Dugas Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk: _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father: _____ ID #: _____
Mother: _____ ID #: _____
Subscribed and sworn to before me this _____ day of _____
Clerk: _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-22-00, authorizing the marriage of John Paul Boller and Debra Sue Grove.
I further certify that the following marriage certificate was filed in my office: I, Susan D. Link (name), certify that on May 22, 2000 (date), at Danville in Hendricks County, Indiana, John Paul Boller of Hendricks County, Indiana (state), and Debra Sue Grove of Morgan County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-22-00. Signed by: /s/ Susan D. Link 1st Deputy Clerk (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 5-22-00 (date).

Signed: Harold Dugas Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
 Indiana State Board of
 Health under Authority
 of IC 31-11-4-4

Book 63
 Page 245
 Date of Application 5-22-00

IC 31-11-11-1. Furnishing false information upon applying for license.
 A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
 If No, Medical Examination or Report Dated 5-8-00
 Name of Physician _____

MALE APPLICANT

Name First Randal Middle Craig Last Buol
 Date of Birth Month 11 Day 15 Year 61
 Place of Birth (State or foreign country) Canada
 Residence Address Street or R.R. City County State
1809 Jeto Lake Dr. Avon Hendricks IN
 Previous Marital Status: Never Married OR No. of Previous Marriages 1
 Last Marriage Ended By: Death Divorce Annulment Date 3-92
 Date of Birth Verified By: Birth Certificate Other (Specify) driver's 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 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
- List the full names of any dependent children.
Kyle Anthony Buol
- (a) Full name of applicant's father Donald Edward Buol
 (If adopted, list adoptive parents only) _____
 Residence of father (if deceased, so state) California
 Birthplace of father (State or foreign country) Nebraska
 (b) Full maiden name of applicant's mother Carolyn Bernice Tunks
 (If adopted, list adoptive parents only) _____
 Residence of mother (if deceased, so state) Indiana
 Birthplace of mother (State or foreign country) Missouri

FEMALE APPLICANT

Name First Lori Middle Beth Last Puls
 Date of Birth Month 6 Day 2 Year 61
 Place of Birth (State or foreign country) Indiana Hendricks
 Residence Address Street or R.R. City County State
2 Rosecrans Ct Brownsburg IN
 Previous Marital Status: Never Married OR No. of Previous Marriages 2
 Last Marriage Ended By: Death Divorce Annulment Date 8-97
 Date of Birth Verified By: Birth Certificate Other (Specify) driver's 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 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
- List the full names of any dependent children.
Katherine Elaine Puls Erin Elizabeth Puls
Kyle Andrew Puls
- (a) Full name of applicant's father Richard Edward Buinn
 (If adopted, list adoptive parents only) _____
 Residence of father (if deceased, so state) Florida
 Birthplace of father (State or foreign country) Indiana
 (b) Full maiden name of applicant's mother Cynthia Beth Axline
 (If adopted, list adoptive parents only) _____
 Residence of mother (if deceased, so state) Indiana
 Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT
 I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
 Signature of Applicant Randal C Buol Date 5-22-00

ACKNOWLEDGEMENT
 I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
 Signature of Applicant Lori Beth Puls Date 5-22-00

The 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 _____

I swear/affirm that the information given in this application is true and correct.
 Signed Randal C Buol
 New Address _____
 Subscribed and sworn to before me this 22 day of May, 2000
Harold Dugan Clerk of the Hendricks Circuit Court

I swear/affirm that the information given in this application is true and correct.
 Signed Lori Beth Puls
 New Address 9784 Barth Dr. Zionsville, IN 46077
 Subscribed and sworn to before me this 22 day of May, 2000
Harold Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
 We, the parents of this applicant, hereby give consent for 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 _____
 Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
 We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
 State of Indiana)
 County of Hendricks)
 Father _____ ID # _____
 Mother _____ ID # _____
 Subscribed and sworn to before me this _____ day of _____
 Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
 I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 22, 2000, authorizing the marriage of Randal Craig Buol and Lori Beth Puls (name), I further certify that the following marriage certificate was filed in my office: I, Jesse Napier (name), certify that on June 22, 2000 (date), at Greenwood in Johnson County, Indiana, Randal Craig Buol of Hendricks County, Indiana (state), and Lori Beth Puls of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 22, 2000. Signed by: /s/ Jesse Napier, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on June 29, 2000 (date).

Signed Harold Dugan Clerk
 Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 246
Date of Application 5-22-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 12-9-99
Name of Physician People's Health Center

MALE APPLICANT

Name: Gabriel David Morris
Date of Birth: 10-13-78
Place of Birth: Indiana
Residence Address: 71 W Michigan St. Clayton Woods IV
City: Clayton Woods IV County: 46118 State: Indiana
Previous Marital Status: Never Married OR No. of Previous Marriages: _____
Last Marriage Ended By: Death Divorce Annulment Date: _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____
Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father: William Russell Morris
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): Indiana
Birthplace of father (State or foreign country): Ohio
(b) Full maiden name of applicant's mother: Cherry Darlene Lynn
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): Indiana

FEMALE APPLICANT

Name: Kelly Sue Shadwell
Date of Birth: 1-16-81
Place of Birth: Indiana
Residence Address: 5284 S Co Rd 400E Clayton Woods IV
City: Clayton Woods IV County: 46118 State: Indiana
Previous Marital Status: Never Married OR No. of Previous Marriages: _____
Last Marriage Ended By: Death Divorce Annulment Date: _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____
Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father: Ferry Stephen Shadwell
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): Indiana
Birthplace of father (State or foreign country): Indiana
(b) Full maiden name of applicant's mother: Carol Sue Reinshill
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Gabriel D Morris Date: 5-22-00

The above applicant has 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
County of Hendricks) in this application is true and correct.
Signed: Gabriel D Morris
New Address: 5104 Lemans Dr Apt H3 Indpls 46205
Subscribed and sworn to before me this 22 day of May 2000
Harold Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Kelly Shadwell Date: 5-22-00

The above applicant has 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
County of Hendricks) in this application is true and correct.
Signed: Kelly Shadwell
New Address: 5104 Lemans Dr Apt H3 Indpls 46205
Subscribed and sworn to before me this 22 day of May 2000
Harold Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 22, 2000, authorizing the marriage of Gabriel David Morris and Kelly Sue Shadwell. I further certify that the following marriage certificate was filed in my office: I, Apostle Andrea Williams (name), certify that on May 22, 2000 (date), at Indianapolis in Marion County, Indiana, Gabriel David Morris of Hendricks County, Indiana (state), and Kelly Sue Shadwell of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 22, 2000. Signed by: /s/ Andrea Williams, Senior Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on June 29, 2000 (date).

Signed Harold Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 247
Date of Application 5-22-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 5-20-00
Name of Physician Dr. Wisler

MALE APPLICANT

Name First Ira Middle F Last Wolff
Date of Birth Month 9 Day 26 Year 51
Place of Birth (State or foreign country) Illinois
Residence Address Street or R.R. 494 Sycamore St. City Burg County Hendricks State IN
Previous Marital Status: Never Married OR No. of Previous Marriages 1
Last Marriage Ended By: Death Divorce Annulment Date 1995
Date of Birth Verified By: Birth Certificate Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.
Gregory Richard Wolff
Marie Lynn Wolff
6. (a) Full name of applicant's father Allen Edwin Wolff
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) deceased
Birthplace of father (State or foreign country) New York
(b) Full maiden name of applicant's mother Lillian Chapman
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) deceased
Birthplace of mother (State or foreign country) New York

FEMALE APPLICANT

Name First Suzanne Middle Marie Last Delk
Date of Birth Month 9 Day 27 Year 52
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. 494 Sycamore St. City Burg County Hendricks State IN
Previous Marital Status: Never Married OR No. of Previous Marriages 1
Last Marriage Ended By: Death Divorce Annulment Date 1993
Date of Birth Verified By: Birth Certificate Other (Specify) Drivers License

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

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Ira F Wolff Date 5/22/00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Suzanne M. Delk Date 5/22/00

The 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) I swear/affirm that the information given in this application is true and correct.
Signed Ira F Wolff
New Address SAME
Subscribed and sworn to before me this 22 day of May 2000
Harold Dugax Clerk of the Hendricks Circuit Court

State of Indiana)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.
Signed Suzanne M. Delk
New Address SAME
Subscribed and sworn to before me this 22 day of May 2000
Harold Dugax Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-22-00, authorizing the marriage of Ira F Wolff and Suzanne Marie Delk.
I further certify that the following marriage certificate was filed in my office: I, Robert W. Freese (name), certify that on June 3, 2000 (date), at Danville in Hendricks County, Indiana, Ira F Wolff of Hendricks County, Indiana (state), and Suzanne Marie Delk of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-22-00. Signed by: /s/ Robert W. Freese, Judge Pro-Tem (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 6-8-00 (date).

Signed Harold Dugax Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 248
Date of Application 5-22-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 5-22-00
Name of Physician Hanks City Health

MALE APPLICANT
Name: Braden Lee Prochnow
Date of Birth: 3-19-75
Place of Birth: Indiana 46123
Residence Address: 882 N SR 267 Avon Ind 46123
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____

FEMALE APPLICANT
Name: Heather Elaine Harker
Date of Birth: 2-25-76
Place of Birth: Ohio 45177
Residence Address: 69 N Curry Rd Wilmington Clinton Ohio
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____

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

Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. NO
6. (a) Full name of applicant's father John David Harker
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Ohio
Birthplace of father (State or foreign country) Ohio
(b) Full maiden name of applicant's mother Kathy Annell Clark
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Ohio
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Braden Prochnow Date 5/22/00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Heather Harker Date 5/22/00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Braden Prochnow
New Address 882 N SR 267 Avon IN 46123
Subscribed and sworn to before me this 22 day of May 2000
Sharon Dugas Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Heather Harker
New Address 882 N SR 267 Avon IN 46123
Subscribed and sworn to before me this 22 day of May 2000
Sharon Dugas Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____

Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 22 2000, authorizing the marriage of Braden Lee Prochnow and Heather Elaine Harker. I further certify that the following marriage certificate was filed in my office: I, Stephen D Hill (name), certify that on July 1 2000 (date), at Andrews in Huntington County, Indiana, Braden L Prochnow of Hendricks County, Indiana (state), and Heather E Harker of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 22 2000. Signed by: /s/ Stephen D Hill Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on September 29 2000 (date).

Signed Sharon Dugas Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 249
Date of Application 5-23-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 5-17-00
Name of Physician Dr. Davis

MALE APPLICANT

Name: Timothy Ray Ingersoll II
Date of Birth: 4-24-75
Place of Birth: Pennsylvania
Residence Address: 10911 Secretariat Dr. Judge Hooks Dr
Previous Marital Status: Never Married OR No. of Previous Marriages: _____
Last Marriage Ended By: Death Divorce Annulment Date: _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____
Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. NO
6. (a) Full name of applicant's father: Timothy Ray Ingersoll II
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): Indiana
Birthplace of father (State or foreign country): Pennsylvania
(b) Full maiden name of applicant's mother: Donna Jean Champion
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): Pennsylvania

FEMALE APPLICANT

Name: Audrey Lynn Smith
Date of Birth: 10-19-76
Place of Birth: Indiana
Residence Address: 10911 Secretariat Dr. Judge Hooks Dr
Previous Marital Status: Never Married OR No. of Previous Marriages: _____
Last Marriage Ended By: Death Divorce Annulment Date: _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____
Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. NO
6. (a) Full name of applicant's father: George Thomas Smith
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): Indiana
Birthplace of father (State or foreign country): Indiana
(b) Full maiden name of applicant's mother: Janet Lydia Schaber
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): Pennsylvania

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [Signature] Date 5/23/00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [Signature] Date 5/23/00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed [Signature]
New Address SAME
Subscribed and sworn to before me this 23 day of May 2000
[Signature] Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed [Signature]
New Address SAME
Subscribed and sworn to before me this 23 day of May 2000
[Signature] Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-23-00, authorizing the marriage of Timothy Ray Ingersoll II and Audrey Lynn Smith.
I further certify that the following marriage certificate was filed in my office: I, Connie Jones Coy (name), certify that on June 3, 2000 (date), at Speedway in Marion County, Indiana, Timothy Ray Ingersoll II of Hendricks County, Indiana (state), and Audrey Lynn Smith of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-23-00. Signed by: /s/ Connie Jones Coy, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 6-9-00 (date).

Signed [Signature] Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 250
Date of Application 5-23-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 5-23-00
Name of Physician Dr. Lamb

MALE APPLICANT

Name First Middle Last
Robert Eric Singleton

Date of Birth Month Day Year
3-12-80

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
2137 S COR 421W Danville Hendricks IN 46122

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify) _____

Drivers License

- Are you now 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. _____

(a) Full name of applicant's father Danielle Kristine Singleton
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana

(b) Full maiden name of applicant's mother Victoria Lynn Randall
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name First Middle Last
Emily Ann Beyer

Date of Birth Month Day Year
1-3-80

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
508 Maple Street Putnam IN 46135

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify) _____

Drivers License

- Are you now 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. _____

(a) Full name of applicant's father Perry Lee Beyer
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana

(b) Full maiden name of applicant's mother Kathleen Juille Black
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases 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 Eric Singleton Date 5-23-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Emily Ann Beyer Date 5/23/00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Robert Eric Singleton
New Address 507 Maple St Apt 9 Greencastle IN 46135
Subscribed and sworn to before me this 23 day of May 2000
Harold Dugas Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Emily Ann Beyer
New Address 508 Maple St. Apt 9 Greencastle IN 46135
Subscribed and sworn to before me this 23 day of May 2000
Harold Dugas Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-23-00, authorizing the marriage of Robert Eric Singleton and Emily Ann Beyer.
I further certify that the following marriage certificate was filed in my office: I, George F. Kehler (name), certify that on June 3, 2000 (date), at Clayton in Hendricks County, Indiana, Robert Eric Singleton of Hendricks County, Indiana (state), and Emily Ann Beyer of Putnam County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-23-00. Signed by: /s/ George F. Kehler Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 6-15-00 (date).

Signed Harold Dugas Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 251
Date of Application 5-23-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 3-15-00
Name of Physician Dr. McDonald

MALE APPLICANT

Name First Jackie Middle Ray Last Jewell
Date of Birth Month 10 Day 11 Year 79
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. 8510 E CORN 300N City Brownsville County Marion State IN
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____
Drivers License

- Are you now 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. NO
- (a) Full name of applicant's father Jackie Ray Price
(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 Penny Ann Jewell
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name First Amy Middle Michelle Last Thompson
Date of Birth Month 10 Day 12 Year 78
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. 4259 Duke Way City Marion County IN State 46241
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____
Drivers License

- Are you now 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. NO
- (a) Full name of applicant's father Ralph Anthony Thompson
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Donna Lee Smith
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Jackie Jewell Date 5/23/00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Amy Thompson Date 5/23/00

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____
State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Harold Dugas
New Address 4259 Duke Way Indpls IN 46241
Subscribed and sworn to before me this 23 day of May 2000
Clerk of the 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 _____ Date _____
State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Amy Thompson
New Address 4259 Duke Way Indpls IN 46241
Subscribed and sworn to before me this 23 day of May 2000
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____ Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 23 2000, authorizing the marriage of Jackie Ray Jewell and Amy Michelle Thompson.
I further certify that the following marriage certificate was filed in my office: I, Randy A Stokes (name), certify that on June 24 2000 (date), at Mooreville in Morgan County, Indiana, Jackie Ray Jewell of Hendricks County, Indiana (state), and Amy Michelle Thompson of Marion County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 23 2000. Signed by: /s/ Randy A Stokes Evangelist (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 20 2000 (date).

Signed Harold Dugas Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 252
Date of Application 5-23-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 5-15-00
Name of Physician med check

MALE APPLICANT

Name: Andrew Arthur Studer III
Date of Birth: 1/30/64
Place of Birth (State or foreign country): California
Residence Address: 9601 E CR 950 N Brownsburg Hendricks In
Previous Marital Status: Never Married OR No. of Previous Marriages: 1
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) Drivers License

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

6. (a) Full name of applicant's father: Andrew Arthur Studer III
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): Indiana
Birthplace of father (State or foreign country): Indiana
(b) Full maiden name of applicant's mother: Kath Agnes Jensen
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): Indiana

FEMALE APPLICANT

Name: Tina Dawn Buchanan
Date of Birth: 2/3/61
Place of Birth (State or foreign country): Indiana
Residence Address: 9601 E CR 950 N Brownsburg Hendricks In
Previous Marital Status: Never Married OR No. of Previous Marriages: _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____

Drivers License

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

6. (a) Full name of applicant's father: David Allen Buchanan
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): Indiana
Birthplace of father (State or foreign country): Indiana
(b) Full maiden name of applicant's mother: Pauline Olive Hansel
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): Deceased
Birthplace of mother (State or foreign country): Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
* Signature of Applicant: Andrew A Studer III Date: 5-23-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
* Signature of Applicant: Tina Buchanan Date: 5-23-00

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____
State of Indiana)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.
* Signed: Andrew A Studer III
New Address: same as above
Subscribed and sworn to before me this 23 day of May
Harold Dugas Clerk of the 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 _____ Date _____
State of Indiana)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.
* Signed: Tina Buchanan
New Address: same as above
Subscribed and sworn to before me this 23 day of May
Harold Dugas Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 23 2000, authorizing the marriage of Andrew A Studer III and Tina Dawn Buchanan.
I further certify that the following marriage certificate was filed in my office: I, John M Wessic (name), certify that on May 23 2000 (date), at Brownsburg in Hendricks County, Indiana, Andrew A Studer III of Hendricks County, Indiana (state), and Tina D Buchanan of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 23 2000. Signed by: /s/ John M Wessic Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 16 2000 (date).

Signed Harold Dugas Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 253
Date of Application 5-23-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report, Dated 3-13-00
Name of Physician Dr. Liebschutz

MALE APPLICANT
Name: Ronald James Baker
Date of Birth: 12-15-79
Place of Birth: Indiana
Residence Address: 197 Comfort Rd Richland onslow NC
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify)

FEMALE APPLICANT
Name: Sarah Renee Wallis
Date of Birth: 4-2-82
Place of Birth: Indiana
Residence Address: 1785 S Co Rd 75 W Danville Onslow NC
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify)

Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. NO
6. (a) Full name of applicant's father: John Baker
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Missouri
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother: Lelonna Kay Norris
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. NO
6. (a) Full name of applicant's father: Henry George Wallis
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother: Guadalupe Ann Hess
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Ronald J Baker Date 05/23

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Sarah R. Wallis Date 5/23/00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Ronald J Baker
New Address 197 Comfort Rd Richland onslow NC 28574
Subscribed and sworn to before me this 23 day of May 2000
Harold Dugan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Sarah R. Wallis
New Address 197 Comfort Rd Richland onslow NC 28574
Subscribed and sworn to before me this 23 day of May 2000
Harold Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-23-00, authorizing the marriage of Ronald James Baker and Sarah Renee Wallis.
I further certify that the following marriage certificate was filed in my office: I, Robert L. Cannon (name), certify that on May 28, 2000 (date), at Danville in Hendricks County, Indiana, Ronald James Baker of Onslow County, North Carolina (state), and Sarah Renee Wallis of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-23-00. Signed by: /s/ Robert L. Cannon Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 5-31-00 (date).

Signed Harold Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 254
Date of Application 5-24-00

IC 31-11-11-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the
circuit court when the person applies for a marriage license under
IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 5-23-00
Name of Physician Dr. Collicott

MALE APPLICANT
Name: Keola Kamehameha Quatero
Date of Birth: 11-25-80
Place of Birth: California
Residence Address: 78 W Michigan St. Clayton Ind IN 46118
Previous Marital Status: Never Married
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify)

FEMALE APPLICANT
Name: Emily Elizabeth Lawson
Date of Birth: 6-24-82
Place of Birth: Indiana
Residence Address: 78 W Michigan St. Clayton Ind IN 46118
Previous Marital Status: Never Married
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify)

Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
2. Are you related to the female applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children:
Kahi'au Kamabua Quatero
Kira Kawehi Quatero
6. (a) Full name of applicant's father: Kuipio Teslie Quatero
Residence of father (if deceased, so state): Georgia
Birthplace of father (State or foreign country): Hawaii
(b) Full maiden name of applicant's mother: Danielle Annamarie Lopez
Residence of mother (if deceased, so state): Georgia
Birthplace of mother (State or foreign country): Hawaii

Ind ID
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children:
Kahi'au Kamabua Quatero
Kira Kawehi Quatero
6. (a) Full name of applicant's father: Michael Lynn Lawson
Residence of father (if deceased, so state): Indiana
Birthplace of father (State or foreign country): Indiana
(b) Full maiden name of applicant's mother: Deborah Ann Stansbury
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Keola L. Quatero Date 5/24/00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Emily E. Lawson Date 5/24/00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed X Keola L. Quatero
New Address PO. Box 191 Clayton, IN 46118
Subscribed and sworn to before me this 24 day of May 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed X Emily E. Lawson
New Address PO. Box 191 Clayton IN 46118
Subscribed and sworn to before me this 24 day of May 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother X Deborah Ann Lawson ID # 312-66-1701
Subscribed and sworn to before me this 24 day of May 2000
Sharon Dugan Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-24-00, authorizing the marriage of Keola Kamehameha Quatero and Emily Elizabeth Lawson.
I further certify that the following marriage certificate was filed in my office: I, Dr. Lee A. Dorsey (name), certify that on May 27, 2000 (date), at Clayton in Hendricks County, Indiana (state), and Emily Elizabeth Lawson of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-24-00. Signed by: /s/ Dr. Lee A. Dorsey Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 6-14-00 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

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Page 255
Date of Application 5-24-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 5-16-00
Name of Physician Dr. Himmelstein

MALE APPLICANT

Name: Gregory Earl Downey
Date of Birth: 3 29 63
Place of Birth: Kentucky
Residence Address: 1619 N CR 200W Danville Hendricks IN
Previous Marital Status: Never Married OR No. of Previous Marriages 1
Last Marriage Ended By: Death Divorce Annulment Date 4-94
Date of Birth Verified By: Birth Certificate Other (Specify)

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 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
- List the full names of any dependent children. NA
- (a) Full name of applicant's father Johnnie Wilson Downey
(If adopted, list adoptive parents only) deceased
Residence of father (if deceased, so state) deceased
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Martha Ann Daniel
(If adopted, list adoptive parents only) deceased
Residence of mother (if deceased, so state) Kentucky
Birthplace of mother (State or foreign country) Kentucky

FEMALE APPLICANT

Name: Amy Suzanne Downey
Date of Birth: 3 3 67
Place of Birth: South Carolina
Residence Address: 6418 Apache Dr. Indpls. Marion IN 46254
Previous Marital Status: Never Married OR No. of Previous Marriages 1
Last Marriage Ended By: Death Divorce Annulment Date 4-94
Date of Birth Verified By: Birth Certificate Other (Specify)

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 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
- List the full names of any dependent children. NA
- (a) Full name of applicant's father Orrin Kendall Drake Jr.
(If adopted, list adoptive parents only) deceased
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) South Carolina
(b) Full maiden name of applicant's mother Norma Lou Poe
(If adopted, list adoptive parents only) deceased
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [Signature] Date 5-24-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [Signature] Date 5-24-00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed [Signature] 5-24-00
New Address same
Subscribed and sworn to before me this 24th day of May 2000
[Signature] Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed [Signature] 5-24-00
New Address 1619 N CR 200W Danville 46222
Subscribed and sworn to before me this 24th day of May 2000
[Signature] Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____ Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-24-00, authorizing the marriage of Gregory Earl Downey and Amy Suzanne Downey.
I further certify that the following marriage certificate was filed in my office: I, Susan D. Link (name), certify that on May 24, 2000 (date), at Danville in Hendricks County, Indiana, Gregory Earl Downey of Hendricks County, Indiana (state), and Amy Suzanne Downey of Marion County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-24-00. Signed by: /s/ Susan D. Link, 1st Deputy Clerk (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 5-24-00 (date).

Signed [Signature] Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

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Page 256
Date of Application 5-24-00

IC 31-11-11-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the
circuit court when the person applies for a marriage license under
IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 5-15-00
Name of Physician Dr. Campbell

MALE APPLICANT
Name: Chad Hope McCloud
Date of Birth: 8-11-74
Place of Birth: Indiana
Residence Address: 8438 S St Rd 39 Clayton Hendricks IN 46118
Previous Marital Status: Never Married
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____

FEMALE APPLICANT
Name: Crystal Jo Boggs
Date of Birth: 7-23-78
Place of Birth: Indiana
Residence Address: 8438 S St Rd 39 Clayton Hendricks IN 46118
Previous Marital Status: Never Married
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____

Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
2. Are you related to the female applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children: Chase Allen McCloud
6. (a) Full name of applicant's father: Merle Hope McCloud, Jr.
Residence of father (if deceased, so state): Indiana
Birthplace of father (State or foreign country): Indiana
(b) Full maiden name of applicant's mother: Debbie Kay Grindler
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): Indiana

Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children: Chase Allen McCloud, Dakota Michael Watson
6. (a) Full name of applicant's father: David Anthony Boggs
Residence of father (if deceased, so state): Indiana
Birthplace of father (State or foreign country): Ohio
(b) Full maiden name of applicant's mother: Peggy Lynn Ramsey
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Chad McCloud Date: 5/24/00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Crystal Boggs Date: 5-24-00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed: Chad McCloud
New Address: same
Subscribed and sworn to before me this 24 day of May 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed: Crystal Boggs
New Address: same
Subscribed and sworn to before me this 24 day of May 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-24-00, authorizing the marriage of Chad Hope McCloud and Crystal Jo Boggs.
I further certify that the following marriage certificate was filed in my office: I, Stanley E. Hicks (name), certify that on June 3, 2000 (date), at Hazelwood in Hendricks County, Indiana, Chad Hope McCloud of Hendricks County, Indiana (state), and Crystal Jo Boggs of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-24-00. Signed by: /s/ Stanley E. Hicks Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 6-15-00 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

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Page 257
Date of Application 5-24-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 5-17-2000
Name of Physician Dr. Schaw

MALE APPLICANT

Name First Middle Last
Michael Ray Benton

Date of Birth Month Day Year
10 21 47

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
6179 S CR 100 W Clayton Hendricks In

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify) _____

Drivers 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 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
- List the full names of any dependent children. _____
- (a) Full name of applicant's father John Emery Benton
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Deceased
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Bessie Wainwright Davis
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name First Middle Last
Karen Theresa Kogan

Date of Birth Month Day Year
10 30 54

Place of Birth (State or foreign country)
Louisiana

Residence Address Street or R.R. City County State
503 W Busby Subanon Boone In 46052

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify) _____

Drivers License

- Are you now 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. _____
- (a) Full name of applicant's father Herbert Todd
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Deceased
Birthplace of father (State or foreign country) ?
(b) Full maiden name of applicant's mother Orillia Dupont
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Deceased
Birthplace of mother (State or foreign country) ?

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Michael Ray Benton Date 5-24-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
X Signature of Applicant Karen T Kogan Date 5-24-00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
X Signed Michael Ray Benton
New Address Same as Above
Subscribed and sworn to before me this 24 day of May
Sharon Dugan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
X Signed Karen T Kogan
New Address 6079 S CR 100 W Clayton In 46118
Subscribed and sworn to before me this 24 day of May
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-24-00, authorizing the marriage of Michael Ray Benton and Karen Theresa Kogan.
I further certify that the following marriage certificate was filed in my office: I, Buddy Baird (name), certify that on June 10, 2000 (date), at Broad Ripple in Marion County, Indiana, Michael Ray Benton of Hendricks County, Indiana (state), and Karen Theresa Kogan of Boone County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-24-00. Signed by: /s/ Buddy Baird Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 6-22-00 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

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Page 258
Date of Application 5-25-00

IC 31-11-11-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the
circuit court when the person applies for a marriage license under
IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 5-9-00
Name of Physician Dr. Feely

MALE APPLICANT

Name: Thomas Wayne Curl II
Date of Birth: 3-15-68
Place of Birth: Indiana
Residence Address: 308 Michigan Parkway #B Avon Indiana 46123
Previous Marital Status: Never Married OR No. of Previous Marriages 0
Last Marriage Ended By: Death Divorce Annulment Date
Date of Birth Verified By: Birth Certificate Other (Specify) 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 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
- List the full names of any dependent children. NO
- (a) Full name of applicant's father: Thomas Wayne Curl I
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother: Jandra Kay Walter
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: Sherri Lynn Black
Date of Birth: 10-2-68
Place of Birth: Indiana
Residence Address: 308 Michigan Parkway #B Avon Indiana 46123
Previous Marital Status: Never Married OR No. of Previous Marriages 2
Last Marriage Ended By: Death Divorce Annulment Date 1998
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 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children.
- (a) Full name of applicant's father: William Colby Powell James Pruitt
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother: Nancy Ruth Keaton
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Kansas

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Thomas W. Curl II Date 5-25-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Sherri L. Black Date 5-25-00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Thomas W. Curl II
New Address Same
Subscribed and sworn to before me this 25 day of May 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Sherri L. Black
New Address Same
Subscribed and sworn to before me this 25 day of May 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5/25/00, authorizing the marriage of Thomas Wayne Curl II and Sherri Lynn Black.
I further certify that the following marriage certificate was filed in my office: I, Shawn Tully (name), certify that on June 3, 2000 (date), at Avon in Hendricks County, Indiana, Thomas Wayne Curl II of Hendricks County, Indiana, (state), and Sherri Lynn Black of Hendricks County, Indiana, (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5/25/00. Signed by: /s/ Shawn Tully Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 6/09/00 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

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Date of Application 5-25-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 5-25-00
Name of Physician C.R. Kelley 1001 W 10th Indpls 46202

MALE APPLICANT
Name First Middle Last
James Newton Williams
Date of Birth Month Day Year
11 9 53
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. City County State
2167 Citatron Dr. Indpls Hendricks 46234
Previous Marital Status: Never Married OR No. of Previous Marriages 1
Last Marriage Ended By: Death Divorce Annulment Date 2-15-00
Date of Birth Verified By: Birth Certificate Other (Specify)

FEMALE APPLICANT
Name First Middle Last
Georgia May Ogden
Date of Birth Month Day Year
2 4 63
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. City County State
2167 Citatron Dr. Indpls Hendricks 46234
Previous Marital Status: Never Married OR No. of Previous Marriages 1
Last Marriage Ended By: Death Divorce Annulment Date 5-16-00
Date of Birth Verified By: Birth Certificate Other (Specify)

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

driver's license
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. Ashley Nichole Ogden
6. (a) Full name of applicant's father Ford Phillip Hubbard
(If adopted, list adoptive parents only) deceased
Residence of father (if deceased, so state) deceased
Birthplace of father (State or foreign country) Kentucky
(b) Full maiden name of applicant's mother Stella Jane Moore
(If adopted, list adoptive parents only) deceased
Residence of mother (if deceased, so state) deceased
Birthplace of mother (State or foreign country) Ohio

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant James N. Williams Date 5/25/00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Georgia Ogden Date 5-25-2000

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed James N. Williams
New Address same
Subscribed and sworn to before me this 25th day of May, 2000
Harold Dugan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Georgia Ogden
New Address same
Subscribed and sworn to before me this 25th day of May 2000
Harold Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 25 2000, authorizing the marriage of James Newton Williams and Georgie May Ogden.
I further certify that the following marriage certificate was filed in my office: I, Linda E Brown (name), certify that on June 1 2000 (date), at Indianapolis in Marion County, Indiana, James Newton Williams of Hendricks County, Indiana (state), and Georgia May Ogden of Hendricks County, Idiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 25 2000. Signed by: /s/ Linda E Brown, Judge (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 21 2000 (date).

Signed Harold Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 260
Date of Application 5-25-00

IC 31-11-1-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 5-25-00
Name of Physician G.B. Hathaway MD

MALE APPLICANT

Name: Steven Jeffrey Meyer
Date of Birth: 8-13-71
Place of Birth: Indiana
Residence Address: 5519 Creekside Dr. Pittsboro, Henderson
City: Pittsboro County: Henderson State: NC
Previous Marital Status: Never Married OR No. of Previous Marriages: 46167
Last Marriage Ended By: Death Divorce Annulment Date: _____
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 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. NO
- (a) Full name of applicant's father: Jeffrey Charles Meyer
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother: Julie Edyabath Weber
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Germany

FEMALE APPLICANT

Name: Tonya Sue Glick
Date of Birth: 3-18-75
Place of Birth: Indiana
Residence Address: 217 N. Baxter St. Auburn DeKalb Twp
City: Auburn County: DeKalb State: IN
Previous Marital Status: Never Married OR No. of Previous Marriages: 46706
Last Marriage Ended By: Death Divorce Annulment Date: _____
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 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. NO
- (a) Full name of applicant's father: Robert Maurice Glick
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother: Florida Sue Barrett
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Steve J Meyer Date 5-25-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Tonya S Glick Date 5-25-00

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____
State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Steve J Meyer
New Address 208c McCreage Lane Ft. Wright, Ky 41011
Subscribed and sworn to before me this 25 day of May 2000
Sharon Dugan Clerk of the 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 _____ Date _____
State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Tonya S Glick
New Address 208c McCreage Lane Ft. Wright, Ky 41011
Subscribed and sworn to before me this 25 day of May 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-25-00, authorizing the marriage of Steven Jeffrey Meyer and Tonya Sue Glick.
I further certify that the following marriage certificate was filed in my office: I, William H. Steinke (name), certify that on June 17, 2000 (date), at Brownsburg in Hendricks County, Indiana, Steven Jeffrey Meyer of Hendricks County, Indiana (state), and Tonya Sue Glick of DeKalb County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-25-00. Signed by: /s/ William H. Steinke Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 6-22-00 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 261
Date of Application 5-25-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 5-4-00
Name of Physician Dr. Stigsmiller

MALE APPLICANT

Name: Dickie Dewayne Dunn
Date of Birth: 3-12-69
Place of Birth: Indiana
Residence Address: 619 Kentucky Ave P'ld Hooks Jr
Previous Marital Status: Never Married OR No. of Previous Marriages: 2
Last Marriage Ended By: Death Divorce Annulment Date: 199
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 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children: Allyssa Kathryn Dunn
- (a) Full name of applicant's father: Bobbie Ray Dunn
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) _____
Birthplace of father (State or foreign country): Indiana
(b) Full maiden name of applicant's mother: Jucille Victoria Knapp
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): Indiana

FEMALE APPLICANT

Name: Deborah Devon Doty
Date of Birth: 5-9-72
Place of Birth: Indiana
Residence Address: 619 Kentucky Ave P'ld Hooks Jr
Previous Marital Status: Never Married OR No. of Previous Marriages: 2
Last Marriage Ended By: Death Divorce Annulment Date: 2000
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 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children: Kenneth Elijah Cooper
Faith Tera Cooper
- (a) Full name of applicant's father: Glenn Frederick Doty
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): Indiana
Birthplace of father (State or foreign country): Indiana
(b) Full maiden name of applicant's mother: Deborah Guider
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Dickie D. Dunn Date: 25 May 00

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Deborah D. Doty Date: 25 May 00

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed: Dickie D. Dunn
New Address: same
Subscribed and sworn to before me this 25 day of May 2000
Harold Dugan Clerk of the Hendricks Circuit Court

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed: Deborah D. Doty
New Address: same
Subscribed and sworn to before me this 25 day of May 2000
Harold Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-25-00, authorizing the marriage of Dickie Dewayne Dunn and Deborah Devon Doty.
I further certify that the following marriage certificate was filed in my office: I, Connie Stephens (name), certify that on May 25, 2000 (date), at Indianapolis in Marion County, Indiana, Dickie Dewayne Dunn of Hendricks County, Indiana (state), and Deborah Devon Doty of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-25-00. Signed by: /s/ Connie Stephens Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 5-31-00 (date).

Signed Harold Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 262
Date of Application 5-25-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 2-00
Name of Physician Dr. Ruby

MALE APPLICANT

Name First Middle Last
Christopher Michael Straw

Date of Birth Month Day Year
IN 09 24 75

Place of Birth (State or foreign country)
INDIANA

Residence Address Street or R.R. City County State
937 #C Pinewood Dr. Plainfield Hendricks IN

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify)
Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes

2. Are you related to the female applicant closer than second cousin? No Yes

3. Are you now under the influence of an alcoholic beverage? No Yes

4. Are you now under the influence of a narcotic drug? No Yes

5. List the full names of any dependent children. _____

6. (a) Full name of applicant's father Michael Ray Straw
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana

(b) Full maiden name of applicant's mother Debra Rae Keil
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name First Middle Last
Amanda Elaine Williams

Date of Birth Month Day Year
10 21 78

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
117 S. Franklin Oakland City Gibson Indiana

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify)
Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes

2. Are you related to the male applicant closer than second cousin? No Yes

3. Are you now under the influence of an alcoholic beverage? No Yes

4. Are you now under the influence of a narcotic drug? No Yes

5. List the full names of any dependent children. _____

6. (a) Full name of applicant's father Michael Ray Williams
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Illinois

(b) Full maiden name of applicant's mother Jacqueline Elaine Miller
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Missouri

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Amanda Elaine Williams Date 5/25/00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Christopher Michael Straw Date 5-25-2000

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Amanda Elaine Williams
New Address 937 Pinewood Dr. Apt #C Plainfield, IN 46168
Subscribed and sworn to before me this 25th day of May, 2000
Harold Dugan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Christopher Michael Straw
New Address 937 Pinewood Dr. Apt #C, Plainfield, IN 46168
Subscribed and sworn to before me this 25th day of May, 2000
Harold Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-25-00, authorizing the marriage of Christopher Michael Straw and Amanda Elaine Williams.
I further certify that the following marriage certificate was filed in my office: I, Bill L. Reed (name), certify that on June 24, 2000 (date), at Mackey in Gibson County, Indiana, Christopher Michael Straw Hendricks County, Indiana (state), and Amanda Elaine Williams of Gibson County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-25-00. Signed by: /s/ Bill L. Reed Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 7-6-00 (date).

Signed Harold Dugan Clerk
Hendricks Circuit Court

Please Do Not Publish

Form Prescribed by Indiana State Health under authority of IC 31-11-4

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Book 63
Page 263
Date of Application 5-26-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 5-25-00
Name of Physician Dr. Kasey

MALE APPLICANT

Name: Daniel David Mudge
Date of Birth: 2 / 15 / 63
Place of Birth: California
Residence Address: 5521 N. Frodox Club Dr. Montgomery Alabama
Previous Marital Status: Never Married OR No. of Previous Marriages: 1
Last Marriage Ended By: Death Divorce Annulment Date: _____
Date of Birth Verified By: Birth Certificate Other (Specify) Drivers License

- Are you now 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. _____
- (a) Full name of applicant's father: Robert Oliver Mudge
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): Nevada
Birthplace of father (State or foreign country): Wyoming
(b) Full maiden name of applicant's mother: Betty James Mumby
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): Nevada
Birthplace of mother (State or foreign country): Nebraska

FEMALE APPLICANT

Name: Susan Michelle Laabs
Date of Birth: 7 / 29 / 70
Place of Birth: Indiana
Residence Address: 5455 Ruston Dr. Plainfield Hendricks In
Previous Marital Status: Never Married OR No. of Previous Marriages: 1
Last Marriage Ended By: Death Divorce Annulment Date: _____
Date of Birth Verified By: Birth Certificate Other (Specify) Drivers 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 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
- List the full names of any dependent children. Heidi Laabs
- (a) Full name of applicant's father: Washington Dwayne Crisp
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): Arkansas
Birthplace of father (State or foreign country): Arkansas
(b) Full maiden name of applicant's mother: Marquet Swartz Allen
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): Arkansas
Birthplace of mother (State or foreign country): Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: [Signature] Date: 5/26/00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Susan M. Laabs Date: 5-26-00

The 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)
I swear/affirm that the information given in this application is true and correct.
Signed: [Signature]
New Address: 5455 Ruston Dr. Plainfield
Subscribed and sworn to before me this 26 day of May
Harold Dugas Clerk of the Hendricks Circuit Court

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed: Susan M. Laabs
New Address: Same as Above
Subscribed and sworn to before me this 26 day of May
Harold Dugas Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-26-00 authorizing the marriage of Daniel David Mudge and Susan Michelle Laabs.
I further certify that the following marriage certificate was filed in my office: I, Luther C. Brunette (name), certify that on July 1, 2000 (date), at Carmel in Hamilton County, Indiana, Daniel David Mudge of Montgomery County, Alabama (state), and Susan Michelle Laabs of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-26-00. Signed by: /s/ Luther C. Brunette, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 7-6-00 (date).

Signed Harold Dugas Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
 Indiana State Board of
 Health under Authority
 of IC 31-11-4-4

Book 63
 Page 264
 Date of Application 5-26-00

IC 31-11-11-1. Furnishing false information upon applying for license.
 A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
 If No, Medical Examination or Report Dated 5-24-00
 Name of Physician Virginia Carne, MD

MALE APPLICANT

Name First Middle Last
Michael Christian Courtney

Date of Birth Month Day Year
3 16 69

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
2315 E Main Lot 2 Plainfield Hend IN

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify)
drivers license

- Are you now 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children.
NA
- (a) Full name of applicant's father Lloyd Edward Courtney
 (If adopted, list adoptive parents only) _____
 Residence of father (if deceased, so state) deceased
 Birthplace of father (State or foreign country) Indiana
 (b) Full maiden name of applicant's mother Judy Lynn Stevens
 (If adopted, list adoptive parents only) _____
 Residence of mother (if deceased, so state) Indiana
 Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name First Middle Last
Heather Shawnnette Huffman

Date of Birth Month Day Year
11 26 72

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
2315 E Main St Lt 2 Plainfield Hend. IN

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify)
drivers license

- Are you now 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children.
NA
- (a) Full name of applicant's father Gregg S. Boardman
 (If adopted, list adoptive parents only) _____
 Residence of father (if deceased, so state) Indiana
 Birthplace of father (State or foreign country) Indiana
 (b) Full maiden name of applicant's mother Bette L. Lasley
 (If adopted, list adoptive parents only) _____
 Residence of mother (if deceased, so state) Indiana
 Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

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

Signature of Applicant Michael Courtney Date 5-26-00

The above applicant has 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
 County of Hendricks) in this application is true and correct.
 Signed Michael Courtney
 New Address SAME
 Subscribed and sworn to before me this 26 day of May, 2000
Harold Dugas Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
 We, the parents of this applicant, hereby give consent for 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 _____
 _____ Clerk

ACKNOWLEDGEMENT

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

Signature of Applicant Heather S Huffman Date 5/26/00

The above applicant has 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
 County of Hendricks) in this application is true and correct.
 Signed Heather S Huffman
 New Address SAME
 Subscribed and sworn to before me this 26 day of May, 2000
Harold Dugas Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
 We, the parents of this applicant, hereby give consent for 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 _____
 _____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 26 2000, authorizing the marriage of Michael Christian Courtney and Heather Shawnnette Huffman. I further certify that the following marriage certificate was filed in my office: I, Christie A Seifert (name), certify that on July 15 2000 (date), at Indianapolis in Marion County, Indiana, Michael C Courtney of Hendricks County, Indiana (state), and Heather S Huffman of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 26 2000. Signed by: /s/ Christie A Seifert, Judge, Pro Tem (official designation) Filed and recorded in accordance with the laws of the State of Indiana on July 19 2000 (date).

Signed Harold Dugas Clerk
 Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 265
Date of Application 5-26-00

IC 31-11-11-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 5-24-00
Name of Physician Dr. Piggott

MALE APPLICANT
Name: Don Patrick Rock
Date of Birth: 8-8-75
Place of Birth: Kentucky
Residence Address: 6609 Banting Ave Cincinnati Hamilton Ohio
Previous Marital Status: Never Married
Last Marriage Ended By: Death Divorce Annulment
Date of Birth Verified By: Birth Certificate Other (Specify)

FEMALE APPLICANT
Name: Julia Ann Horner
Date of Birth: 7-12-78
Place of Birth: Indiana
Residence Address: 520 Brookside Lane p/fld Snaps IN
Previous Marital Status: Never Married
Last Marriage Ended By: Death Divorce Annulment
Date of Birth Verified By: Birth Certificate Other (Specify)

Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. NO
6. (a) Full name of applicant's father: Charles Edward Rock
Residence of father (if deceased, so state): Kentucky
Birthplace of father (State or foreign country): Kentucky
(b) Full maiden name of applicant's mother: Alice Corral Mathen
Residence of mother (if deceased, so state): Kentucky
Birthplace of mother (State or foreign country): Kentucky

Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. NO
6. (a) Full name of applicant's father: Marlin Leon Horner
Residence of father (if deceased, so state): Indiana
Birthplace of father (State or foreign country): Indiana
(b) Full maiden name of applicant's mother: Jean Ann Alyea
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases 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 P Rock Date: 5/26/2000

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Julia Horner Date: 5/26/00

The 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) I swear/affirm that the information given in this application is true and correct.
Signed: Don P Rock
New Address: 6609 Banting Ave #12 Cincinnati, OH 45213
Subscribed and sworn to before me this 26 day of May 2000
Harold Dugan Clerk of the Hendricks Circuit Court

State of Indiana)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.
Signed: Julia Horner
New Address: 6609 Banting Ave #12 Cincinnati, OH 45213
Subscribed and sworn to before me this 26 day of May 2000
Harold Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____ Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-26-00, authorizing the marriage of Don Patrick Rock and Julia Ann Horner.
I further certify that the following marriage certificate was filed in my office: I, Garrett Curry (name), certify that on May 27, 2000 (date), at Plainfield in Hendricks County, Indiana, Don Patrick Rock of Hamilton County, Ohio (state), and Julia Ann Horner of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-26-00. Signed by: /s/ Garrett Curry Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 6-15-00 (date).

Signed Harold Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 266
Date of Application 5-25-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 5-25-00
Name of Physician 8330 Naab Rd St 103 Napls 46260

MALE APPLICANT
Name First Middle Last
Stephan Michael Kline
Date of Birth Month Day Year
12 25 61
Place of Birth (State or foreign country) Ohio
Residence Address Street or R.R. City County State
10803 E CR 750N Brownsburg Hend IN
Previous Marital Status: Never Married OR No. of Previous Marriages 1
Last Marriage Ended By: Death Divorce Annulment Date 4-99
Date of Birth Verified By: Birth Certificate Other (Specify)

FEMALE APPLICANT
Name First Middle Last
G Arlene Howe
Date of Birth Month Day Year
7 2 61
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. City County State
10803 E CR 750N Brownsburg Hend IN
Previous Marital Status: Never Married OR No. of Previous Marriages 1
Last Marriage Ended By: Death Divorce Annulment Date 9-89
Date of Birth Verified By: Birth Certificate Other (Specify)

drivers license
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.
Stephan Robert Kline Caitlyn Marie Kline
Andrew Ragan Kline
6. (a) Full name of applicant's father Carl George Kline
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) California
Birthplace of father (State or foreign country) Illinois
(b) Full maiden name of applicant's mother Nancy Jean Truran
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Ohio
Birthplace of mother (State or foreign country) Ohio

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

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [Signature] Date 5/26/00
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [Signature] Date 5/26/00
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.
Signed [Signature]
New Address same
Subscribed and sworn to before me this 26 day of May 2000
[Signature] Clerk of the Hendricks Circuit Court

State of Indiana)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.
Signed [Signature]
New Address same
Subscribed and sworn to before me this 26 day of May 2000
[Signature] Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-25-00, authorizing the marriage of Stephan Michael Kline and G. Arlene Howe.
I further certify that the following marriage certificate was filed in my office: I, Kenneth D. Wells (name), certify that on June 17, 2000 (date), at Avon in Hendricks County, Indiana, Stephan Michael Kline of Hendricks County, Indiana (state), and G. Arlene Howe of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-25-00. Signed by: /s/ Kenneth D. Wells Elder (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 6-22-00 (date).

Signed [Signature] Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 63 Page 267 Date of Application 5-26-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No [] Yes [X] If No, Medical Examination or Report Dated 3-31-00 Name of Physician E. Kourany, MD

MALE APPLICANT section containing name (Jason Andrew Polley), date of birth (9/2/76), residence address (7931 Ashlee Farm Rd, Apt 3, Cordova, TN 38018), marital status (Never Married), and driver's license information.

FEMALE APPLICANT section containing name (Tiffany Louise Klee), date of birth (12/14/76), residence address (7931 Ashlee Farm Rd, Apt 3, Cordova, TN 38018), marital status (Never Married), and driver's license information.

ACKNOWLEDGEMENT section for the male applicant, signed by Jason A. Polley on 5-26-00.

ACKNOWLEDGEMENT section for the female applicant, signed by Tiffany L. Klee on 5-26-00.

Section for the male applicant to object to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Section for the female applicant to object to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Section for the male applicant to swear/affirm that the information given in this application is true and correct, signed by Jason A. Polley.

Section for the female applicant to swear/affirm that the information given in this application is true and correct, signed by Tiffany L. Klee.

CONSENT OF PARENTS, PARENT, OR GUARDIAN section for the male applicant, with fields for parent/guardian name and ID number.

CONSENT OF PARENTS, PARENT, OR GUARDIAN section for the female applicant, with fields for parent/guardian name and ID number.

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE section, certifying that a marriage license was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 26, 2000, for Jason Andrew Polley and Tiffany Louise Klee, and that a marriage certificate was filed in the office of Kevin Morris on June 24, 2000.

Signed _____ Clerk Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 268
Date of Application 5-26-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 5-26-00
Name of Physician D1. Acello

MALE APPLICANT

Name: Jason Fitzpatrick Fletcher
Date of Birth: 5-23-69
Place of Birth (State or foreign country): Michigan
Residence Address: 110 E Franklin #5 B'burg Indpls IN
City: B'burg County: Indpls State: IN
Previous Marital Status: Never Married OR No. of Previous Marriages: _____
Last Marriage Ended By: Death Divorce Annulment Date: _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____
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 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
- List the full names of any dependent children. NO
- (a) Full name of applicant's father: Raymond Fletcher
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): Michigan
Birthplace of father (State or foreign country): Michigan
(b) Full maiden name of applicant's mother: Barrett Joan Fitzgerald
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): Michigan

FEMALE APPLICANT

Name: Christina Marie Fuson
Date of Birth: 11-5-76
Place of Birth (State or foreign country): Indiana
Residence Address: 110 E Franklin Ave #5 B'burg Indpls IN
Street or R.R.: _____ City: B'burg County: Indpls State: IN
Previous Marital Status: Never Married OR No. of Previous Marriages: _____
Last Marriage Ended By: Death Divorce Annulment Date: _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____
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 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
- List the full names of any dependent children. NO
- (a) Full name of applicant's father: Jerry Leroy Fuson Jr.
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): Indiana
Birthplace of father (State or foreign country): Washington State
(b) Full maiden name of applicant's mother: Debrah Sue Madley
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: [Signature] Date: 5-26-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Christina M Fuson Date: 5-26-00

The 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)
I swear/affirm that the information given in this application is true and correct.
Signed: [Signature]
New Address: Same
Subscribed and sworn to before me this 26 day of May 2000
[Signature] Clerk of the Hendricks Circuit Court

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed: Christina M Fuson
New Address: Same
Subscribed and sworn to before me this 26 day of May 2000
[Signature] Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father: _____ ID #: _____
Mother: _____ ID #: _____
Subscribed and sworn to before me this _____ day of _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father: _____ ID #: _____
Mother: _____ ID #: _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-26-00, authorizing the marriage of Jason Fitzpatrick Fletcher and Christina Marie Fuson.
I further certify that the following marriage certificate was filed in my office: I, Linda E. Brown (name), certify that on May 26, 2000 (date), at Indianapolis in Marion County, Indiana, Jason Fitzpatrick Fletcher Hendricks County, Indiana (state), and Christina Marie Fuson of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-26-00. Signed by: /s/ Linda E. Brown Judge (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 5-31-00 (date).

Signed: [Signature] Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 269
Date of Application 5-26-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 4-7-00
Name of Physician Dr. Kennedy - Brownsburg

MALE APPLICANT
Name First Middle Last
Aaron Douglas Bunten
Date of Birth Month Day Year
5 26 78
Place of Birth (State or foreign country)
Indiana
Residence Address Street or R.R. City County State
2736 N CR 575 E Danville Hend IN
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify)

FEMALE APPLICANT
Name First Middle Last
Michelle Renee Wandrei
Date of Birth Month Day Year
10 28 76
Place of Birth (State or foreign country)
Indiana
Residence Address Street or R.R. City County State
6 Woodstock Dr. Brownsburg Hend IN
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify)

drivers license

driver's license

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

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [Signature] Date 5/24/00

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [Signature] Date 5/26/00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed [Signature]
New Address 6 Woodstock Dr. Brownsburg, IN 46112
Subscribed and sworn to before me this 26th day of May 2000
[Signature] Clerk of the Hendricks Circuit Court.

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed [Signature]
New Address 6 Woodstock Dr., Brownsburg, IN 46112
Subscribed and sworn to before me this 26th day of May 2000
[Signature] Clerk of the Hendricks Circuit Court

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

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 26 2000, authorizing the marriage of Aaron Douglas Bunten and Michelle Renee Wandrei. I further certify that the following marriage certificate was filed in my office: I, Martin B Dittmar (name), certify that on July 8 2000 (date), at Brownsburg in Hendricks County, Indiana, Aaron Douglas Bunten of Hendricks County, Indiana (state), and Michelle Renee Wandrei of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated May 26 2000. Signed by: /s/ Martin B Dittmar, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on July 11 2000 (date).

Signed [Signature] Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 270
Date of Application 5-26-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report, Dated 5-5-00
Name of Physician Dr. Caperson

MALE APPLICANT

Name: Jeremy Michael Lane
Date of Birth: 9-27-76
Place of Birth: Indiana
Residence Address: 769 Kingston Circle B'burg Hacks IN
Previous Marital Status: Never Married OR No. of Previous Marriages: _____
Last Marriage Ended By: Death Divorce Annulment Date: _____
Date of Birth Verified By: Birth Certificate Other (Specify) Drivers License

- Are you now 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. NO
- (a) Full name of applicant's father: Jonnie Lee Lane
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): Indiana
Birthplace of father (State or foreign country): Indiana
(b) Full maiden name of applicant's mother: Gayla Sue Johnston
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): Illinois

FEMALE APPLICANT

Name: Christina Ann Bennett
Date of Birth: 1-26-79
Place of Birth: Indiana
Residence Address: 769 Kingston Circle B'burg Hacks IN
Previous Marital Status: Never Married OR No. of Previous Marriages: _____
Last Marriage Ended By: Death Divorce Annulment Date: _____
Date of Birth Verified By: Birth Certificate Other (Specify) Drivers License

- Are you now 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. NO
- (a) Full name of applicant's father: William Kevin Bennett
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): Indiana
Birthplace of father (State or foreign country): Indiana
(b) Full maiden name of applicant's mother: Mary Elizabeth Steffen
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Jeremy Lane Date: 5-26-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Christina A. Bennett Date: 5-26-00

The 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)
I swear/affirm that the information given in this application is true and correct.
Signed: Jeremy Lane
New Address: same
Subscribed and sworn to before me this 26 day of May 2000
Harold Dugan Clerk of the Hendricks Circuit Court

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed: Christina Ann Bennett
New Address: same
Subscribed and sworn to before me this 26 day of May 2000
Harold Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk: _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father: _____ ID #: _____
Mother: _____ ID #: _____
Subscribed and sworn to before me this _____ day of _____
Clerk: _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-26-00, authorizing the marriage of Jeremy Michael Lane and Christina Ann Bennett.
I further certify that the following marriage certificate was filed in my office: I, Norman W. Campbell (name), certify that on June 10, 2000 (date), at Pittsboro in Hendricks County, Indiana, Jeremy Michael Lane of Hendricks County, Indiana (state), and Christina Ann Bennett of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-26-00. Signed by: /s/ Norman W. Campbell Elder (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 6-15-00 (date).

Signed: Harold Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 271
Date of Application 5-26-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 5-15-00
Name of Physician R. Stegemoller

MALE APPLICANT

Name First Middle Last
Chris Allen McKern

Date of Birth Month Day Year
4 7 71

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
249 Old North Salem Rd Danville Hend IN 46122

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify)
drivers license

- Are you now 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children.
NA
- (a) Full name of applicant's father Fredrick McKern
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Jennie Sue Catron
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Virginia

FEMALE APPLICANT

Name First Middle Last
Jane Marie Beliles

Date of Birth Month Day Year
3 24 65

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
249 Old North Salem Rd Danville IN 46122

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

Last Marriage Ended By: Death Divorce Annulment Date 6-93

Date of Birth Verified By: Birth Certificate Other (Specify)
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 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
- List the full names of any dependent children.
Jordan Kristopher Beliles
Jensen Maxwell Beliles
- (a) Full name of applicant's father John Edward Beliles
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Thomasine Bernadette McFeely
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [Signature] Date 5-26-00

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [Signature] Date 5/26/00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed [Signature]
New Address SAME
Subscribed and sworn to before me this 26 day of May 2000
[Signature] Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed [Signature]
New Address SAME
Subscribed and sworn to before me this 26 day of May 2000
[Signature] Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-26-00, authorizing the marriage of Chris Allen McKern and Jane Marie Beliles. I further certify that the following marriage certificate was filed in my office: I, Gary L. Felton (name), certify that on July 1, 2000 (date), at Danville in Hendricks County, Indiana, Chris Allen McKern of Hendricks County, Indiana (state), and Jane Marie Beliles of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-26-00. Signed by: /s/ Gary L. Felton Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 7-6-00 (date).

Signed [Signature] Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

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Page 272
Date of Application 5-26-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 5-9-00
Name of Physician Dr. R. Hummeltag

MALE APPLICANT

Name First Jaye Middle D Last Wiggins
Date of Birth Month 4 Day 21 Year 59
Place of Birth (State or foreign country) Indiana 47542
Residence Address Street or R.R. City County State
8600 W. CO. RD 300 S Huntingburg Dubois IN
Previous Marital Status: Never Married OR No. of Previous Marriages 2
Last Marriage Ended By: Death Divorce Annulment Date 1991
Date of Birth Verified By: Birth Certificate Other (Specify) 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 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
- List the full names of any dependent children. NO
- (a) Full name of applicant's father Larry J Wiggins
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) _____
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Carol Ann Siebe
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name First Dana Middle Ann Last Wright
Date of Birth Month 4 Day 1 Year 62
Place of Birth (State or foreign country) Indiana 46165
Residence Address Street or R.R. City County State
200 S Broadway St. North Salem Hendricks IN
Previous Marital Status: Never Married OR No. of Previous Marriages 2
Last Marriage Ended By: Death Divorce Annulment Date 1995
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 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. Shelby Gene Demmon
Whitney Ann Demmon
Nathaniel Scott Warner
- (a) Full name of applicant's father John Lee Wright
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Phyllis Ann Keller
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Jaye D Wiggins Date 5-26-2000
The above applicant has 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
County of Hendricks) in this application is true and correct.
Signed Jaye D Wiggins
P.O. Box 444 Address North Salem IN 46165
Subscribed and sworn to before me this 26 day of May 2000
Harold Dugan Clerk of the Hendricks Circuit Court

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Dana Ann Wright Date 5-26-00
The above applicant has 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
County of Hendricks) in this application is true and correct.
Signed Dana A. Wright
P.O. Box 444 Address 200 S Broadway St. No. Salem Ind 46165
Subscribed and sworn to before me this 26 day of May 2000
Harold Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-26-00, authorizing the marriage of Jaye D. Wiggins and Dana Ann Wright.
I further certify that the following marriage certificate was filed in my office: I, Stevan W. Ranson (name), certify that on June 12, 2000 (date), at Indianapolis in Indiana County, Indiana, Jaye D. Wiggins of Dubois County, Indiana (state), and Dana Ann Wright of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-26-00. Signed by: /s/ Stevan W. Ranson Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 6-15-00 (date).

Signed Harold Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 273
Date of Application 5-30-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 5-30-00
Name of Physician Judith Kumschlag MD

MALE APPLICANT

Name Ronald Ray Brown
Date of Birth 11 25 81
Place of Birth (State or foreign country) Indiana
Residence Address 5050 Allison Rd City Camby County Marion State 46113
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) driver's 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 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
- List the full names of any dependent children. NA
- (a) Full name of applicant's father Carl Ray Brown Jr.
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Janice Mae Sullivan
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name Rebecca Sue McDaniel
Date of Birth 9 29 81
Place of Birth (State or foreign country) Indiana
Residence Address 6468 Breakers Ct City Avon County IN State 46123
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) drivers license

- Are you now 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. NA
- (a) Full name of applicant's father Lawrence Howard McDaniel
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Olive Louise Estep
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Kentucky

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Ronald R. Brown Date 5-30-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Rebecca S. McDaniel Date 5-30-00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Ronald R. Brown
New Address 6468 Breakers Ct Avon, IN 46123
Subscribed and sworn to before me this _____ day of _____
Harold Dugan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Rebecca S. McDaniel
New Address same
Subscribed and sworn to before me this _____ day of _____
Harold Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

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

Signed Harold Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 274
Date of Application 5-30-00

IC 31-11-11-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the
circuit court when the person applies for a marriage license under
IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 5-8-00
Name of Physician Dr. Bair

MALE APPLICANT

Name: Ryan Patrick Wells
Date of Birth: 8/10/74
Place of Birth: Indiana
Residence Address: 3318 Prairie View Cr Danville Hendricks In
Previous Marital Status: Never Married OR No. of Previous Marriages: _____
Last Marriage Ended By: Death Divorce Annulment Date: _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____
Drivers License

- Are you now 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. _____
- (a) Full name of applicant's father: Ronald Lee Wells
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): Pennsylvania
Birthplace of father (State or foreign country): Indiana
(b) Full maiden name of applicant's mother: Cardie Lee Nichol
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): Indiana

FEMALE APPLICANT

Name: Alexandra Lee Collins
Date of Birth: 7/31/76
Place of Birth: Indiana
Residence Address: 3318 Prairie View Cr Danville Hendricks In
Previous Marital Status: Never Married OR No. of Previous Marriages: _____
Last Marriage Ended By: Death Divorce Annulment Date: _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____
Drivers License

- Are you now 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. _____
- (a) Full name of applicant's father: Stephen Cutler Collins
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): Indiana
Birthplace of father (State or foreign country): Indiana
(b) Full maiden name of applicant's mother: Luise Mercedes Martinez
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): Puerto Rico

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Ryan Wells Date: 5/30/00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Alexandra Collins 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)
I swear/affirm that the information given in this application is true and correct.
Signed: Ryan Wells
New Address: Same As Above
Subscribed and sworn to before me this 30 day of May
Harold Dugan Clerk of the Hendricks Circuit Court

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed: Alexandra Collins
New Address: Same As Above
Subscribed and sworn to before me this 30 day of May
Harold Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk: _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father: _____ ID #: _____
Mother: _____ ID #: _____
Subscribed and sworn to before me this _____ day of _____
Clerk: _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-30-00, authorizing the marriage of Ryan Patrick Wells and Alexandra Lee Collins.
I further certify that the following marriage certificate was filed in my office: I, D. Michael Welch (name), certify that on June 10, 2000 (date), at Speedway in Marion County, Indiana, Ryan Patrick Wells of Hendricks County, Indiana (state), and Alexandra Lee Collins of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-30-00. Signed by: /s/ D. Michael Welch Catholic Priest (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 6-15-00 (date).

Signed: Harold Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
 Indiana State Board of
 Health under Authority
 of IC 31-11-4-4

Book 63
 Page 275
 Date of Application 5-30-00

IC 31-11-11-1. Furnishing false information upon applying for license.
 A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
 If No, Medical Examination or Report Dated 5-27-00
 Name of Physician Brownsburg Family Medical

MALE APPLICANT

Name First Middle Last
Mark Andrew Ramsey

Date of Birth Month Day Year
10 13 81

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
5255 Hill Valley Dr Pittsboro Hendricks In

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify) _____

Drivers License

- Are you now 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. _____
- (a) Full name of applicant's father Paul Edward Ramsey
 (If adopted, list adoptive parents only) _____
 Residence of father (if deceased, so state) Indiana
 Birthplace of father (State or foreign country) Indiana
 (b) Full maiden name of applicant's mother Elizabeth Ann Kelly
 (If adopted, list adoptive parents only) _____
 Residence of mother (if deceased, so state) Indiana
 Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name First Middle Last
Amanda Nicole Cory

Date of Birth Month Day Year
5 27 82

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
460 N CR 900 E Brownsburg Hendricks In

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify) _____

Drivers License

- Are you now 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. _____
- (a) Full name of applicant's father John Mark Mitchell
 (If adopted, list adoptive parents only) _____
 Residence of father (if deceased, so state) Indiana
 Birthplace of father (State or foreign country) Indiana
 (b) Full maiden name of applicant's mother Cynthia Lynn Graham
 (If adopted, list adoptive parents only) _____
 Residence of mother (if deceased, so state) Indiana
 Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

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

Signature of Applicant Mark Ramsey Date 5-30-00

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

ACKNOWLEDGEMENT

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

Signature of Applicant Amanda Cory Date 5-30-00

The above applicant has 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
 County of Hendricks) in this application is true and correct.
 Signed Mark Ramsey
 New Address 460 N CR 900 E Brownsburg In
 Subscribed and sworn to before me this _____ day of _____
Harold Dugan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
 County of Hendricks) in this application is true and correct.
 Signed Amanda Cory
 New Address Same as above
 Subscribed and sworn to before me this 30 day of May
Harold Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for 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 _____
 _____ Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
 County of Hendricks)
 Father _____ ID # _____
 Mother _____ ID # _____
 Subscribed and sworn to before me this _____ day of _____
 _____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-30-00, authorizing the marriage of Mark Andrew Ramsey and Amanda Nicole Cory.
 I further certify that the following marriage certificate was filed in my office: I, Tony Manning (name), certify that on June 3, 2000 (date), at Brownsburg in Hendricks County, Indiana, Mark Andrew Ramsey of Hendricks County, Indiana (state), and Amanda Nicole Cory of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-30-00. Signed by: /s/ Tony Manning Minister (official designation)
 Filed and recorded in accordance with the laws of the State of Indiana on 6-15-00 (date).

Signed Harold Dugan Clerk
 Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 276
Date of Application 5-30-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 5-30-00
Name of Physician D. Brown

MALE APPLICANT

Name Peter First Bacon Middle Woodward II Last
Date of Birth Month 08 Day 30 Year 75
Place of Birth (State or foreign country) Colorado
Residence Address Street or R.R. 1517 Buchanan St City Plainfield County Hendricks State IN
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) Driver's 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 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
- List the full names of any dependent children.
Elizabeth Woodward
- (a) Full name of applicant's father Peter Bacon Woodward
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Colorado
Birthplace of father (State or foreign country) Massachusetts
(b) Full maiden name of applicant's mother Charlene Elizabeth Williams
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Deceased
Birthplace of mother (State or foreign country) ?

FEMALE APPLICANT

Name Kathie First Ann Middle Courtney Last
Date of Birth Month 05 Day 02 Year 60
Place of Birth (State or foreign country) Illinois
Residence Address Street or R.R. 218 N. Vine St City Plainfield County Hendricks State IN
Previous Marital Status: Never Married OR No. of Previous Marriages 1
Last Marriage Ended By: Death Divorce Annulment Date 6/94
Date of Birth Verified By: Birth Certificate Other (Specify) Driver's 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 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
- List the full names of any dependent children.
Elizabeth Woodward
Charles D. Foster
- (a) Full name of applicant's father Richard Lee Courtney
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Illinois
(b) Full maiden name of applicant's mother Janice Ann Mastash
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Illinois

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

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Kathie Ann Courtney Date 5-30-00

The 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) I swear/affirm that the information given in this application is true and correct.
Signed Peter B Woodward
New Address 1517 Buchanan St Plainfield
Subscribed and sworn to before me this 30th day of May, 2000
Sharon O'Gara Clerk of the Hendricks Circuit Court

State of Indiana)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.
Signed Kathie Ann Courtney
New Address 1517 Buchanan Street Plainfield, IN
Subscribed and sworn to before me this 30th day of May
Sharon O'Gara Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-30-00, authorizing the marriage of Peter Bacon Woodward II and Kathie Ann Courtney.
I further certify that the following marriage certificate was filed in my office: I, Susan D. Link (name), certify that on June 5, 2000 (date), at Danville in Hendricks County, Indiana, Peter Bacon Woodward II of Hendricks County, Indiana (state), and Kathie Ann Courtney of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-30-00. Signed by: /s/ Susan D. Link, 1st Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 6-5-00 (date).

Signed Sharon O'Gara Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 277
Date of Application 5-31-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 5-22-00
Name of Physician Dr. John Johnston

MALE APPLICANT

Name: Steppen First Allen Middle Barrett Last
Date of Birth: 7-17-73 Month 7 Day 17 Year 73
Place of Birth (State or foreign country) Indiana 46334
Residence Address: 1076 Broad Oak Dr Street or R.R. 46334 City Indianapolis County Hendricks State IN
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) Ind ID

- Are you now 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
- Are you now under the influence of an alcoholic beverage? No 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 Anthony Allen Barrett
(If adopted, list adoptive parents only) Michael Allen Barrett
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Janise Anita Dillihan
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: Stephanie First Jo Middle Houlton Last
Date of Birth: 11-14-74 Month 11 Day 14 Year 74
Place of Birth (State or foreign country) Indiana 46334
Residence Address: 1076 Broad Oak Dr Street or R.R. 46334 City Indianapolis County Hendricks State IN
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) Drivers License

- Are you now 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
- 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 Anthony Allen Barrett
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Kentucky
(b) Full maiden name of applicant's mother Janice Jane Barber
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Steppen Barrett Date 5-31-00

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Stephanie Houlton Date 5-31-00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Steppen Barrett
New Address same
Subscribed and sworn to before me this 31 day of May 2000
Harold Dugan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Stephanie Houlton
New Address same
Subscribed and sworn to before me this 31 day of May 2000
Harold Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-31-00, authorizing the marriage of Steppen Allen Barrett and Stephanie Jo Houlton.
I further certify that the following marriage certificate was filed in my office: I, Jeffrey D. Barker (name), certify that on June 1, 2000 (date), at Indianapolis in Marion County, Indiana, Steppen Allen Barrett of Hendricks County, Indiana (state), and Stephanie Jo Houlton of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-31-00. Signed by: /s/ Jeffrey D. Barker Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 6-15-00 (date).

Signed Harold Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 278
Date of Application 5-31-00

IC 31-11-11-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

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

MALE APPLICANT

Name: Jeffery Robert Robinson
Date of Birth: 7-3-75
Place of Birth: Indiana 46168
Residence Address: 1137 C Pinewood Dr. P.O. Box 75 Hendricks IN
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____

Drivers License

- Are you now 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. _____
- (a) Full name of applicant's father: Robert Gene Robinson
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother: Synthia Ann Cox
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: Brandy Jo Fultz
Date of Birth: 4-20-78
Place of Birth: Indiana 46165
Residence Address: 3841 N St Rt 75 North Salem Hendricks IN
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____

Drivers License

- Are you now 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. _____
- (a) Full name of applicant's father: Fredrick Judson Fultz
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother: Danna Sue Bradley
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Jeffery Robert Robinson Date 5-31-00

The above applicant has 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
County of Hendricks) in this application is true and correct.
Signed: Jeffery R. Robinson
New Address: Some
Subscribed and sworn to before me this 30 day of May 2000
Harold Dugan Clerk of the Hendricks Circuit Court

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Brandy Fultz Date 5-31-00

The above applicant has 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
County of Hendricks) in this application is true and correct.
Signed: Brandy Fultz
New Address: 1137 C Pinewood Drive Mainfield, IN 46168
Subscribed and sworn to before me this 31 day of May 2000
Harold Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-31-00, authorizing the marriage of Jeffery Robert Robinson and Brandy Jo Fultz.
I further certify that the following marriage certificate was filed in my office: I, Mark W. Miller (name), certify that on June 10, 2000 (date), at Greencastle in Putnam County, Indiana, Jeffery Robert Robinson of Hendricks County, Indiana (state), and Brandy Jo Fultz of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-31-00. Signed by: /s/ Mark W. Miller Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 6-22-00 (date).

Signed Harold Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 279
Date of Application 5-31-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 5-23-00
Name of Physician Dr. Hoan

MALE APPLICANT
Name First Middle Last Andrew Jonathan Cook
Date of Birth Month Day Year 3-16-71
Place of Birth (State or foreign country) Michigan
Residence Address Street or R.R. City County State 8744 Taggart Dr. Camby Hendricks IN 46113
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____

FEMALE APPLICANT
Name First Middle Last Lisa Annette Bercik
Date of Birth Month Day Year 1-12-64
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. City County State 8744 Taggart Dr. Camby Hendricks IN 46113
Previous Marital Status: Never Married OR No. of Previous Marriages 1
Last Marriage Ended By: Death Divorce Annulment Date 1997
Date of Birth Verified By: Birth Certificate Other (Specify) _____

Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. NO
6. (a) Full name of applicant's father George Robert Cook
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) New York
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Marsha Carol Stutz
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

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

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Andrew Cook Date 5/31/00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Lisa A. Bercik Date 5/31/00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Andrew Cook
New Address same
Subscribed and sworn to before me this 31 day of May 2000
Harold Dugan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Lisa A. Bercik
New Address same
Subscribed and sworn to before me this 31 day of May 2000
Harold Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-31-00, authorizing the marriage of Andrew Jonathan Cook and Lisa Annette Bercik.
I further certify that the following marriage certificate was filed in my office: I, David G. Buckner (name), certify that on June 24, 2000 (date), at Greenwood in Johnson County, Indiana, Andrew Jonathan Cook of Hendricks County, Indiana (state), and Lisa Annette Bercik of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 5-31-00. Signed by: /s/ David G. Buckner Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 7-6-00 (date).

Signed Harold Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

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Page 280
Date of Application 6-1-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 5-26-00
Name of Physician Dr Kelley

MALE APPLICANT

Name: Ben John Dosseff
Date of Birth: 2/6/55
Place of Birth: Indiana
Residence Address: 202 N Glenbrook Ln Avon Hend. IN 46132
Previous Marital Status: Never Married OR No. of Previous Marriages: _____
Last Marriage Ended By: Death Divorce Annulment Date: _____
Date of Birth Verified By: Birth Certificate Other (Specify) drivers license

- Are you now 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children: NA
- (a) Full name of applicant's father: John Ben Dosseff
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother: Bethy M Nidelsheff
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Michigan

FEMALE APPLICANT

Name: Angela Marie Wolgamott
Date of Birth: 10/18/71
Place of Birth: Indiana
Residence Address: 202 Glenbrook Ln Avon Hend IN
Previous Marital Status: Never Married OR No. of Previous Marriages: _____
Last Marriage Ended By: Death Divorce Annulment Date: _____
Date of Birth Verified By: Birth Certificate Other (Specify) drivers license

- Are you now 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children: Amber Lynn Michael Browning
Kevin Browning
- (a) Full name of applicant's father: Michael Robert Wolgamott
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother: Dianna Sue Markey
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Ben J. Dosseff Date: 6-1-2000

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Angela Wolgamott Date: 6-1-00

The 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)
I swear/affirm that the information given in this application is true and correct.
Signature: Ben J. Dosseff
New Address: same
Subscribed and sworn to before me this 1st day of June, 2000
Harold Dugas Clerk of the Hendricks Circuit Court

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signature: Angela Wolgamott
New Address: same
Subscribed and sworn to before me this 1st day of June 2000
Harold Dugas Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-1-00, authorizing the marriage of Ben John Dosseff and Angela Marie Wolgamott.
I further certify that the following marriage certificate was filed in my office: I, Karen S. Smith (name), certify that on June 3, 2000 (date), at Avon in Hendricks County, Indiana, Ben John Dosseff of Hendricks County, Indiana (state), and Angela Marie Wolgamott of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-1-00. Signed by: /s/ Karen S. Smith Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 6-15-00 (date).

Signed Harold Dugas Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

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Date of Application 6-1-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 5-19-00
Name of Physician DR. Aiello

MALE APPLICANT

Name First Middle Last
Mark Alan Wasson

Date of Birth Month Day Year
10 26 73

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
8180 N Cold 401 E Pittsboro Hendricks In

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify)
Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes

2. Are you related to the female applicant closer than second cousin? No Yes

3. Are you now under the influence of an alcoholic beverage? No Yes

4. Are you now under the influence of a narcotic drug? No Yes

5. List the full names of any dependent children. _____

6. (a) Full name of applicant's father Faurease Roy Wasson
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Deceased
Birthplace of father (State or foreign country) Indiana

(b) Full maiden name of applicant's mother Marybeth Driffiths
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name First Middle Last
Emily Joanne Weddle

Date of Birth Month Day Year
9 27 75

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
325 Stadium Dr. Brownsburg Hendricks In

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify)
Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes

2. Are you related to the male applicant closer than second cousin? No Yes

3. Are you now under the influence of an alcoholic beverage? No Yes

4. Are you now under the influence of a narcotic drug? No Yes

5. List the full names of any dependent children. _____

6. (a) Full name of applicant's father John Edward Weddle
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana

(b) Full maiden name of applicant's mother Nancy Baldauf
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

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

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Emily J. Weddle 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Mark A. Wasson
New Address Same as above
Subscribed and sworn to before me this June day of June
Harold Dugas Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Emily J. Weddle
New Address 8180 N. CR 401 E. Pittsboro In
Subscribed and sworn to before me this June day of June
Harold Dugas Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 1, 2000, authorizing the marriage of Mark A Wasson and Emily J Weddle.
I further certify that the following marriage certificate was filed in my office: I, John Strifler (name), certify that on June 1, 2000 (date), at Pittsboro in Hendricks County, Indiana, Mark A Wasson of Hendricks County, Indiana (state), and Emily J Weddle of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 1, 2000. Signed by: /s/ John Strifler, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 28, 2000 (date).

Signed Harold Dugas Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

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Date of Application 6-1-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report, Dated 5-16-00
Name of Physician Dr. Phebuschky

MALE APPLICANT

Name First Middle Last
Robert Anthony Parsons

Date of Birth Month Day Year
03 01 77

Place of Birth (State or foreign country) Indiana

Residence Address Street or R.R. City County State
7772 N. Co. Rd. 200W Dayton Hendricks IN

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes

2. Are you related to the female applicant closer than second cousin? No Yes

3. Are you now under the influence of an alcoholic beverage? No Yes

4. Are you now under the influence of a narcotic drug? No Yes

5. List the full names of any dependent children. N/A

6. (a) Full name of applicant's father Danny Ray Parsons
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana

(b) Full maiden name of applicant's mother Eileen Patricia O'Donnell
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) New York

FEMALE APPLICANT

Name First Middle Last
Heather Marie Marion

Date of Birth Month Day Year
08 10 76

Place of Birth (State or foreign country) INDIANA

Residence Address Street or R.R. City County State
6698 Reed Rd Pittsboro Hendricks IN

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes

2. Are you related to the male applicant closer than second cousin? No Yes

3. Are you now under the influence of an alcoholic beverage? No Yes

4. Are you now under the influence of a narcotic drug? No Yes

5. List the full names of any dependent children. N/A

6. (a) Full name of applicant's father Ronald Christopher Marion
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) W. Virginia

(b) Full maiden name of applicant's mother Cathy Lynn Stewart
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant R.A.P. Date 6/1/00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Heather M Marion Date 6-1-00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed R.A.P.
New Address 6698 Reed Rd. Pittsboro, IN 46167
Subscribed and sworn to before me this 01 day of June 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Heather M Marion
New Address 6698 Reed Rd Pittsboro IN 46167
Subscribed and sworn to before me this 01 day of June 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 1 2000, authorizing the marriage of Robert Anthony Parsons and Heather Marie Marion.
I further certify that the following marriage certificate was filed in my office: I, Robert J Lubrano (name), certify that on July 15 2000 (date), at Danville in Hendricks County, Indiana, Robert Anthony Parsons of Hendricks County, Indiana (state), and Heather Marie Marion of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 1 2000. Signed by: /s/ Robert Lubrano Priest (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 18 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

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IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 6-1-00
Name of Physician Dr. Bruce Durrell, MD

MALE APPLICANT

Name: First Anthony Middle Duane Last French
 Date of Birth: Month 11 Day 29 Year 77
 Place of Birth (State or foreign country) Indiana
 Residence Address: Street or R.R. 3391 W CR 650 S City Clayton County Hend State IN 46119
 Previous Marital Status: Never Married OR No. of Previous Marriages _____
 Last Marriage Ended By: Death Divorce Annulment Date _____
 Date of Birth Verified By: Birth Certificate Other (Specify) driver's license

- Are you now 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. NA
- (a) Full name of applicant's father Hubert Francis French
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Kentucky
(b) Full maiden name of applicant's mother Debra Lorber
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: First Taffy Middle Ann Last Brock
 Date of Birth: Month 11 Day 3 Year 77
 Place of Birth (State or foreign country) Indiana
 Residence Address: Street or R.R. PO Box 125 City Emminence County Morgan State IN 46125
 Previous Marital Status: Never Married OR No. of Previous Marriages _____
 Last Marriage Ended By: Death Divorce Annulment Date _____
 Date of Birth Verified By: Birth Certificate Other (Specify) driver's license

- Are you now 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. NA
- (a) Full name of applicant's father Isaac Wayne Brock
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Pamara Ann Feutz
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [Signature] Date 6-1-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [Signature] Date 6/1/2000

The 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) I swear/affirm that the information given in this application is true and correct.
Signed [Signature]
New Address 444 Arthur Ave INDIANAPOLIS, IN 46222
Subscribed and sworn to before me this 1st day of June, 2000
[Signature] Clerk of the Hendricks Circuit Court

State of Indiana)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.
Signed [Signature]
New Address 444 Arthur Ave Trapolis 46222
Subscribed and sworn to before me this 1st day of June, 2000
[Signature] Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-1-00, authorizing the marriage of Anthony Duane French and Taffy Ann Brock.
I further certify that the following marriage certificate was filed in my office: I, Albert B. Lorber (name), certify that on June 10, 2000 (date), at Hazelwood in Hendricks County, Indiana, Anthony Duane French of Hendricks County, Indiana (state), and Taffy Ann Brock of Morgan County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-1-00. Signed by: /s/ Albert B. Lorber Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 6-15-00 (date).

Signed [Signature] Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
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Date of Application 6-1-00

IC 31-11-11-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the
circuit court when the person applies for a marriage license under
IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 5-22-00
Name of Physician Brownsburg Medical Clinic

MALE APPLICANT
Name First Middle Last
Todd Michael Wilkinson
Date of Birth Month Day Year
4 5 75
Place of Birth (State or foreign country)
Illinois
Residence Address Street or R.R. City County State
308 Michigan Pkwy Apt. G Avon Hend IN 46123
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify)

FEMALE APPLICANT
Name First Middle Last
Heather Devon Sams
Date of Birth Month Day Year
12 28 74
Place of Birth (State or foreign country)
Indiana
Residence Address Street or R.R. City County State
308 Michigan Pkwy Apt. G Avon Hend. IN 46123
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify)

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

drivers license
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.
NA
6. (a) Full name of applicant's father Otis Sams Jr.
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Rhonda Ray Watson
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Georgia

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that
are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).
Signature of Applicant [Signature] Date 6-1-2000

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that
are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).
Signature of Applicant [Signature] Date 6-1-00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed [Signature]
New Address Same as above
Subscribed and sworn to before me this 1st day of June, 2000
[Signature] Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed [Signature]
New Address Same as above
Subscribed and sworn to before me this 1st day of June, 2000
[Signature] Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated
6-1-00, authorizing the marriage of Todd Michael Wilkinson and Heather Devon Sams
I further certify that the following marriage certificate was filed in my office: I, Leonard Maynard (name),
certify that on June 3, 2000 (date), at Brownsburg in Hendricks
County, Indiana, Todd Michael Wilkinson of Hendricks County, Indiana
(state), and Heather Devon Sams of Hendricks County, Indiana (state)
were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated
6-1-00. Signed by: /s/ Leonard Maynard Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 6-9-00 (date).

Signed [Signature] Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 285
Date of Application 6-1-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 5-22-00
Name of Physician Dr. Ronald Stegemoller

MALE APPLICANT

Name First Middle Last
Jared Aaron Smith

Date of Birth Month Day Year
6 26 79

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
595 W Main St Danville Hend IN

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify) _____

drivers license

- Are you now 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. NA

6. (a) Full name of applicant's father Daniel Walter Smith
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Linda Kay Martin
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name First Middle Last
Sallie Marie English

Date of Birth Month Day Year
9 19 78

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
6231 E CR 100 S Avon Hend IN 46123

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify) _____

driver's License

- Are you now 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. NA

6. (a) Full name of applicant's father Thomas Jeffrey English
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Pamela Kay Wilson
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Wisconsin

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [Signature] Date 6-1-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [Signature] Date 6-1-00

The 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)
I swear/affirm that the information given in this application is true and correct.
Signed [Signature]
New Address 6231 E. CR. RD. 100 S. AVON, IN 46123
Subscribed and sworn to before me this 1st day of June, 2000
[Signature] Clerk of the Hendricks Circuit Court

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed [Signature]
New Address 6231 E. CR. RD. 100 S. AVON, IN 46123
Subscribed and sworn to before me this 1st day of June, 2000
[Signature] Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 1 2000, authorizing the marriage of Jared Aaron Smith and Sallie Marie English.
I further certify that the following marriage certificate was filed in my office: I, Warren W Burns (name), certify that on June 1 2000 (date), at Avon in Hendricks County, Indiana, Jared Aaron Smith of Hendricks County, Indiana (state), and Sallie Marie English of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 1 2000. Signed by: /s/ Warren W Burns Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 11 2000 (date).

Signed [Signature] Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 286
Date of Application 6-2-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 5-20-00
Name of Physician Dr. Durell

MALE APPLICANT
Name: Todd James Henriksen
Date of Birth: 12 20 69
Place of Birth: Wisconsin
Residence Address: 1866 County Trk C Arkdale Adams WI
Previous Marital Status: Never Married OR No. of Previous Marriages 1
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____

FEMALE APPLICANT
Name: Kimberly Sue Howard
Date of Birth: 1 22 74
Place of Birth: Indiana
Residence Address: 548 W US 40 Clayton Hendricks IN
Previous Marital Status: Never Married OR No. of Previous Marriages 1
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____

Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. Nicholas James Henriksen
6. (a) Full name of applicant's father: Dennis James Henriksen
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Deceased
Birthplace of father (State or foreign country) Wisconsin
(b) Full maiden name of applicant's mother: Patsy Evelyn Olson
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Wisconsin
Birthplace of mother (State or foreign country) Wisconsin

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

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Todd J. Henriksen Date 6-2-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Kimberly S. Howard Date 6-2-00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Todd J. Henriksen 4/6/01
New Address 445 W. Meridian St. Pittsboro
Subscribed and sworn to before me this _____ day of _____
Harold Dugan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Kimberly S. Howard
New Address 445 W. Meridian St. Pittsboro
Subscribed and sworn to before me this _____ day of _____
Harold Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-2-00, authorizing the marriage of Todd James Henriksen and Kimberly Sue Howard.
I further certify that the following marriage certificate was filed in my office: I, Jimmy Johnson (name), certify that on June 10, 2000 (date), at Hazelwood in Hendricks County, Indiana, Todd James Henriksen of Adams County, Wisconsin (state), and Kimberly Sue Howard of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-2-00. Signed by: /s/ Jimmy Johnson Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 6-15-00 (date).

Signed Harold Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 287
Date of Application 6-2-00

IC 31-11-1-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 5-3-00
Name of Physician D. Feeney

MALE APPLICANT

Name: Gregory Keith Parrott
Date of Birth: 5/5/62
Place of Birth: Indiana
Residence Address: 211 Hancock Rd Plainfield Hendricks In
Previous Marital Status: Never Married OR No. of Previous Marriages 1
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) Drivers 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 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
- List the full names of any dependent children. Brandon & Joshua Parrott
- (a) Full name of applicant's father: Robert Lee Parrott
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): Deceased
Birthplace of father (State or foreign country): Kentucky
(b) Full maiden name of applicant's mother: Myrna Lee Hockman
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): Indiana

FEMALE APPLICANT

Name: Amy Jo Gilles
Date of Birth: 10/21/66
Place of Birth: Indiana
Residence Address: 211 Hancock Rd Plainfield Hendricks In
Previous Marital Status: Never Married OR No. of Previous Marriages 1
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) Drivers 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 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
- List the full names of any dependent children. Chris & Evan Gilles
- (a) Full name of applicant's father: Charles Edward Westenhofen
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): Oregon
Birthplace of father (State or foreign country): Indiana
(b) Full maiden name of applicant's mother: Marilyn Rose Miller
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Gregory K Parrott Date: 6-2-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Amy Jo Gilles Date: 6-2-00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed: Gregory K Parrott
New Address: Same as Above
Subscribed and sworn to before me this 2 day of June
Harold Dugan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed: Amy Jo Gilles
New Address: Same as Above
Subscribed and sworn to before me this 2 day of June
Harold Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 2 2000, authorizing the marriage of Gregory Keith Parrott and Amy Jo Gilles.
I further certify that the following marriage certificate was filed in my office: I, Daniel L French (name), certify that on July 17 2000 (date), at Indianapolis in Marion County, Indiana, Gregory K Parrott of Hendricks County, Indiana (state), and Amy J Gilles of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 2 2000. Signed by: /s/ Daniel L French, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 20 2000 (date).

Signed Harold Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 288
Date of Application 6-2-00

IC 31-11-11-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the
circuit court when the person applies for a marriage license under
IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 6-2-00
Name of Physician Dr. Clark

MALE APPLICANT

Name First Middle Last
Kevin DeWayne Reeves

Date of Birth Month Day Year
5 8 70

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
1142 1/2 Pinewood Dr. Plainfield Hendricks In

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify)
Drivers License

- Are you now 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. _____
- (a) Full name of applicant's father Donald Max Reeves
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Therese Kay Dean
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name First Middle Last
Julie Ann Sheets

Date of Birth Month Day Year
4 17 69

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
1142 1/2 Pinewood Dr. Plainfield Hendricks In

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify)
Drivers License

- Are you now 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. _____
- (a) Full name of applicant's father John Robert Sheets
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Illinois
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Jo Anne Shreeman
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Kevin Reeves Date 6-2-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Julie A. Sheets Date 6-2-00

The 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) I swear/affirm that the information given
in this application is true and correct.
Signed Kevin Reeves
New Address Same as Above
Subscribed and sworn to before me this 2 day of June
Harold Dugan Clerk of the Hendricks Circuit Court

State of Indiana)
County of Hendricks) I swear/affirm that the information given
in this application is true and correct.
Signed Julie A. Sheets
New Address Same as Above
Subscribed and sworn to before me this 2 day of June
Harold Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-2-00, authorizing the marriage of Kevin DeWayne Reeves and Julie Ann Sheets.
I further certify that the following marriage certificate was filed in my office: I, Joseph B. Sheets (name), certify that on June 10, 2000 (date), at Plainfield in Hendricks County, Indiana, Kevin DeWayne Reeves of Hendricks County, Indiana (state), and Julie Ann Sheets of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-2-00. Signed by: /s/ Joseph B. Sheets, Catholic Priest (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 6-15-00 (date).

Signed Harold Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 63 Page 289 Date of Application 6-2-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No [checked] Yes [] If No, Medical Examination or Report Dated 6-1-00 Name of Physician Dr. Trammel

MALE APPLICANT Theodore Edward Kidwell, Date of Birth 10/9/56, Residence Address 6776 Anna Ct. Plainfield, Indiana, Hendricks Co.

FEMALE APPLICANT Barbara Ann Shields, Date of Birth 6/24/57, Residence Address 6776 Anna Court Plainfield, Indiana, Hendricks Co.

ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted...

ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted...

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.

State of Indiana) I swear/affirm that the information given in this application is true and correct. Signed Theodore E Kidwell

State of Indiana) I swear/affirm that the information given in this application is true and correct. Signed Barbara Ann Shields

CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of 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

COMPLETE IF MARRIAGE 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 Hendricks County, Indiana, dated 6-2-00, authorizing the marriage of Theodore Edward Kidwell and Barbara Ann Shields

Signed Sharon Dugas Clerk Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 290
Date of Application 6-200

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 5-1-00
Name of Physician Dr. King

MALE APPLICANT

Name: Brian Keith Hutcheson
Date of Birth: 2 9 64
Place of Birth: Indiana
Residence Address: 1123 First Street Plainfield, Ind. 46168
Previous Marital Status: Never Married OR No. of Previous Marriages: 1
Last Marriage Ended By: Death Divorce Annulment Date: 1998
Date of Birth Verified By: Birth Certificate Other (Specify)

Indiana 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 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
- List the full names of any dependent children.
Jenny Elizabeth Hutcheson Matthew Cole
Joshua Neil Hutcheson Matthew Hutcheson
- (a) Full name of applicant's father: Donald Richard Hutcheson
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): Indiana
Birthplace of father (State or foreign country): Indiana
(b) Full maiden name of applicant's mother: Marge Joyce Ringler
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): Indiana

FEMALE APPLICANT

Name: Colleen Annette Buis
Date of Birth: 3 26 69
Place of Birth: Indiana
Residence Address: 2165 Fontana Lot 51 Duplex Hendricks IN 46234
Previous Marital Status: Never Married OR No. of Previous Marriages: _____
Last Marriage Ended By: Death Divorce Annulment Date: _____
Date of Birth Verified By: Birth Certificate Other (Specify)

Indiana 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 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
- List the full names of any dependent children.
Mecki Buis Fitzgerald
Prescilla Marie Kidwell
- (a) Full name of applicant's father: Burl Oscar Buis
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): deceased
Birthplace of father (State or foreign country): Indiana
(b) Full maiden name of applicant's mother: Martha Lucille Swansel
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Brian Hutcheson Date 6-2-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Colleen Buis Date 6-2-00

The 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) I swear/affirm that the information given in this application is true and correct.
Signed Brian Hutcheson
New Address 2165 FONTANA DR #51
Subscribed and sworn to before me this JUNE 2-00 day of _____
Harold Dugas Clerk of the Hendricks Circuit Court

State of Indiana)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.
Signed Colleen Buis
New Address 2165 Fontana DR #51
Subscribed and sworn to before me this 2nd day of JUNE -00
Harold Dugas Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-2-00, authorizing the marriage of Brian Keith Hutcheson and Colleen Annette Buis.
I further certify that the following marriage certificate was filed in my office: I, Kenneth Smith (name), certify that on June 3, 2000 (date), at Danville in Hendricks County, Indiana, Brian Keith Hutcheson of Hendricks County, Indiana (state), and Colleen Annette Buis of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-2-00. Signed by: /s/ Kenneth Smith Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 6-15-00 (date).

Signed Harold Dugas Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
 Indiana State Board of
 Health under Authority
 of IC 31-11-4-4

Book 63
 Page 291
 Date of Application 6-2-00

IC 31-11-11-1. Furnishing false information upon applying for license.
 A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
 If No, Medical Examination or Report Dated 5-22-00
 Name of Physician Dr. Shipple

MALE APPLICANT

Name Ryan Clay Wrightsman
 Date of Birth 2 / 13 / 80
 Place of Birth (State or foreign country) Indiana
 Residence Address 1857 Keller Hill Rd Mooresville
 Previous Marital Status: Never Married OR No. of Previous Marriages _____
 Last Marriage Ended By: Death Divorce Annulment Date _____
 Date of Birth Verified By: Birth Certificate Other (Specify) Drivers License

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

FEMALE APPLICANT

Name Christina Kay Benge
 Date of Birth 11 / 30 / 79
 Place of Birth (State or foreign country) Indiana
 Residence Address 649 Elm Dr. Plainfield Hendricks In
 Previous Marital Status: Never Married OR No. of Previous Marriages _____
 Last Marriage Ended By: Death Divorce Annulment Date _____
 Date of Birth Verified By: Birth Certificate Other (Specify) Drivers License

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

ACKNOWLEDGEMENT
 I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
 X Signature of Applicant [Signature] Date 6/2/00

ACKNOWLEDGEMENT
 I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
 X Signature of Applicant Christina K Benge Date 6-2-00

The 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) I swear/affirm that the information given in this application is true and correct.
 X Signed [Signature]
 New Address 324 Lewis St Plainfield
 Subscribed and sworn to before me this 2 day of June
Harold Dugas Clerk of the Hendricks Circuit Court

State of Indiana)
 County of Hendricks) I swear/affirm that the information given in this application is true and correct.
 X Signed Christina K Benge
 New Address 324 Lewis St Plainfield 46168
 Subscribed and sworn to before me this 2 day of June
Harold Dugas Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
 We, the parents of this applicant, hereby give consent for 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 _____
 _____ Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
 We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
 State of Indiana)
 County of Hendricks)
 Father _____ ID # _____
 Mother _____ ID # _____
 Subscribed and sworn to before me this _____ day of _____
 _____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
 I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-2-00, authorizing the marriage of Ryan Clay Wrightsman and Christina Kay Benge.
 I further certify that the following marriage certificate was filed in my office: I, Fred Rodkey (name), certify that on June 10, 2000 (date), at Indianapolis in Marion County, Indiana, Ryan Clay Wrightsman of Morgan County, Indiana (state), and Christina Kay Benge of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-2-00. Signed by: /s/ Fred Rodkey Minister (official designation)
 Filed and recorded in accordance with the laws of the State of Indiana on 6-15-00 (date).

Signed Harold Dugas Clerk
 Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 292
Date of Application 6-5-00

IC 31-11-1-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 4-4-00
Name of Physician Hudner Hubbs MD

MALE APPLICANT

Name First Brian Middle Keith Last Woodard
Date of Birth Month 6 Day 11 Year 74
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. City County State
1761 N CR 1050E Indpls Hend. IN 46234
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____
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 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
- List the full names of any dependent children. NA
- (a) Full name of applicant's father Jerry D Woodard
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Virginia
(b) Full maiden name of applicant's mother Sandra Kaye Conner
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name First Jennifer Middle Lynne Last Jordan
Date of Birth Month 10 Day 11 Year 74
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. City County State
3582 St Thomas Ln E Indpls Marion IN 46214
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____
drivers license

- Are you now 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. NA
- (a) Full name of applicant's father James Tulley Jordan
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Colorado
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Mary Louise Whitmire
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Colorado
Birthplace of mother (State or foreign country) Iowa

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Brian K. Woodard Date 6-5-00

The above applicant has 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
County of Hendricks) Brian K. Woodard in this application is true and correct.
Signed Brian K. Woodard
New Address 1153A Pinewood Dr. Plainfield IN 46168
Subscribed and sworn to before me this 5th day of June 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Jennifer Jordan Date 6/5/00

The above applicant has 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
County of Hendricks) Jennifer Jordan in this application is true and correct.
Signed Jennifer Jordan
New Address 1153 A Pinewood Dr. Plainfield, IN 46168
Subscribed and sworn to before me this _____ day of _____
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-5-00, authorizing the marriage of Brian Keith Woodard and Jennifer Lynne Jordan.
I further certify that the following marriage certificate was filed in my office: I, Kevin Morris (name), certify that on June 17, 2000 (date), at Plainfield in Hendricks County, Indiana, Brian Keith Woodard of Hendricks County, Indiana (state), and Jennifer Lynne Jordan of Marion County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-5-00. Signed by: /s/ Kevin Morris Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 6-21-00 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 293
Date of Application 6-5-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 6-5-00
Name of Physician M. Caperson

MALE APPLICANT

Name: Frank D Wise
Date of Birth: 6-20-60
Place of Birth: Indiana
Residence Address: 4360 N. Vanner M. B King Hwy
City: Brownsburg State: 46112
Previous Marital Status: Never Married OR No. of Previous Marriages: 1
Last Marriage Ended By: Death Divorce Annulment Date: 1997
Date of Birth Verified By: Birth Certificate Other (Specify) Drivers License

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

6. (a) Full name of applicant's father: Richard James Wise
(If adopted, list adoptive parents only) OKLAHOMA
Residence of father (if deceased, so state) INDIANA
Birthplace of father (State or foreign country) INDIANA
(b) Full maiden name of applicant's mother: Judy Mae Wardrip
(If adopted, list adoptive parents only) INDIANA
Residence of mother (if deceased, so state) KENTUCKY
Birthplace of mother (State or foreign country)

FEMALE APPLICANT

Name: Nicole Lee Ferrell
Date of Birth: 11-21-71
Place of Birth: Indiana
Residence Address: 3026 Bayside Dr APT C
City: Indianapolis State: 46214
Previous Marital Status: Never Married OR No. of Previous Marriages: 1
Last Marriage Ended By: Death Divorce Annulment Date: 1997
Date of Birth Verified By: Birth Certificate Other (Specify) Drivers License

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

6. (a) Full name of applicant's father: Harold Edmund Ferrell, Jr.
(If adopted, list adoptive parents only) OHIO
Residence of father (if deceased, so state) OHIO
Birthplace of father (State or foreign country) OHIO
(b) Full maiden name of applicant's mother: Sharon Charlene Scott
(If adopted, list adoptive parents only) OHIO
Residence of mother (if deceased, so state) OHIO
Birthplace of mother (State or foreign country) OHIO

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Frank D. Wise Date 6/5/00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Nicole Ferrell Date 6-5-00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Frank D. Wise
New Address 3026 Bayside Dr APT C Brownsburg IN 46214
Subscribed and sworn to before me this 5 day of June 2000
Sharon Dugas Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Nicole Ferrell
New Address 3026 Bayside Dr APT C Brownsburg IN 46214
Subscribed and sworn to before me this 5 day of June 2000
Sharon Dugas Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-5-00, authorizing the marriage of Frank D. Wise and Nicole Lee Ferrell.
I further certify that the following marriage certificate was filed in my office: I, Larry Joseph Jenkins (name), certify that on June 10, 2000 (date), at Brownsburg in Hendricks County, Indiana, Frank D. Wise of Hendricks County, Indiana (state), and Nicole Lee Ferrell of Marion County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-5-00. Signed by: /s/ Larry Joseph Jenkins Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 6-15-00 (date).

Signed Sharon Dugas Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 294
Date of Application 6-5-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 2-7-00
Name of Physician Dr. Stroud

MALE APPLICANT

Name: Lee Eugene Callahan
Date of Birth: 8-1-78
Place of Birth: Indiana 46168
Residence Address: 610 Lakeside Dr. Apt 110 Hendricks Ind 46168
Previous Marital Status: Never Married OR No. of Previous Marriages: _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) Drivers License

- Are you now 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. NO
- (a) Full name of applicant's father: Robert William Callahan
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): Indiana
Birthplace of father (State or foreign country): Indiana
(b) Full maiden name of applicant's mother: Mary Ann Miller
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): Indiana

FEMALE APPLICANT

Name: Terra Dawn Belcher
Date of Birth: 5-1-80
Place of Birth: Indiana 46168
Residence Address: 610 Lakeside Dr. Apt 110 Hendricks Ind 46168
Previous Marital Status: Never Married OR No. of Previous Marriages: _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) Drivers License

- Are you now 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. NO
- (a) Full name of applicant's father: Michael Eugene Belcher
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): Indiana
Birthplace of father (State or foreign country): Indiana
(b) Full maiden name of applicant's mother: Deborah Ann Weiner
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Lee Callahan Date 6-5-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Terra Belcher Date 6-5-00

The 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) I swear/affirm that the information given in this application is true and correct.
Signed Lee Callahan
New Address Same
Subscribed and sworn to before me this 5 day of June 2000
Harold Dugan Clerk of the Hendricks Circuit Court

State of Indiana)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.
Signed Terra Belcher
New Address Same
Subscribed and sworn to before me this 5 day of June 2000
Harold Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-5-00, authorizing the marriage of Lee Eugene Callahan and Terra Dawn Belcher.
I further certify that the following marriage certificate was filed in my office: I, Kenneth Smith (name), certify that on June 16, 2000 (date), at Plainfield in Hendricks County, Indiana, Lee Eugene Callahan of Hendricks County, Indiana (state), and Terra Dawn Belcher of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-5-00. Signed by: /s/ Kenneth Smith Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 6-20-00 (date).

Signed Harold Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 295
Date of Application 6-5-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 6-2-00
Name of Physician Dr. Shosh

MALE APPLICANT

Name First Middle Last
Jerome Omar Lahlou

Date of Birth Month Day Year
1-2-68

Place of Birth (State or foreign country)
Morocco

Residence Address Street or R.R. City County State
815 Fairmead Rd D P.O. Box 114 Danville Hendricks IN 46168

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

Last Marriage Ended By: Death Divorce Annulment Date 2000

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 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children.
Adam Nicholas Lahlou
- (a) Full name of applicant's father Mohamed Lahlou
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Morocco
Birthplace of father (State or foreign country) Morocco
(b) Full maiden name of applicant's mother Zohra Wedji
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Morocco
Birthplace of mother (State or foreign country) Morocco

FEMALE APPLICANT

Name First Middle Last
Barbara Magdalena Falek

Date of Birth Month Day Year
11-29-70

Place of Birth (State or foreign country)
Poland

Residence Address Street or R.R. City County State
815 Fairmead Rd D P.O. Box 114 Danville Hendricks IN 46168

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

Last Marriage Ended By: Death Divorce Annulment Date 1997

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 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children.
Adam Nicholas Lahlou
- (a) Full name of applicant's father Andrzej Wladyslaw Falek
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Poland
Birthplace of father (State or foreign country) Poland
(b) Full maiden name of applicant's mother Peresa Dutka
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Poland
Birthplace of mother (State or foreign country) Poland

ACKNOWLEDGEMENT

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

Signature of Applicant [Signature] Date 06-05-00

ACKNOWLEDGEMENT

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

Signature of Applicant [Signature] Date 06/05/00

The 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 [Signature] in this application is true and correct.
New Address Same
Subscribed and sworn to before me this 5 day of June 2000
[Signature] Clerk of the Hendricks Circuit Court

State of Indiana)
County of Hendricks)
Signed [Signature] in this application is true and correct.
New Address Same
Subscribed and sworn to before me this 5 day of June 2000
[Signature] Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-5-00, authorizing the marriage of Jerome Omar Lahlou and Barbara Magdalena Falek.
I further certify that the following marriage certificate was filed in my office: I, Susan D. Link (name), certify that on June 5, 2000 (date), at Danville in Hendricks County, Indiana (state), and Jerome Omar Lahlou of Hendricks County, Indiana (state), and Barbara Magdalena Falek of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-5-00. Signed by: /s/ Susan D. Link, 1st Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 6-5-00 (date).

Signed [Signature] Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 296
Date of Application 6-6-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 5-25-00
Name of Physician Dr. Ferguson

MALE APPLICANT

Name First Middle Last
Mark Francis Clark

Date of Birth Month Day Year
11-19-77

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
3456 Windham Lake Circle Indianapolis 4624

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify) _____

Drivers License

- Are you now 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. NO
- (a) Full name of applicant's father Francis McKay Clark Sr.
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Deceased
Birthplace of father (State or foreign country) Pennsylvania
(b) Full maiden name of applicant's mother Annette Marie Smith
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Illinois

FEMALE APPLICANT

Name First Middle Last
Lindsay Ellen Catron

Date of Birth Month Day Year
11-17-76

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
4993 Kingsbury Dr Pittsburg Hendricks IN

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify) _____

Drivers License

- Are you now 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. NO
- (a) Full name of applicant's father Charles Keifer Catron
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Anna Marie Jamblin
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Pennisssee

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [Signature] Date 6-6-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [Signature] Date 6-6-00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed [Signature]
New Address 4437 San Miguel Dr. Apt. B Indianapolis, IN 46250
Subscribed and sworn to before me this 6 day of June 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed [Signature]
New Address 4437 San Miguel Dr. B Indpls 46250
Subscribed and sworn to before me this 6 day of June 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-6-00, authorizing the marriage of Mark Francis Clark and Lindsay Ellen Catron.
I further certify that the following marriage certificate was filed in my office: I, Steven T. Reeves (name), certify that on June 24, 2000 (date), at Brownsburg in Hendricks County, Indiana, Mark Francis Clark of Hendricks County, Indiana (state), and Lindsay Ellen Catron of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-6-00. Signed by: /s/ Steven T. Reeves Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 7-5-00 (date).

Signed [Signature] Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 297
Date of Application 6-6-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 5-30-00
Name of Physician Dr. Howard

MALE APPLICANT

Name First Middle Last
Andrew Wayne Craig

Date of Birth Month Day Year
5 17 77

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
980 Horsfellow Plainfield Hendricks In 46061

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify) _____

Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes

2. Are you related to the female applicant closer than second cousin? No Yes

3. Are you now under the influence of an alcoholic beverage? No Yes

4. Are you now under the influence of a narcotic drug? No Yes

5. List the full names of any dependent children. _____

6. (a) Full name of applicant's father Larry Wayne Craig
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Kentucky

(b) Full maiden name of applicant's mother Marion Dale Perry
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name First Middle Last
Bonnie Elizabeth Bartee

Date of Birth Month Day Year
1 24 78

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
488 NCR 550 W. Catesville Hendricks In

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify) _____

Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes

2. Are you related to the male applicant closer than second cousin? No Yes

3. Are you now under the influence of an alcoholic beverage? No Yes

4. Are you now under the influence of a narcotic drug? No Yes

5. List the full names of any dependent children. _____

6. (a) Full name of applicant's father Byron Henry Bartee
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Deceased
Birthplace of father (State or foreign country) Indiana

(b) Full maiden name of applicant's mother Coxie Jo Jamison
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Andrew W. Craig Date 6-6-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Bonnie E. Bartee Date 6-6-00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Andrew W. Craig
New Address Same as Above
Subscribed and sworn to before me this 6 day of June
Sharon Dugan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Bonnie E. Bartee
New Address 980 Horsfellow Plainfield In
Subscribed and sworn to before me this 6 day of June
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-6-00, authorizing the marriage of Andrew Wayne Craig and Bonnie Elizabeth Bartee.
I further certify that the following marriage certificate was filed in my office: I, Brenda A. Bartee and Greg Craig (name), certify that on June 17, 2000 (date), at Plainfield in Hendricks County, Indiana, Andrew Wayne Craig of Hendricks County, Indiana (state), and Bonnie Elizabeth Bartee of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-6-00. Signed by: /s/ Brenda A. Bartee and Greg Craig Ministers (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 6-21-00 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 298
Date of Application 6-6-00

IC 31-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 6-12-00
Name of Physician Dr. Burlington

MALE APPLICANT

Name: Ryan Lowell Devenport
Date of Birth: 1-21-79
Place of Birth: Indiana
Residence Address: 1790 Fox Dr. Apt A Speedway Marion IN 46224
Previous Marital Status: Never Married OR No. of Previous Marriages: _____
Last Marriage Ended By: Death Divorce Annulment Date: _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____

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 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
- List the full names of any dependent children. NO
- (a) Full name of applicant's father: Ronald Lee Devenport
Residence of father (if deceased, so state): Indiana
Birthplace of father (State or foreign country): Missouri
(b) Full maiden name of applicant's mother: Rebecca Lynn Wilkerson
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): Ohio

FEMALE APPLICANT

Name: Stacy Michelle Hughes
Date of Birth: 10-7-74
Place of Birth: Indiana
Residence Address: 1507 Stanley Rd P.O. Box 4668
Previous Marital Status: Never Married OR No. of Previous Marriages: _____
Last Marriage Ended By: Death Divorce Annulment Date: _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____

Drivers License

- Are you now 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. NO
- (a) Full name of applicant's father: Richard Eugene Hughes
Residence of father (if deceased, so state): Indiana
Birthplace of father (State or foreign country): Indiana
(b) Full maiden name of applicant's mother: Debrah Ann Eggers
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Ryan J Devenport Date: 6-6-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Stacy M Hughes Date: 6/6/00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed: Ryan J Devenport
New Address: 1507 Stanley Rd, Plntd. IN 46168
Subscribed and sworn to before me this 6 day of June 2000
Harold Dugas Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed: Stacy M. Hughes
New Address: 1507 Stanley Rd. Plntd IN 46168
Subscribed and sworn to before me this 6 day of June 2000
Harold Dugas Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 6 2000, authorizing the marriage of Ryan Lowell Devenport and Stacy Michelle Hughes. I further certify that the following marriage certificate was filed in my office: I, Ronald L Devenport (name), certify that on June 6 2000 (date), at Franklin in Johnson County, Indiana, Ryan Lowell Devenport of Marion County, Indiana (state), and Stacy Michelle Hughes of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 6 2000. Signed by: /s/ Ronald L Devenport, Reverend (official designation) Filed and recorded in accordance with the laws of the State of Indiana on July 11 2000 (date).

Signed Harold Dugas Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 299
Date of Application 6-7-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 5-31-00
Name of Physician Dr. Bacon

MALE APPLICANT

Name: First Pony Middle Curtis Last Engle
Date of Birth: Month 3 Day 3 Year 77
Place of Birth (State or foreign country) Kentucky
Residence Address: Street or R.R. 1531 Altwood Dr. City Clarksville County Clark State IN
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) Drivers License

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

6. (a) Full name of applicant's father Archie Curtis Engle
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Kentucky
(b) Full maiden name of applicant's mother Joyce Jean Dean
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: First Courtney Middle Anne Last Loe
Date of Birth: Month 5 Day 24 Year 78
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 708 Dover Rd City B'burg County Shelby State IN
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) Drivers License

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

6. (a) Full name of applicant's father David Harley Loe
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Michigan
(b) Full maiden name of applicant's mother Cathryn Jane Neacop
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) California

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [Signature] Date 7 JUNE 2000

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [Signature] Date 6/7/00

The above applicant has 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
County of Hendricks) in this application is true and correct.
Signed [Signature]
New Address 226-14 Arnold Dr. W. Lafayette, IN 47906
Subscribed and sworn to before me this 7 day of June 2000
[Signature] Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed [Signature]
New Address 226-14 Arnold Dr. West Lafayette, IN 47906
Subscribed and sworn to before me this 7 day of June 2000
[Signature] Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 7, 2000, authorizing the marriage of Anthony Curtis Engle and Courtney Anne Loe.
I further certify that the following marriage certificate was filed in my office: I, Rev. Gene R. Lilienthal (name), certify that on June 17, 2000 (date), at Brownsburg in Hendricks County, Indiana, Anthony Curtis Engle of Clark County, Indiana (state), and Courtney Anne Loe of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 7, 2000. Signed by: /s/ Rev. Gene R. Lilienthal, Clergy (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 22, 2000 (date).

Signed [Signature] Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 300
Date of Application 6-7-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 4-24-00
Name of Physician Dr. Johnston

MALE APPLICANT

Name First David Middle Earl Last Bartley
Date of Birth Month 9 Day 27 Year 59
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. 1220 Hacienda Dr. City Avon County Hendricks State IN
Previous Marital Status: Never Married OR No. of Previous Marriages 1
Last Marriage Ended By: Death Divorce Annulment Date 94
Date of Birth Verified By: Birth Certificate Other (Specify) Indiana ID

- Are you now 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. Debita Ray Bartley
Nicole Renee Bartley
Amanda Michelle Bartley
- (a) Full name of applicant's father Leslie Earl Bartley
Residence of father (if deceased, so state) Deceased
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Mary Katherine Hugel
Residence of mother (if deceased, so state) Florida
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name First Misty Middle Mone Last Moody
Date of Birth Month 7 Day 18 Year 68
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. 1220 Hacienda Dr. City Avon County Hendricks State IN
Previous Marital Status: Never Married OR No. of Previous Marriages 1
Last Marriage Ended By: Death Divorce Annulment Date 1997
Date of Birth Verified By: Birth Certificate Other (Specify) Indiana ID

- Are you now 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. Megan Marie Moody
Debita Ray Bartley
- (a) Full name of applicant's father Gregory Allen Cook
Residence of father (if deceased, so state) Deceased
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Pamela Jay Wellington
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant David E. Bartley Date 6-7-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Misty M. Moody Date 6-7-00

The 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)
I swear/affirm that the information given in this application is true and correct.
Signed same David E. Bartley
New Address same
Subscribed and sworn to before me this 7 day of June 2000
Harold Dugas Clerk of the Hendricks Circuit Court

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed same Misty Mone Moody
New Address same
Subscribed and sworn to before me this 7 day of June 2000
Harold Dugas Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-7-00, authorizing the marriage of David Earl Bartley and Misty Mone Moody.
I further certify that the following marriage certificate was filed in my office: I, Susan D. Link (name), certify that on June 7, 2000 (date), at Danville in Hendricks County, Indiana, David Earl Bartley of Hendricks County, Indiana (state), and Misty Mone Moody of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-7-00. Signed by: /s/ Susan D. Link, 1st Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 6-7-00 (date).

Signed Harold Dugas Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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Indiana State Board of
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IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 5-17-00
Name of Physician Dr. Bradley

MALE APPLICANT

Name: Brian Ashley Pickett
Date of Birth: 3-13-74
Place of Birth: Indiana 46112
Residence Address: 4358 Windsor Rd Brownsburg Ind IN
Previous Marital Status: Never Married OR No. of Previous Marriages: _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____
Drivers License

- Are you now 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children.
Jacob Ashley Pickett
- (a) Full name of applicant's father: Robert William Pickett
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother: Jandra Kay McCleary
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: Sarah Elizabeth Matelic
Date of Birth: 10-3-73
Place of Birth: Indiana 46112
Residence Address: 4358 Windsor Rd Brownsburg Ind IN
Previous Marital Status: Never Married OR No. of Previous Marriages: _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____
Drivers License

- Are you now 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children.
Jacob Ashley Pickett
- (a) Full name of applicant's father: Ronald Joseph Matelic
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother: Mary Anne Britton
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [Signature] Date 6-7-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [Signature] Date 6-7-00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed [Signature]
New Address SAME
Subscribed and sworn to before me this 7 day of June 2000
[Signature] Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed [Signature]
New Address SAME
Subscribed and sworn to before me this 7 day of June 2000
[Signature] Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 7 2000, authorizing the marriage of Brian Ashley Pickett and Sarah Elizabeth Matelic. I further certify that the following marriage certificate was filed in my office: I, Anthony Volz (name), certify that on June 7 2000 (date), at Indianapolis in Marion County, Indiana, Brian Ashley Pickett of Hendricks County, Indiana (state), and Sarah Elizabeth Matelic of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 7 2000. Signed by: /s/ Anthony Volz, R.C. Priest (official designation) Filed and recorded in accordance with the laws of the State of Indiana on July 11 2000 (date).

Signed [Signature] Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

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IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 6-2-00
Name of Physician Dr. Heager

MALE APPLICANT
Name: Troy Killinger
Date of Birth: 5-27-55
Place of Birth: Arizona
Residence Address: 1051 Pinewood Dr Pfd Hooks Ev
Previous Marital Status: Never Married

FEMALE APPLICANT
Name: Dawn Michelle Ferris
Date of Birth: 7-22-67
Place of Birth: Indiana
Residence Address: 1051 Pinewood Dr Pfd Hooks Ev
Previous Marital Status: Never Married

Indiana ID
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 a narcotic drug? No Yes
5. List the full names of any dependent children: Jade Marie Killinger
6. (a) Full name of applicant's father: Archie R. Killinger
Residence of father (if deceased, so state): Deceased
Birthplace of father (State or foreign country): Indiana
(b) Full maiden name of applicant's mother: Maggie Caroline Kove
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): Kentucky

Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children: Ashley Michelle Ferris
Nicholas Dean Ferris
6. (a) Full name of applicant's father: Ray Glenn Duffor
Residence of father (if deceased, so state): Indiana
Birthplace of father (State or foreign country): Indiana
(b) Full maiden name of applicant's mother: Sharon Ann Wellington
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Troy Killinger Date: 6-7-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Dawn Ferris Date: 6-7-00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed: Troy Killinger
New Address: same
Subscribed and sworn to before me this 7 day of June 2000
Harold Dugas Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed: Dawn Ferris
New Address: same
Subscribed and sworn to before me this 7 day of June 2000
Harold Dugas Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-7-00, authorizing the marriage of Troy Killinger and Dawn Michelle Ferris.
I further certify that the following marriage certificate was filed in my office: I, Susan D. Link (name), certify that on June 21, 2000 (date), at Danville in Hendricks County, Indiana, Troy Killinger of Hendricks County, Indiana (state), and Dawn Michelle Ferris of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-7-00. Signed by: /s/ Susan D. Link, 1st Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 6-21-00 (date).

Signed Harold Dugas Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

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IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 6-5-10
Name of Physician D. Beard

MALE APPLICANT

Name First Middle Last
James Michael Thornton

Date of Birth Month Day Year
6-29-55

Place of Birth (State or foreign country)
Alabama

Residence Address Street or R.R. City County State
6032 Vickie Lane Zionsville Boone IN 46027

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

Last Marriage Ended By: Death Divorce Annulment Date 1995

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 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children.
NO
- (a) Full name of applicant's father James Herbert Thornton
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Alabama
Birthplace of father (State or foreign country) Alabama
(b) Full maiden name of applicant's mother Betty Sue Pender
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Alabama
Birthplace of mother (State or foreign country) Alabama

FEMALE APPLICANT

Name First Middle Last
Nila Jean Whaley

Date of Birth Month Day Year
1-22-62

Place of Birth (State or foreign country)
Illinois

Residence Address Street or R.R. City County State
8035 Black Oak Court Plainfield Boone IN 46168

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

Last Marriage Ended By: Death Divorce Annulment Date 1999

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 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children.
Barnett Guail Whaley
- (a) Full name of applicant's father Jerry Lee Cox
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Illinois
Birthplace of father (State or foreign country) Illinois
(b) Full maiden name of applicant's mother Sharon Marie Black
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Illinois
Birthplace of mother (State or foreign country) Illinois

ACKNOWLEDGEMENT

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

Signature of Applicant [Signature] Date 6/7/00

ACKNOWLEDGEMENT

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

Signature of Applicant [Signature] Date 6/7/00

The 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) I swear/affirm that the information given in this application is true and correct.
Signed [Signature]
New Address 8035 Black Oak Ct Plainfield, IN
Subscribed and sworn to before me this 7 day of June 2000
[Signature] Clerk of the Hendricks Circuit Court

State of Indiana)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.
Signed [Signature]
New Address 8035 Black Oak Ct. Plainfield, IN 46168
Subscribed and sworn to before me this 7 day of June 2000
[Signature] Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-7-00, authorizing the marriage of James Michael Thornton and Nila Jean Whaley.
I further certify that the following marriage certificate was filed in my office: I, Loren E. Southard (name), certify that on June 17, 2000 (date), at Plainfield in Hendricks County, Indiana, James Michael Thornton of Boone County, Indiana (state), and Nila Jean Whaley of Hendricks County, Indiana (state) were married by me, as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-7-00. Signed by: /s/ Loren E. Southard Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 6-21-00 (date).

Signed [Signature] Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 6-7-00
Name of Physician Dr. Roumedou

MALE APPLICANT

Name First Middle Last
Mostafa Mohamed Zenhom

Date of Birth Month Day Year
11-22-52

Place of Birth (State or foreign country)
Egypt

Residence Address Street or R.R. City County State
659 Alpha Ave. B'burg Hendricks IN 46112

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

Last Marriage Ended By: Death Divorce Annulment Date 2000

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 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. Abdulbaram Mostafa, Nafah Mostafa Zenhom, Wildad Mostafa Zenhom
- (a) Full name of applicant's father Mohamed Zenhom
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Egypt - America
Birthplace of father (State or foreign country) Egypt
(b) Full maiden name of applicant's mother Zenab Ghased ably
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Egypt - America
Birthplace of mother (State or foreign country) Egypt

FEMALE APPLICANT

Name First Middle Last
Khadija Chachouai

Date of Birth Month Day Year
10-18-62

Place of Birth (State or foreign country)
Morocco

Residence Address Street or R.R. City County State
659 Alpha Ave. B'burg Hendricks IN 46112

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

Last Marriage Ended By: Death Divorce Annulment Date

Date of Birth Verified By: Birth Certificate Other (Specify)

Passport

- Are you now 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. NO
- (a) Full name of applicant's father BOUJEMA CHACHOUAI
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) deceased
Birthplace of father (State or foreign country) Morocco
(b) Full maiden name of applicant's mother FATIMA SBAI
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Morocco
Birthplace of mother (State or foreign country) Morocco

ACKNOWLEDGEMENT

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

Signature of Applicant [Signature] Date 6/7/00

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

ACKNOWLEDGEMENT

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

Signature of Applicant [Signature] Date 6/7/00

The above applicant has objected to verifying 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 [Signature] in this application is true and correct.
New Address same
Subscribed and sworn to before me this 7 day of June 2000
Harold Dugan Clerk of the Hendricks Circuit Court

State of Indiana)
County of Hendricks)
Signed [Signature] in this application is true and correct.
New Address same
Subscribed and sworn to before me this 7 day of June 2000
Harold Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for 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 _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-7-00, authorizing the marriage of Mostafa Mohamed Zenhom and Khadija Chachouai.
I further certify that the following marriage certificate was filed in my office: I, Susan D. Link (name), certify that on June 7, 2000 (date), at Danville in Indiana County, Indiana, Mostafa Mohamed Zenhom of Hendricks County, Indiana (state), and Khadija Chachouai of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-7-00. Signed by: /s/ Susan D. Link, 1st Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 6-7-00 (date).

Signed Harold Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 305
Date of Application 6-8-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 5-9-00
Name of Physician Dr. Johnson

MALE APPLICANT
Name: Kenneth Alfred Lavenberg
Date of Birth: 2-17-56
Place of Birth: New Jersey
Residence Address: 626 Ophelia Drive, AVOON, Hendricks, IN 46123
Previous Marital Status: Never Married OR No. of Previous Marriages 3
Last Marriage Ended By: Death Divorce Annulment Date 1999
Date of Birth Verified By: Birth Certificate Other (Specify)

FEMALE APPLICANT
Name: Paula Sue Irwin
Date of Birth: 8-7-56
Place of Birth: Indiana
Residence Address: 340 Southmore St., P/O Hendricks, IN 46168
Previous Marital Status: Never Married OR No. of Previous Marriages 1
Last Marriage Ended By: Death Divorce Annulment Date 1999
Date of Birth Verified By: Birth Certificate Other (Specify)

Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. Daniel Kenneth Lavenberg
6. (a) Full name of applicant's father Alfred Walter Lavenberg
(If adopted, list adoptive parents only) New Jersey
Residence of father (if deceased, so state) New York
Birthplace of father (State or foreign country) Jean Claire Recka
(b) Full maiden name of applicant's mother New Jersey
(If adopted, list adoptive parents only) New Jersey
Residence of mother (if deceased, so state) New Jersey
Birthplace of mother (State or foreign country)

Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. Elizabeth Louise Irwin
6. (a) Full name of applicant's father Paul Kamman
(If adopted, list adoptive parents only) deceased
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Betty Lou Stanton
(b) Full maiden name of applicant's mother Indiana
(If adopted, list adoptive parents only) Wisconsin
Residence of mother (if deceased, so state) Wisconsin
Birthplace of mother (State or foreign country)

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Kenneth A. Lavenberg Date 6-8-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Paula Sue Irwin Date 6-8-00

The 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)
I swear/affirm that the information given in this application is true and correct.
Signed Kenneth A. Lavenberg
New Address SAME
Subscribed and sworn to before me this 8 day of June 2000
Harold Dugan Clerk of the Hendricks Circuit Court

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Paula Sue Irwin
New Address 626 Ophelia Drive AVOON IN 46123
Subscribed and sworn to before me this 8 day of June 2000
Harold Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-8-00, authorizing the marriage of Kenneth Alfred Lavenberg and Paula Sue Irwin.
I further certify that the following marriage certificate was filed in my office: I, Ann Pitman Rynnion (name), certify that on June 17, 2000 (date), at Plainfield in Hendricks County, Indiana, Kenneth Alfred Lavenberg of Hendricks County, Indiana (state), and Paula Sue Irwin of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-8-00. Signed by: /s/ Ann Pitman Rynnion Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 6-21-00 (date).

Signed Harold Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 306
Date of Application 6-7-00

IC 31-11-11-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the
circuit court when the person applies for a marriage license under
IC 31-11-4-4 commits a Class D felony.

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

MALE APPLICANT
Name: John Charles Craig
Date of Birth: 5-23-32
Place of Birth: Washington DC 46254
Residence Address: 5027 Fieldstone Trail Indpls Marion IN
Previous Marital Status: Never Married OR No. of Previous Marriages 1
Last Marriage Ended By: Death Divorce Annulment Date 1999
Date of Birth Verified By: Birth Certificate Other (Specify)

FEMALE APPLICANT
Name: Elizabeth Maetta Egbert
Date of Birth: 3-1-35
Place of Birth: Indiana
Residence Address: 4643 Kensington Way N P-field Hend IN
Previous Marital Status: Never Married OR No. of Previous Marriages 1
Last Marriage Ended By: Death Divorce Annulment Date 4-6-98
Date of Birth Verified By: Birth Certificate Other (Specify)

Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. NO
6. (a) Full name of applicant's father: Oliver Howard Craig
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) deceased
Birthplace of father (State or foreign country) Illinois
(b) Full maiden name of applicant's mother: Williamina Adelaide
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) deceased
Birthplace of mother (State or foreign country) Pennsylvania

driver's license
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. NA
6. (a) Full name of applicant's father: John Nelson Wootan
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) deceased
Birthplace of father (State or foreign country) Kentucky
(b) Full maiden name of applicant's mother: Bessie Ruth Marivet
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) deceased
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant John C Craig Date 6-7-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Elizabeth M. Egbert Date 6-7-2000

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed John C Craig
New Address 5027 FIELDSTONE TRAIL, INDIANAPOLIS, IN 46254
Subscribed and sworn to before me this 7 day of June 2000
Harold Dugan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Elizabeth M. Egbert
New Address 5027 FIELDSTONE TRAIL, INDIANAPOLIS, IN 46254-9728
Subscribed and sworn to before me this 7 day of June 2000
Harold Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-7-00, authorizing the marriage of John Charles Craig and Elizabeth Maetta Egbert.
I further certify that the following marriage certificate was filed in my office: I, Norman Jack Wolfe (name), certify that on July 2, 2000 (date), at Indianapolis in Marion County, Indiana, John Charles Craig of Marion County, Indiana (state), and Elizabeth Maetta Egbert of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-7-00. Signed by: /s/ Norman Jack Wolfe, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 7-6-00 (date).

Signed Harold Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 307
Date of Application 6-8-00

IC 31-11-11-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the
circuit court when the person applies for a marriage license under
IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 5-22-00
Name of Physician Dr. Heavin

MALE APPLICANT

Name First Middle Last
Joshua Adam Settles

Date of Birth Month Day Year
11-29-78

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
P.O. Box 65 Clayton Hooks IN 46118

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify) _____

Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes

2. Are you related to the female applicant closer than second cousin? No Yes

3. Are you now under the influence of an alcoholic beverage? No Yes

4. Are you now under the influence of a narcotic drug? No Yes

5. List the full names of any dependent children. NO

6. (a) Full name of applicant's father Joseph Larry Settles Sr.
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana

(b) Full maiden name of applicant's mother Arlann Marie Cooper
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name First Middle Last
Amanda Dawn Ellett

Date of Birth Month Day Year
2-10-81

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
P.O. Box 65 Clayton Hooks IN 46118

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify) _____

Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes

2. Are you related to the male applicant closer than second cousin? No Yes

3. Are you now under the influence of an alcoholic beverage? No Yes

4. Are you now under the influence of a narcotic drug? No Yes

5. List the full names of any dependent children. NO

6. (a) Full name of applicant's father James Bruce Ellett
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana

(b) Full maiden name of applicant's mother Lynn Ellen Allee
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

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

Signature of Applicant Joshua A. Settles Date 6-8-00

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

Clerk of Court _____ Date _____

ACKNOWLEDGEMENT

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

Signature of Applicant Amanda D. Ellett Date 6-8-00

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. _____ 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.
Signed Joshua A. Settles
New Address Same
Subscribed and sworn to before me this 8 day of June, 2000
Harold Dugan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Amanda D. Ellett
New Address Same
Subscribed and sworn to before me this 8 day of June, 2000
Harold Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-8-00, authorizing the marriage of Joshua Adam Settles and Amanda Dawn Ellett.
I further certify that the following marriage certificate was filed in my office: I, Jimmy Johnson (name), certify that on June 24, 2000 (date), at Clayton in Hendricks County, Indiana, Joshua Adam Settles of Hendricks County, Indiana (state), and Amanda Dawn Ellett of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-8-00. Signed by: /s/ Jimmy Johnson Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 7-6-00 (date).

Signed Harold Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

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Page 308
Date of Application 6-8-00

IC 31-11-11-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the
circuit court when the person applies for a marriage license under
IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 5-4-00
Name of Physician Dr. Webber

MALE APPLICANT
Name First Jason Middle David Last Uhlrich
Date of Birth Month 5 Day 27 Year 77
Place of Birth (State or foreign country) Colorado
Residence Address Street or R.R. 1325 Crescent Circle Apt 5 Ft Wayne Allen IN City Allen County Allen State IN 46825
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____

FEMALE APPLICANT
Name First Amanda Middle Kate Last Corwin
Date of Birth Month 10 Day 12 Year 78
Place of Birth (State or foreign country) Ind: 919
Residence Address Street or R.R. 7871 Continental Dr. Mooresville City Mooresville County Union State NC 28117
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____

Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. NO
6. (a) Full name of applicant's father David Charles Uhlrich
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) deceased
Birthplace of father (State or foreign country) Montana
(b) Full maiden name of applicant's mother Joyce Barbara Hoff
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Colorado
Birthplace of mother (State or foreign country) Montana

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

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that
are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).
Signature of Applicant Jason Uhlrich Date 6-8-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that
are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).
Signature of Applicant Amanda K Corwin Date 6-8-00

The 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 _____

I swear/affirm that the information given
in this application is true and correct.
Signed Jason Uhlrich
New Address 1325 CRESCENT CIR APT 5 FT WAYNE IN 46825
Subscribed and sworn to before me this 8 day of June 2000
Harold Dugan Clerk of the Hendricks Circuit Court

I swear/affirm that the information given
in this application is true and correct.
Signed Amanda K Corwin
New Address 7871 Continental Dr. Mooresville NC 28117
Subscribed and sworn to before me this 8 day of June 2000
Harold Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-8-00,
authorizing the marriage of Jason David Uhlrich and Amanda Kate Corwin
I further certify that the following marriage certificate was filed in my office: I, James A. Taylor, Jr. (name),
certify that on June 10, 2000 (date), at Mooresville in Morgan
County, Indiana, Jason David Uhlrich of Allen County, Indiana
(state), and Amanda Kate Corwin of Hendricks County, Indiana (state)
were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated
6-8-00. Signed by: /s/ James A. Taylor, Jr. Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 6-15-00 (date).

Signed Harold Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
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Book 63
Page 309
Date of Application 6-8-00

IC 31-11-1-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 6-8-00
Name of Physician Stigmoller

MALE APPLICANT

Name: Darin Eric Swanson
Date of Birth: 6/13/79
Place of Birth: Iowa
Residence Address: 98 East St Danville Hendricks Co
Previous Marital Status: Never Married OR No. of Previous Marriages: _____
Last Marriage Ended By: Death Divorce Annulment Date: _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____
Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children: Chloe
Shianne Sierra Swanson
6. (a) Full name of applicant's father: Darrell Byron Swanson
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): Indiana
Birthplace of father (State or foreign country): Iowa
(b) Full maiden name of applicant's mother: Cheryl Lynn Maack
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): Iowa

FEMALE APPLICANT

Name: Cynthia Kay Russell
Date of Birth: 6/6/79
Place of Birth: Indiana
Residence Address: 98 East St Danville Hendricks Co
Previous Marital Status: Never Married OR No. of Previous Marriages: _____
Last Marriage Ended By: Death Divorce Annulment Date: _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____
Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children: _____
Shianne & Sierra Swanson
6. (a) Full name of applicant's father: Daniel Carter Russell
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): Indiana
Birthplace of father (State or foreign country): Indiana
(b) Full maiden name of applicant's mother: Rami Jo Pertry
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [Signature] Date 6-8-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [Signature] Date 6-8-00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed [Signature]
New Address Same as Above
Subscribed and sworn to before me this 8 day of June
Harold Dugas Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed [Signature]
New Address Same as Above
Subscribed and sworn to before me this 8 day of June
Harold Dugas Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-8-00, authorizing the marriage of Darin Eric Swanson and Cynthia Kay Russell.
I further certify that the following marriage certificate was filed in my office: I, Donald R. Swanson (name), certify that on June 10, 2000 (date), at Danville in Hendricks County, Indiana, Darin Eric Swanson of Hendricks County, Indiana (state), and Cynthia Kay Russell of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-8-00. Signed by: /s/ Donald R. Swanson Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 6-21-00 (date).

Signed Harold Dugas Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 310
Date of Application 6-8-00

IC 31-11-11-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 5-26-00
Name of Physician Dr. Baber

MALE APPLICANT

Name First Middle Last
John Francis William Fleming

Date of Birth Month Day Year
8-1-77

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
75 Gill Drive Danville Hendricks IN 46122

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify) _____

Drivers License

- Are you now 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children.
NO
- (a) Full name of applicant's father Gary Lee Fleming
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Linda Lee Dillon
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name First Middle Last
Mandy Marie Ortel

Date of Birth Month Day Year
2-11-78

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
5314 N 325 West Fairland Shelby IN 46126

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify) _____

Drivers License

- Are you now 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children.
NO
- (a) Full name of applicant's father Gary Eugene Ortel
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Janice Sue Fisher
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

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

Signature of Applicant [Signature] Date 6/8/00

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

ACKNOWLEDGEMENT

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

Signature of Applicant [Signature] Date 6/8/00

The above applicant has 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
County of Hendricks) in this application is true and correct.
Signed [Signature]
New Address 75 Gill Dr. Danville, IN 46122
Subscribed and sworn to before me this 8 day of June 2000
[Signature] Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed [Signature]
New Address 75 Gill Dr. Danville, IN 46122
Subscribed and sworn to before me this 8 day of June 2000
[Signature] Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-8-00, authorizing the marriage of John Francis William Fleming and Mandy Marie Ortel.
I further certify that the following marriage certificate was filed in my office: I, William H. Steinke (name), certify that on June 10, 2000 (date), at Brownsburg in Hendricks County, Indiana, John Francis William Fleming of Hendricks County, Indiana (state), and Mandy Marie Ortel of Shelby County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-8-00. Signed by: /s/ William H. Steinke Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 6-21-00 (date).

Signed [Signature] Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 63 Page 311 Date of Application 6-9-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No [] Yes [x] If No, Medical Examination or Report Dated Name of Physician

MALE APPLICANT: Name Shelby Burton Hood Jr., Date of Birth 7/21/33, Place of Birth Kentucky, Residence Address 704 E. 5th Street Fowler Benton In. 47944, Previous Marital Status Never Married, Last Marriage Ended By Divorce, Date of Birth Verified By Other (Specify) Drivers License.

FEMALE APPLICANT: Name Rosemary Thrasher Gore, Date of Birth 7/4/28, Place of Birth Indiana, Residence Address 512 East Main St. Plainfield Hendricks In, Previous Marital Status Never Married, Last Marriage Ended By Divorce, Date of Birth Verified By Other (Specify) Drivers License.

ACKNOWLEDGEMENT: I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Shelby Burton Hood Date 6-9-00

ACKNOWLEDGEMENT: I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Rosemary Thrasher Gore Date 6-9-2000

The 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) I swear/affirm that the information given County of Hendricks) in this application is true and correct. Signed Shelby Burton Hood Jr. New Address 5th East Main St. Plainfield Subscribed and sworn to before me this 9 day of June 2000. Clerk of the Hendricks Circuit Court Harox Dugan

State of Indiana) I swear/affirm that the information given County of Hendricks) in this application is true and correct. Signed Rosemary Thrasher Gore New Address Same as Above Subscribed and sworn to before me this 9 day of June 2000. Clerk of the Hendricks Circuit Court Harox Dugan

CONSENT OF PARENTS, PARENT, OR GUARDIAN: We, the parents of this applicant, hereby give consent for 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 Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN: We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary. State of Indiana) County of Hendricks) Father ID # Mother ID # Subscribed and sworn to before me this day of Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE: I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-9-00, authorizing the marriage of Shelby Burton Hood, Jr. and Rosemary Thrasher Gore. I further certify that the following marriage certificate was filed in my office: I, Stephen White (name), certify that on July 1, 2000 (date), at Plainfield in Hendricks County, Indiana, Shelby Burton Hood, Jr. of Benton County, Indiana (state), and Rosemary Thrasher Gore of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-9-00. Signed by: /s/ Stephen White Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 7-6-00 (date).

Signed Harox Dugan Clerk Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 312
Date of Application 6-9-00

IC 31-11-11-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the
circuit court when the person applies for a marriage license under
IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 6-5-00
Name of Physician Dr. Kelly

MALE APPLICANT

Name First Middle Last
Trenton Lee Davis

Date of Birth Month Day Year
12-21-76

Place of Birth (State or foreign country)
Ohio

Residence Address Street or R.R. City County State
7040 Fieldstone place Columbus Franklin Ohio 43235

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify) _____

Drivers License

- Are you now 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children.
NO
- (a) Full name of applicant's father Lee Roy Davis
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Ohio
Birthplace of father (State or foreign country) Ohio
(b) Full maiden name of applicant's mother Linda Lewis
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Ohio
Birthplace of mother (State or foreign country) Ohio

FEMALE APPLICANT

Name First Middle Last
Emily Ruth Feekart

Date of Birth Month Day Year
8-2-77

Place of Birth (State or foreign country)
Michigan

Residence Address Street or R.R. City County State
411 Orchard Blvd Danville Indiana 46122

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify) _____

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 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
- List the full names of any dependent children.
NO
- (a) Full name of applicant's father Michael O'Donnell Feekart
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Michigan
Birthplace of father (State or foreign country) Michigan
(b) Full maiden name of applicant's mother Linda Ann Maccioni
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Michigan

ACKNOWLEDGEMENT

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

Signature of Applicant [Signature] Date 6/9/2000

The above applicant has 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
County of Hendricks) in this application is true and correct.
Signed [Signature]
New Address same

Subscribed and sworn to before me this 9 day of June 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

ACKNOWLEDGEMENT

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

Signature of Applicant [Signature] Date 6-9-2000

The above applicant has 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
County of Hendricks) in this application is true and correct.
Signed [Signature]
New Address 7040 Fieldstone Place, Columbus, OH 43235

Subscribed and sworn to before me this 9 day of June 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for 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 _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 9 2000, authorizing the marriage of Trenton Lee Davis and Emily Ruth Feekart

I further certify that the following marriage certificate was filed in my office: I, Michael R Emery (name), certify that on June 24 2000 (date), at Indianapolis in Marion County, Indiana, Trenton Lee Davis of Franklin County, Ohio (state), and Emily Ruth Feekart of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 9 2000. Signed by: /s/ Michael R Emery Minister (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on JUL 19 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 63 Page 313 Date of Application 6-9-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No [X] Yes [] If No, Medical Examination or Report Dated 5-13-00 Name of Physician [X] Pastor in Care

MALE APPLICANT: Charles Eugene Hubble, Date of Birth 7-22-72, Residence Address P.O. Box 81-5088 Milton St. Coatesville, Indiana 46121, Previous Marital Status Never Married [X].

FEMALE APPLICANT: Michelle Lynn Blank, Date of Birth 6-19-80, Residence Address P.O. Box 81-5088 Milton St. Coatesville, Indiana 46121, Previous Marital Status Never Married [X].

ACKNOWLEDGEMENT: I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Charles E. Hubble Date 6/9/00

ACKNOWLEDGEMENT: I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Michelle Blank Date 6/9/00

The 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) I swear/affirm that the information given County of Hendricks) in this application is true and correct. Signed Charles E. Hubble New Address Subscribed and sworn to before me this 9 day of June 2000

State of Indiana) I swear/affirm that the information given County of Hendricks) in this application is true and correct. Signed Michelle Blank New Address Subscribed and sworn to before me this 9 day of June 2000

CONSENT OF PARENTS, PARENT, OR GUARDIAN: We, the parents of 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.

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE: I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 9 2000, authorizing the marriage of Charles Eugene Hubble and Michelle Lynn Blank. I further certify that the following marriage certificate was filed in my office: I, Hubert Greer (name), certify that on July 29 2000 (date), at Plainfield in Hendricks County, Indiana, Charles E Hubble of Hendricks County, Indiana (state), and Michelle Lynn Blank of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 9 2000. Signed by: /s/ Hubert Greer, Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on August 3 2000 (date).

Signed Tharon Dugan Clerk Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 314
Date of Application 6-9-00

IC 31-11-11-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the
circuit court when the person applies for a marriage license under
IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 5-24-00
Name of Physician Dr. Keaty

MALE APPLICANT

Name First Middle Last
Michael Alan Wheeler

Date of Birth Month Day Year
6 2 48

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
846 W 146th St. Carmel Hamilton In. 46032

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify) _____

Drivers License

- Are you now 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. _____
- (a) Full name of applicant's father Michael Joseph Wheeler
(If adopted, list adoptive parents only) Deceased
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Sharon Diane Genhart
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) New Jersey

FEMALE APPLICANT

Name First Middle Last
Benita Tekla Liepnieks

Date of Birth Month Day Year
9 8 70

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
7170 Fox Hollow Lane Brownsburg Hendricks In

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify) _____

Drivers License

- Are you now 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. _____
- (a) Full name of applicant's father Janis Liepnieks
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Satara
(b) Full maiden name of applicant's mother Sudija Rudans
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Satara

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Michael A. Wheeler Date 6/9/00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Benita T. Liepnieks Date 6/9/00

The 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) I swear/affirm that the information given in this application is true and correct.
Signed Michael A. Wheeler
New Address 7170 Fox Hollow Lane Brownsburg
Subscribed and sworn to before me this 9 day of June
Sharon Dugas Clerk of the Hendricks Circuit Court

State of Indiana)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.
Signed Benita T. Liepnieks
New Address Same as Above
Subscribed and sworn to before me this 9 day of June
Sharon Dugas Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 9, 2000, authorizing the marriage of Michael Alan Wheeler and Benita Tekla Liepnieks.
I further certify that the following marriage certificate was filed in my office: I, Anthony Volz (name), certify that on June 9, 2000 (date), at Indianapolis in Marion County, Indiana, Michael Alan Wheeler of Hamilton County, Indiana (state), and Benita Tekla Liepnieks of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 9, 2000. Signed by: /s/ Anthony Volz, R.C. Priest (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 9, 2000 (date).

Signed Sharon Dugas Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 63 Page 315 Date of Application 6-9-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No [X] Yes [] If No, Medical Examination or Report Dated 4-10-00 Name of Physician Dr. Roland

MALE APPLICANT: Lawrence Steffen Kuhns, Date of Birth 10-16-46, Residence Address 2326 1st Street Plainfield Ind 46168, Previous Marital Status Never Married, Last Marriage Ended By Divorce 1998, Drivers License.

FEMALE APPLICANT: Vicki Lynne Hilligoss, Date of Birth 12-12-59, Residence Address 2315 Second St. Plainfield Ind 46168, Previous Marital Status Never Married, Last Marriage Ended By Divorce 1991, Drivers License.

ACKNOWLEDGEMENT: I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Lawrence S. Kuhns Date 6-9-00

ACKNOWLEDGEMENT: I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Vicki Hilligoss Date 6-9-00

The 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) I swear/affirm that the information given County of Hendricks) in this application is true and correct. Signed Lawrence S. Kuhns New Address 2315 2nd St. Plainfield 46168 Subscribed and sworn to before me this 9 day of June 2000 Sharon Dugas Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given County of Hendricks) in this application is true and correct. Signed Vicki Hilligoss New Address same Subscribed and sworn to before me this 9 day of June 2000 Sharon Dugas Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN: We, the parents of this applicant, hereby give consent for 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 _____ Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN: We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary. State of Indiana) County of Hendricks) Father ID # Mother ID # Subscribed and sworn to before me this _____ day of _____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE: I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 9 2000, authorizing the marriage of Lawrence Steffen Kuhns and Vicki Lynne Hilligoss. I further certify that the following marriage certificate was filed in my office: I, Stephen White (name), certify that on June 24 2000 (date), at Plainfield in Hendricks County, Indiana, Stephen White of Hendricks County, Indiana (state), and Vicki Lynne Hilligoss of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 9 2000. Signed by: /s/ Stephen White Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on July 12 2000 (date).

Signed Sharon Dugas Clerk Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 316
Date of Application 6-9-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

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

MALE APPLICANT

Name First Middle Last
Eddie Frank Swails

Date of Birth Month Day Year
10-11-56

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
3558 Norfolk St. Indpls Marion IN 46224

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

Last Marriage Ended By: Death Divorce Annulment Date 1999

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 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children.
NO
- (a) Full name of applicant's father Edwin Edwin Swails
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Mary Louise Spator
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name First Middle Last
Laura Marie Cupp

Date of Birth Month Day Year
11-15-62

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
7733 Sherry Lane Brownsburg IN 46112

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

Last Marriage Ended By: Death Divorce Annulment Date 1999

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 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children.
Kelsey Miranda Cupp
Kylie Ariana Cupp
- (a) Full name of applicant's father Howard James Gubbe
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) deceased
Birthplace of father (State or foreign country) Kentucky
(b) Full maiden name of applicant's mother Melzi Jean Johnson
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) deceased
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Eddie F. Swails Date 6/9/00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Laura M. Cupp Date 6-9-00

The 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) I swear/affirm that the information given
County of Hendricks) Eddie F. Swails in this application is true and correct.
Signed _____
New Address 7733 Sherry Lane Brownsburg IN
Subscribed and sworn to before me this 9 day of June 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) Laura M. Cupp in this application is true and correct.
Signed _____
New Address 7733 Sherry Lane Brownsburg 46112
Subscribed and sworn to before me this 9 day of June 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-9-00, authorizing the marriage of Eddie Frank Swails and Laura Marie Cupp.
I further certify that the following marriage certificate was filed in my office: I, Sharon Dugan (name), certify that on July 5, 2000 (date), at Danville in Hendricks County, Indiana, Eddie Frank Swails of Marion County, Indiana (state), and Laura Marie Cupp of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 7-5-00. Signed by: /s/ Sharon Dugan Hendricks County Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 7-5-00 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

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Page 317
Date of Application 6-9-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 6-6-00
Name of Physician Dr. Johnson

MALE APPLICANT
Name First Middle Last
Thomas Lesley Konrad
Date of Birth Month Day Year
5 8 55
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. City County State
110 Windhaven Cir Apt C Brownsburg In
Previous Marital Status: Never Married OR No. of Previous Marriages 1
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify)

FEMALE APPLICANT
Name First Middle Last
Althea Ilene Harlan
Date of Birth Month Day Year
5 21 57
Place of Birth (State or foreign country) Ohio
Residence Address Street or R.R. City County State
110 Windhaven Cir Apt D Brownsburg Hendricks In
Previous Marital Status: Never Married OR No. of Previous Marriages 2
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify)

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

Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. Shawn Agnew
Michelle Harlan
6. (a) Full name of applicant's father Dancy G. Wood
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Virginia
(b) Full maiden name of applicant's mother Clara O. Green
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Texas
Birthplace of mother (State or foreign country) Kentucky

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Thomas Z Konrad Date 6-9-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Althea Harlan Date 6-9-00

The 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)
I swear/affirm that the information given in this application is true and correct.
Signed Tom Konrad
New Address Same as above
Subscribed and sworn to before me this 9 day of June
Harold Dugas Clerk of the Hendricks Circuit Court

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Althea Harlan
New Address Same as above
Subscribed and sworn to before me this 9 day of June
Harold Dugas Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-9-00, authorizing the marriage of Thomas Lesley Konrad and Althea Ilene Harlan.
I further certify that the following marriage certificate was filed in my office: I, Duane Landreth (name), certify that on June 17, 2000 (date), at Brownsburg in Hendricks County, Indiana, Thomas Lesley Konrad of Hendricks County, Indiana (state), and Althea Ilene Harlan of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-9-00. Signed by: /s/ Duane Landreth Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 6-21-00 (date).

Signed Harold Dugas Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 318
Date of Application 6-9-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 5-3-00
Name of Physician D. Baines

MALE APPLICANT

Name: Brent Alan Hayden
Date of Birth: 4-5-74
Place of Birth: Indiana
Residence Address: 1646 Fisher St. Speedway Marion In
City: Speedway County: Marion State: IN
Previous Marital Status: Never Married OR No. of Previous Marriages: 46224
Last Marriage Ended By: Death Divorce Annulment Date: _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____
Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. NO
6. (a) Full name of applicant's father: Robert Wayne Hayden
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother: Mary Evelyn Berleick
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Illinois

FEMALE APPLICANT

Name: Lauren Jennifer Fisher
Date of Birth: 10-26-72
Place of Birth: California
Residence Address: 7179 Creekswood Court Pittsboro N.C.
City: Pittsboro County: Hoke State: NC
Previous Marital Status: Never Married OR No. of Previous Marriages: _____
Last Marriage Ended By: Death Divorce Annulment Date: _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____
Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. NO
6. (a) Full name of applicant's father: Robert George Fisher Sr.
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Connecticut
(b) Full maiden name of applicant's mother: Donna Lee Hilton
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Pennsylvania

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: [Signature] Date: 6/9/00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: [Signature] Date: 6/9/00

The 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) I swear/affirm that the information given in this application is true and correct.
Signed: [Signature]
New Address: SAME
Subscribed and sworn to before me this 9 day of June 2000
[Signature] Clerk of the Hendricks Circuit Court

State of Indiana)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.
Signed: [Signature]
New Address: 1646 FISHER ST SPEEDWAY, IN 46224
Subscribed and sworn to before me this 9 day of June 2000
[Signature] Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-9-00, authorizing the marriage of Brent Alan Hayden and Lauren Jennifer Fisher.
I further certify that the following marriage certificate was filed in my office: I, John Roof (name), certify that on June 24, 2000 (date), at Indianapolis in Marion County, Indiana, Brent Alan Hayden of Marion County, Indiana (state), and Lauren Jennifer Fisher of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-9-00. Signed by: /s/ John Roof Rector/Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 7-5-00 (date).

Signed [Signature] Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 63 Page 319 Date of Application 6-12-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No [X] Yes [] If No, Medical Examination or Report Dated 4-20-00 Name of Physician Dr. Wells

MALE APPLICANT: Name Allen Ray Myers, Date of Birth 12/18/77, Residence Address 2244 Edgewater Cir, Plainfield, Hendricks, IN. Includes marital status, last marriage ended by, and health questions.

FEMALE APPLICANT: Name Crisstii Nichol Stanfield, Date of Birth 2/1/79, Residence Address 2244 Edgewater Cir, Plainfield, Hendricks, IN. Includes marital status, last marriage ended by, and health questions.

ACKNOWLEDGEMENT: I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted...

ACKNOWLEDGEMENT: I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted...

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.

State of Indiana) I swear/affirm that the information given in this application is true and correct. Signed [Signature] New Address Same as Above

State of Indiana) I swear/affirm that the information given in this application is true and correct. Signed [Signature] New Address Same as Above

CONSENT OF PARENTS, PARENT, OR GUARDIAN: We, the parents of 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.

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE: I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 12 2000, authorizing the marriage of Allen Ray Myers and Crisstii Nichol Stanfield. I further certify that the following marriage certificate was filed in my office: I, David Wohlenhaus (name), certify that on July 8 2000 (date), at Brownsburg in Hendricks County, Indiana, Crisstii Nichol Stanfield of Hendricks County, Indiana (state), and Allen Ray Myers of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 12 2000. Signed by: /s/ David Wohlenhaus Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on July 12 2000 (date).

Signed [Signature] Clerk Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

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Page 320
Date of Application 6-12-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 5-15-00
Name of Physician Dr. Lamb

MALE APPLICANT

Name First Middle Last
Henry Lee Sadler III

Date of Birth Month Day Year
1 15 73

Place of Birth (State or foreign country)
West Virginia

Residence Address Street or R.R. City County State
1886 Sherwood Dr. Danville Hendricks In

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify) _____

Drivers License

- Are you now 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. _____
- (a) Full name of applicant's father Henry E. Sadler Jr.
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) West Virginia
Birthplace of father (State or foreign country) West Virginia
(b) Full maiden name of applicant's mother Nikki Carol Postle
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) West Virginia

FEMALE APPLICANT

Name First Middle Last
Casey Lynn Johnson

Date of Birth Month Day Year
8 17 74

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
1886 Sherwood Dr. Danville Hendricks In

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify) _____

Drivers License

- Are you now 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. _____
- (a) Full name of applicant's father Paul Steven Johnson
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Lissa Jane Decker
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Henry E. Sadler III Date 6-12-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Casey Johnson Date 6-12-00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Henry E. Sadler III
New Address 1886 Sherwood Dr. Danville
Subscribed and sworn to before me this 12 day of June
Harold Dugas Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Casey Johnson
New Address 1886 Sherwood Dr. Danville
Subscribed and sworn to before me this 12 day of June
Harold Dugas Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-12-00, authorizing the marriage of Henry Lee Sadler, III and Casey Lynn Johnson.
I further certify that the following marriage certificate was filed in my office: I, Loring B. Prosser (name), certify that on July 1, 2000 (date), at Danville in Hendricks County, Indiana, Henry Lee Sadler III of Hendricks County, Indiana (state), and Casey Lynn Johnson of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-12-00. Signed by: /s/ Loring B. Prosser Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 7-5-00 (date).

Signed Harold Dugas Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

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Date of Application 6-12-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 6-7-00
Name of Physician Dr. Christ

MALE APPLICANT

Name: Nicholas First, David Middle, Adler Last
 Date of Birth: Month 12, Day 22, Year 77
 Place of Birth (State or foreign country) Indiana
 Residence Address: Street or R.R. 59 Lakeshore Circle, City Bloomington, County Hendricks, State IN
 Previous Marital Status: Never Married OR No. of Previous Marriages _____
 Last Marriage Ended By: Death Divorce Annulment Date _____
 Date of Birth Verified By: Birth Certificate Other (Specify) Driver's License

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

6. (a) Full name of applicant's father David Joseph Adler
 (If adopted, list adoptive parents only) _____
 Residence of father (if deceased, so state) Indiana
 Birthplace of father (State or foreign country) Indiana
 (b) Full maiden name of applicant's mother Alinda Sue Jones
 (If adopted, list adoptive parents only) _____
 Residence of mother (if deceased, so state) Indiana
 Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: Sara First, Ann Middle, Hoffman Last
 Date of Birth: Month 05, Day 17, Year 78
 Place of Birth (State or foreign country) Indiana
 Residence Address: Street or R.R. 7789 N. Golden Pond Ct, City Indpls, County Marion, State IN
 Previous Marital Status: Never Married OR No. of Previous Marriages _____
 Last Marriage Ended By: Death Divorce Annulment Date _____
 Date of Birth Verified By: Birth Certificate Other (Specify) Driver's License

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

6. (a) Full name of applicant's father Neal Thomas Hoffman
 (If adopted, list adoptive parents only) _____
 Residence of father (if deceased, so state) Indiana
 Birthplace of father (State or foreign country) Indiana
 (b) Full maiden name of applicant's mother Pamela Ann Martin
 (If adopted, list adoptive parents only) _____
 Residence of mother (if deceased, so state) Indiana
 Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Nicholas D. Adler Date 6/12/00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Sara Ann Hoffman Date 6-12-2000

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Nicholas D. Adler
New Address 376 W. Hayden Drive CARMEL IN 46032
Subscribed and sworn to before me this 12th day of June, 2000
Sharon Dugas Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Sara Ann Hoffman
New Address 376 W. Hayden Drive Carmel, IN 46032
Subscribed and sworn to before me this 12th day of June, 2000
Sharon Dugas Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-12-00, authorizing the marriage of Nicholas David Adler and Sara Ann Hoffman.
I further certify that the following marriage certificate was filed in my office: I, Don Quinn (name), certify that on June 24, 2000 (date), at Indianapolis in Marion County, Indiana, Nicholas David Adler of Hendricks County, Indiana (state), and Sara Ann Hoffman of Marion County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-12-00. Signed by: /s/ Don Quinn Catholic Priest (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 7-5-00 (date).

Signed Sharon Dugas Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 322
Date of Application 6-12-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 5-12-00
Name of Physician Dr. Robert Kunz

MALE APPLICANT
Name First Middle Last
Michael Allen Bramblett
Date of Birth Month Day Year
2 28 70
Place of Birth (State or foreign country)
Indiana
Residence Address Street or R.R. City County State
100 N Nebraska N. Salem Hend. IN 46165
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify)
drivers license

FEMALE APPLICANT
Name First Middle Last
Angela Marie Duke
Date of Birth Month Day Year
10 4 71
Place of Birth (State or foreign country)
Indiana
Residence Address Street or R.R. City County State
100 N. Nebraska N. Salem Hend IN 46165
Previous Marital Status: Never Married OR No. of Previous Marriages 1
Last Marriage Ended By: Death Divorce Annulment Date 6-7-98
Date of Birth Verified By: Birth Certificate Other (Specify)

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

- 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
- 2. Are you related to the male applicant closer than second cousin? No Yes
- 3. Are you now under the influence of an alcoholic beverage? No Yes
- 4. Are you now under the influence of a narcotic drug? No Yes
- 5. List the full names of any dependent children. Tara Kristine Duke
- 6. (a) Full name of applicant's father Darol Eugene Long
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Ohio
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Mary Jane Wethington
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Michael Allen Bramblett Date 6-12-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Angela Marie Duke Date 6-12-00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Michael Allen Bramblett
New Address PO Box 132 North Salem IN 46165
Subscribed and sworn to before me this 12th day of June, 2000.
Harold Dugas Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Angela Marie Duke
New Address P.O. Box 132
Subscribed and sworn to before me this 12th day of June, 2000.
Harold Dugas Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-12-00, authorizing the marriage of Michael Allen Bramblett and Angela Marie Duke.
I further certify that the following marriage certificate was filed in my office: I, David K. Carney (name), certify that on June 24, 2000 (date), at New Ross in Montgomery County, Indiana, Michael Allen Bramblett of Hendricks County, Indiana (state), and Angela Marie Duke of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-12-00. Signed by: /s/ David K. Carney Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 7-5-00 (date).

Signed Harold Dugas Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 323
Date of Application 6-12-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 4-00
Name of Physician Dr. Robert Aiello

MALE APPLICANT

Name: Brian Clark Moore
Date of Birth: 01/06/72
Place of Birth: Indiana
Residence Address: 410 E. 11th St. Brookston White IN
Previous Marital Status: Never Married OR No. of Previous Marriages: 1
Last Marriage Ended By: Death Divorce Annulment Date:
Date of Birth Verified By: Birth Certificate Other (Specify) Driver's License

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

6. (a) Full name of applicant's father Samuel Clark Moore
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Anna Eileen Turner
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: Laura Beth Shelton
Date of Birth: 05/10/75
Place of Birth: Indiana
Residence Address: 4556 E US 136 Pittsboro Hendricks IN
Previous Marital Status: Never Married OR No. of Previous Marriages: 1
Last Marriage Ended By: Death Divorce Annulment Date: 8-99
Date of Birth Verified By: Birth Certificate Other (Specify) Driver's License

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

6. (a) Full name of applicant's father David Glover Shelton
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Patricia Joan Elbelet
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Brian Clark Moore Date June 12, 2000

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Laura Beth Shelton Date June 12, 2000

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Brian Clark Moore
New Address 410 E. 11th St. Brookston, IN 47923
Subscribed and sworn to before me this 12th day of June, 2000
Harold Dugax Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Laura Beth Shelton
New Address 410 E. 11th St. Brookston, IN 47923
Subscribed and sworn to before me this 12th day of June, 2000
Harold Dugax Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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
 Clerk

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

State of Indiana)
County of Hendricks)
Father ID #
Mother ID #
Subscribed and sworn to before me this day of
 Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 12 2000, authorizing the marriage of Brian Clark Moore and Laura Beth Shelton.
I further certify that the following marriage certificate was filed in my office: I, John Coldwell (name), certify that on June 12 2000 (date), at Avon in Hendricks County, Indiana, Brian Clark Moore of White County, Indiana (state), and Laura Beth Shelton of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 12 2000. Signed by: John Coldwell, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on July 10 2000 (date).

Signed Harold Dugax Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

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Page 324
Date of Application 6-12-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

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

MALE APPLICANT

Name Adam Martin Worsham
Date of Birth 12/31/71
Place of Birth (State or foreign country) Indiana
Residence Address 2383 E Main St Box 22 Plainfield Hendricks
Previous Marital Status: Never Married OR No. of Previous Marriages 1
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____
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 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
- List the full names of any dependent children. Denise Worsham
Emily Worsham
Brook Worsham
Amy Worsham
- (a) Full name of applicant's father Steu. Lloyd Worsham
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Barbara Stockley
Residence of mother (if deceased, so state) Georgia
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name Denese Lynn Bacon
Date of Birth 3/10/77
Place of Birth (State or foreign country) Indiana
Residence Address 2383 E Main St Box 22 Plainfield Hendricks In
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____
Drivers License

- Are you now 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. Emily
Brook
Amy Worsham
- (a) Full name of applicant's father Alton Leroy Bacon
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Bessie Jean Malicant
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Adam Worsham Date 6-12-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Denese Bacon Date 6-12-00

The 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) I swear/affirm that the information given in this application is true and correct.
Signed Adam Worsham
New Address Same As Above
Subscribed and sworn to before me this 12 day of June 2000
Harold Dugan Clerk of the Hendricks Circuit Court

State of Indiana)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.
Signed Denese Bacon
New Address Same As Above
Subscribed and sworn to before me this 12 day of June 2000
Harold Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-12-00, authorizing the marriage of Adam Martin Worsham and Denese Lynn Bacon.
I further certify that the following marriage certificate was filed in my office: I, Malcolm R. Neier (name), certify that on June 17, 2000 (date), at Coatesville in Hendricks County, Indiana, Adam M. Worsham of Hendricks County, Indiana (state), and Denese Bacon of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 12, 2000. Signed by: /s/ Malcolm R. Neier, Minister of the Gospel (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 23, 2000 (date).

Signed Harold Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

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Page 325
Date of Application 6-12-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

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

MALE APPLICANT

Name First Middle Last
Jeremy Joseph Summers

Date of Birth Month Day Year
7 26 76

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
1193 Lincoln St Apt C2 Danville Hendricks In

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify) _____

Drivers License

- Are you now 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. _____
- (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 Diana Marie McHague
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name First Middle Last
Rachel Lee Ann Harvey

Date of Birth Month Day Year
9 23 81

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
1193 118 30 W Coatesville Hendricks In

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify) _____

Drivers License

- Are you now 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. _____
- (a) Full name of applicant's father Clifford Dale Harvey
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Kathryn Lynn Jones
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

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

Signature of Applicant [Signature] Date 6-12-00

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

Clerk of Court _____ Date _____

ACKNOWLEDGEMENT

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

Signature of Applicant [Signature] Date 6-12-00

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

Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed [Signature]
New Address Stone Co. Courthouse
Subscribed and sworn to before me this 12 day of June 2000
Harold Dugas Clerk of the Hendricks Circuit Court

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed [Signature]
New Address 1193 Lincoln Apt C2 Danville In
Subscribed and sworn to before me this 12 day of June 2000
Harold Dugas Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for 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 _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 12 2000, authorizing the marriage of Jeremy Joseph Summers and Rachel Lee Ann Harvey. I further certify that the following marriage certificate was filed in my office: I, John R Roof (name), certify that on July 22 2000 (date), at Danville in Hendricks County, Indiana, Jeremy J Summers of Hendricks County, Indiana (state), and Rachel Lee Ann Harvey of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 12 2000. Signed by: /s/ John P Roof Priest (official designation) Filed and recorded in accordance with the laws of the State of Indiana on July 26 2000 (date).

Signed [Signature] Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 326
Date of Application 6-13-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 6-12-00
Name of Physician Dr. Linda Martin, MD

MALE APPLICANT

Name First Danny Middle Joe Last Kindle
 Date of Birth Month 7 Day 27 Year 74
 Place of Birth (State or foreign country) Indiana
 Residence Address Street or R.R. 1881 S CR 300 E City Danville County Hend State IN
 Previous Marital Status: Never Married OR No. of Previous Marriages _____
 Last Marriage Ended By: Death Divorce Annulment Date _____
 Date of Birth Verified By: Birth Certificate Other (Specify) drivers license

- Are you now 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. NA
- (a) Full name of applicant's father William Chester Kendall III
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Roslyn May Woodall
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name First Jessica Middle Gale Last Hobbs
 Date of Birth Month 8 Day 24 Year 78
 Place of Birth (State or foreign country) Indiana
 Residence Address Street or R.R. 1881 S CR 300 E City Danville County Hend State IN 46122
 Previous Marital Status: Never Married OR No. of Previous Marriages _____
 Last Marriage Ended By: Death Divorce Annulment Date _____
 Date of Birth Verified By: Birth Certificate Other (Specify) driver's license

- Are you now 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. NA
- (a) Full name of applicant's father Brian Keith Hobbs
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Janice Lee Monroe
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Danny Kindle Date 6/13/00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Jessica G Hobbs Date 6/13/00

The 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)
I swear/affirm that the information given in this application is true and correct.
Signed Danny Kindle
New Address 1881 S CR 300 E Danville IN
Subscribed and sworn to before me this 13th day of June, 2000
Shaun Dugan Clerk of the Hendricks Circuit Court

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Jessica G Hobbs
New Address 1881 S CR 300 E Danville IN
Subscribed and sworn to before me this 13th day of June, 2000
Shaun Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-13-00, authorizing the marriage of Danny Joe Kindle and Jessica Gale Hobbs.
I further certify that the following marriage certificate was filed in my office: I, Steven L. Newman (name), certify that on June 17, 2000 (date), at Danville in Hendricks County, Indiana, Danny Jo Kindle of Hendricks County, Indiana (state), and Jessica Gale Hobbs of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-13-00. Signed by: /s/ Steven L. Newman Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 6-23-00 (date).

Signed Shaun Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

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Page 327
Date of Application 6-13-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 6-13-00
Name of Physician Health Opt. phy.

MALE APPLICANT

Name: Troy Lee Fisher
Date of Birth: 08/10/70
Place of Birth: Indian
Residence Address: 330 S. Embury, Monrovia, Morgan, IN
Previous Marital Status: Never Married OR No. of Previous Marriages: 1
Last Marriage Ended By: Death Divorce Annulment Date: 1998
Date of Birth Verified By: Birth Certificate Other (Specify): State I.D.

- Are you now 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. NO
- (a) Full name of applicant's father: Irvn Fisher, Jr.
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): Indiana
Birthplace of father (State or foreign country): Indiana
(b) Full maiden name of applicant's mother: Nancy Sue Woods
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): Indiana

FEMALE APPLICANT

Name: Jennifer Lynn Cloud
Date of Birth: 02/06/71
Place of Birth: Indiana
Residence Address: 7892 Walnut Dr. Avon, Hendricks, IN
Previous Marital Status: Never Married OR No. of Previous Marriages: 2
Last Marriage Ended By: Death Divorce Annulment Date: 1991-1998
Date of Birth Verified By: Birth Certificate Other (Specify): Divorce 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 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
- List the full names of any dependent children. Rebecca Cloud
Amanda Welles + Megan Welles
- (a) Full name of applicant's father: Laurence Mayfield Skilton
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): Indiana
Birthplace of father (State or foreign country): Indiana
(b) Full maiden name of applicant's mother: Julia Lynn Mills
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): _____

ACKNOWLEDGEMENT

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Jennifer Cloud Date: 6/13/00

The 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)
I swear/affirm that the information given in this application is true and correct.
Signed: Troy Fisher
New Address: 330 S Embury, Monrovia, IN
Subscribed and sworn to before me this 12th day of June, 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed: Jennifer Cloud
New Address: 330 S Embury, Monrovia, IN
Subscribed and sworn to before me this 13th day of June, 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for 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 _____
Clerk: _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-13-00, authorizing the marriage of Troy Lee Fisher and Jennifer Linn Cloud.
I further certify that the following marriage certificate was filed in my office: I, Kenneth Smith (name), certify that on June 20, 2000 (date), at Monrovia in Morgan County, Indiana, Troy Lee Fisher of Morgan County, Indiana (state), and Jennifer Linn Cloud of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-13-00. Signed by: /s/ Kenneth Smith Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 7-5-00 (date).

Signed: Sharon Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

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Date of Application 6-13-00

IC 31-11-11-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the
circuit court when the person applies for a marriage license under
IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 1-20-00
Name of Physician Dr. Pulaski

MALE APPLICANT

Name First Jeremy Middle Scott Last Holt
Date of Birth Month 12 Day 18 Year 74
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. City County State
493 Yorktown Ln Avon Hend IN 46123
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) driver's license

- Are you now 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. NA

6. (a) Full name of applicant's father ALAN Andrew Holt
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Bonnie Lynn Sommerville
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name First Michelle Middle Leann Last Decker
Date of Birth Month 5 Day 1 Year 75
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. City County State
493 Yorktown Ln. Avon Hend IN 46123
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) driver's license

- Are you now 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. NA

6. (a) Full name of applicant's father Richard Clifton Decker
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Terri Lynn Rhodes
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [Signature] Date 6/13/00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [Signature] Date 6/13/00

The 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) I swear/affirm that the information given
Signed [Signature] in this application is true and correct.
New Address SAME AS ABOVE
Subscribed and sworn to before me this 13th day of June, 2000
[Signature] Clerk of the Hendricks Circuit Court

State of Indiana)
County of Hendricks) I swear/affirm that the information given
Signed [Signature] in this application is true and correct.
New Address SAME AS ABOVE
Subscribed and sworn to before me this 13th day of June, 2000
[Signature] Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-13-00, authorizing the marriage of Jeremy Scott Holt and Michelle Leann Decker.
I further certify that the following marriage certificate was filed in my office: I, Chris Gilbert (name), certify that on June 24, 2000 (date), at Indianapolis in Marion County, Indiana, Jeremy Scott Holt of Hendricks County, Indiana (state), and Michelle Leann Decker of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-13-00. Signed by: /s/ Chris Gilbert Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 7-5-00 (date).

Signed [Signature] Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 329
Date of Application 6-14-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 6-13-00
Name of Physician Dr. Cooper

MALE APPLICANT

Name First Middle Last
Darryl Wayne McAtee

Date of Birth Month Day Year
9 11 70

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
10959 E Cl 200 N Indianapolis Hendricks In 46234

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify) _____

Drivers License

- Are you now 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. _____

- (a) Full name of applicant's father James Terry McAtee
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
- (b) Full maiden name of applicant's mother Mildred Louise Bengon
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Kentucky

FEMALE APPLICANT

Name First Middle Last
Lori Mason

Date of Birth Month Day Year
3 3 68

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
10959 E Cl 200 N Indianapolis Hendricks In 46234

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify) _____

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 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
- List the full names of any dependent children. Haymie Mason

- (a) Full name of applicant's father Garry Edward Mason
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Nebraska
Birthplace of father (State or foreign country) Indiana
- (b) Full maiden name of applicant's mother Carolyn Aileen Crankhite
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [Signature] Date 6-14-2000

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [Signature] Date 6/14/2000

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed [Signature]
New Address same as above
Subscribed and sworn to before me this 14 day of June
[Signature] Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed [Signature]
New Address same as above
Subscribed and sworn to before me this 14 day of June
[Signature] Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 14 2000, authorizing the marriage of Darryl W McAtee and Lori L Mason
I further certify that the following marriage certificate was filed in my office: I, Marc E Lundy (name), certify that on June 24 2000 (date), at Plainfield in Hendricks County, Indiana, Darryl W McAtee of Hendricks County, Indiana (state), and Lori L Mason of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 14 2000. Signed by: /s/ Marc E Lundy Judge Pro Tempore (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 11 2000 (date).

Signed [Signature] Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

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Date of Application 6-14-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

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

MALE APPLICANT
Name: Earl Porter White
Date of Birth: 3-20-24
Place of Birth: Kentucky
Residence Address: 8486 20 CORP 7005 Coatesville Hoops Tr
Previous Marital Status: Never Married OR No. of Previous Marriages 1
Last Marriage Ended By: Death Divorce Annulment Date 1999
Date of Birth Verified By: Birth Certificate Other (Specify)

FEMALE APPLICANT
Name: Minnie Pearl Burnett
Date of Birth: 4-19-45
Place of Birth: Indiana
Residence Address: 4918 Western Dr. Clayton Hoops Tr
Previous Marital Status: Never Married OR No. of Previous Marriages 1
Last Marriage Ended By: Death Divorce Annulment Date 1998
Date of Birth Verified By: Birth Certificate Other (Specify)

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

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

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Earl Porter White Date 6-14-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Minnie Pearl Burnett Date 6-14-00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Earl Porter White
New Address P.O. Box 123 Clayton, IN. 46118
Subscribed and sworn to before me this 14 day of June 2000
Harold Dugan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Minnie Pearl Burnett
New Address P.O. Box 123 Clayton, IN. 46118
Subscribed and sworn to before me this 14 day of June 2000
Harold Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____
Mother _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 14 2000, authorizing the marriage of Earl Porter White and Minnie Pearl Burnett.
I further certify that the following marriage certificate was filed in my office: I, Ronald E McDugle (name), certify that on July 7 2000 (date), at Plainfield in Hendricks County, Indiana, Earl Porter White of Hendricks County, Indiana (state), and Minnie Pearl Burnett of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 14 2000. Signed by: /s/ Ronald E McDugle Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 18 2000 (date).

Signed Harold Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 331
Date of Application 6-14-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 4-13-00
Name of Physician Dr. Bain

MALE APPLICANT

Name: Matthew James Dollard
Date of Birth: 5-15-76
Place of Birth: Indiana
Residence Address: 1440 W Kemper 508 Cincinnati OH 45240
Previous Marital Status: Never Married OR No. of Previous Marriages: _____
Last Marriage Ended By: Death Divorce Annulment Date: _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____
Drivers License

- Are you now 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. NO
- (a) Full name of applicant's father: James Earl Dollard
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): Texas
Birthplace of father (State or foreign country): Indiana
(b) Full maiden name of applicant's mother: Kathy Jane West
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): Indiana

FEMALE APPLICANT

Name: Anne Elizabeth Batchelor
Date of Birth: 9-24-77
Place of Birth: Indiana 44167
Residence Address: 8483 N Cord 150 E Pittsboro IN
Previous Marital Status: Never Married OR No. of Previous Marriages: _____
Last Marriage Ended By: Death Divorce Annulment Date: _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____
Drivers License

- Are you now 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. NO
- (a) Full name of applicant's father: Richard Henry Batchelor
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): Indiana
Birthplace of father (State or foreign country): Illinois
(b) Full maiden name of applicant's mother: Swaine S Shafer
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Matthew J Dollard Date: 6/14/00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Anne E. Batchelor Date: 6/14/00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed: Matthew J Dollard
New Address: Same
Subscribed and sworn to before me this 14 day of June, 2000
Harold Dugan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed: Anne E. Batchelor
New Address: 1440 W. Kemper Rd #508 Cincinnati OH 45240
Subscribed and sworn to before me this 14 day of June, 2000
Harold Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 14 2000, authorizing the marriage of Matthew James Dollard and Anne Elizabeth Batchelor.
I further certify that the following marriage certificate was filed in my office: I, Daniel J Staublin (name), certify that on July 8 2000 (date), at Brownsburg in Hendricks County, Indiana, Matthew James Dollard of Hamilton County, Ohio (state), and Anne Elizabeth Batchelor of Hamilton County, Ohio (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 14 2000. Signed by: /s/ Daniel J Staublin R.C. Priest (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 12 2000 (date).

Signed: Harold Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 332
6-14-00
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the
circuit court when the person applies for a marriage license under
IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 6-15-00
Name of Physician Dr. Gipple

MALE APPLICANT

Name First Middle Last
Craig Stephen Clark

Date of Birth Month Day Year
7 14 77

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
2639 Twin Oaks Ct. #108 Decatur Macon IL

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify) _____

Illinois 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 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
- List the full names of any dependent children. _____

6. (a) Full name of applicant's father Stephen Chester Clark
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana

(b) Full maiden name of applicant's mother Kathryn Lynn Hawthorne
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name First Middle Last
Sara Michelle Adcock

Date of Birth Month Day Year
3 11 78

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
6454 Persimmon Pass Plainfield Ind.

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify) _____

Indiana 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 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
- List the full names of any dependent children. _____

6. (a) Full name of applicant's father William Rick Adcock
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana

(b) Full maiden name of applicant's mother Karen Sue Bewley
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

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

Signature of Applicant Craig S. Clark Date 6-14-00

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

Clerk of Court _____ Date _____

ACKNOWLEDGEMENT

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

Signature of Applicant Sara Michelle Adcock Date 6-14-00

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

Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Craig S. Clark 67526
New Address 2639 Twin Oaks Ct. #108 Decatur, IL
Subscribed and sworn to before me this 14 day of June 2000
Sharon Dugas Clerk of the Hendricks Circuit Court

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Sara Michelle Adcock
New Address 2639 Twin Oaks Ct. #108 Decatur, IL 62526
Subscribed and sworn to before me this 14 day of June 2000
Sharon Dugas Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-14-00, authorizing the marriage of Craig Stephen Clark and Sara Michelle Adcock.
I further certify that the following marriage certificate was filed in my office: I, Michael A. Courtney (name), certify that on July 1, 2000 (date), at Avon in Hendricks County, Indiana, Craig Stephen Clark of Macon County, Illinois (state), and Sara Michelle Adcock of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-14-00. Signed by: /s/ Michael A. Courtney Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 7-5-00 (date).

Signed Sharon Dugas Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 333
Date of Application 6-15-00

IC 31-11-11-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the
circuit court when the person applies for a marriage license under
IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 6-12-00
Name of Physician Dr. Schmidt

MALE APPLICANT

Name First Middle Last
Timothy McCoy Whitsell

Date of Birth Month Day Year
2 13 73

Place of Birth (State or foreign country)
Arkansas 46123

Residence Address Street or R.R. City County State
211 Oxmoor Way Apt 1 Over Hendricks Co

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify) _____

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 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
- List the full names of any dependent children. _____
- (a) Full name of applicant's father Roger McCoy Whitsell
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Mississippi
Birthplace of father (State or foreign country) Arkansas
(b) Full maiden name of applicant's mother Marguerite Poland
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Illinois
Birthplace of mother (State or foreign country) Arkansas

FEMALE APPLICANT

Name First Middle Last
Sara Michelle Squiller

Date of Birth Month Day Year
3 5 74

Place of Birth (State or foreign country)
Indiana 46183

Residence Address Street or R.R. City County State
211 Oxmoor Way Apt 1 Over Hendricks Co

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify) _____

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 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
- List the full names of any dependent children. _____
- (a) Full name of applicant's father Hubert Michael Squiller
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Illinois
(b) Full maiden name of applicant's mother Susan May Bakling
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Illinois

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Timothy Whitsell Date 6-15-2000

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Sara Squiller Date 6-15-00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Timothy Whitsell
New Address Same as Above
Subscribed and sworn to before me this 15 day of June 2000
Harold Dugan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Sara Squiller
New Address Same as Above
Subscribed and sworn to before me this 15 day of June 2000
Harold Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-15-00, authorizing the marriage of Timothy McCoy Whitsell and Sara Michelle Squiller. I further certify that the following marriage certificate was filed in my office: I, Donald Gross (name), certify that on June 24, 2000 (date), at Logansport in Cass County, Indiana, Timothy McCoy Whitsell of Hendricks County, Indiana (state), and Sara Michelle Squiller of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-15-00. Signed by: /s/ Donald Gross Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 7-5-00 (date).

Signed Harold Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
 Indiana State Board of
 Health under Authority
 of IC 31-11-4-4

Book 63
 Page 334
 Date of Application 6-15-00

IC 31-11-11-1. Furnishing false information upon applying for license.
 A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
 If No, Medical Examination or Report Dated 4-26-00
 Name of Physician Dr. David Bain

MALE APPLICANT

Name First Christopher Middle Michael Last Delp
 Date of Birth Month 1 Day 30 Year 80
 Place of Birth (State or foreign country) Indiana
 Residence Address Street or R.R. City County State
500 E Tilden Dr. Brownsburg Hend IN
 Previous Marital Status: Never Married OR No. of Previous Marriages _____
 Last Marriage Ended By: Death Divorce Annulment Date _____
 Date of Birth Verified By: Birth Certificate Other (Specify) drivers license

- Are you now 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. NA

6. (a) Full name of applicant's father Steven Wayne Delp
 (If adopted, list adoptive parents only) _____
 Residence of father (if deceased, so state) Indiana
 Birthplace of father (State or foreign country) Indiana
 (b) Full maiden name of applicant's mother Vivienne Lynne Duncan
 (If adopted, list adoptive parents only) _____
 Residence of mother (if deceased, so state) Indiana
 Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name First Tiffany Middle Leigh Last Thurman
 Date of Birth Month 4 Day 29 Year 78
 Place of Birth (State or foreign country) Indiana
 Residence Address Street or R.R. City County State
4425 Charles Dr. Brownsburg Hend IN 46112
 Previous Marital Status: Never Married OR No. of Previous Marriages _____
 Last Marriage Ended By: Death Divorce Annulment Date _____
 Date of Birth Verified By: Birth Certificate Other (Specify) drivers license

- Are you now 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. NA

6. (a) Full name of applicant's father Wayne Glenn Thurman
 (If adopted, list adoptive parents only) _____
 Residence of father (if deceased, so state) Indiana
 Birthplace of father (State or foreign country) IOWA
 (b) Full maiden name of applicant's mother Donna Jean English
 (If adopted, list adoptive parents only) _____
 Residence of mother (if deceased, so state) Indiana
 Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT
 I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
 Signature of Applicant [Signature] Date 6/15/00

ACKNOWLEDGEMENT
 I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
 Signature of Applicant [Signature] Date 6/15/00

The 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) I swear/affirm that the information given
 County of Hendricks) in this application is true and correct.
 Signed [Signature]
 New Address 1024 Ventura Ct. Apt C Greenwood, IN 46143
 Subscribed and sworn to before me this 15th day of June 2000
[Signature] Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
 County of Hendricks) in this application is true and correct.
 Signed [Signature]
 New Address 1024 Ventura Ct. Apt C Greenwood, IN 46143
 Subscribed and sworn to before me this 15th day of June 2000
[Signature] Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
 We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
 State of Indiana)
 County of Hendricks)
 Father _____ ID # _____
 Mother _____ ID # _____
 Subscribed and sworn to before me this _____ day of _____
 Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
 We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
 State of Indiana)
 County of Hendricks)
 Father _____ ID # _____
 Mother _____ ID # _____
 Subscribed and sworn to before me this _____ day of _____
 Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
 I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 15 2000, authorizing the marriage of Christopher Michael Delp and Tiffany Leigh Thurman.
 I further certify that the following marriage certificate was filed in my office: I, Michael D Abbott (name), certify that on July 21 2000 (date), at Brownsburg in Hendricks County, Indiana, Christopher Michael Delp Hendricks County, Indiana (state), and Tiffany Leigh Thurman of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 15 2000. Signed by: /s/ Michael D Abbott Pastor (official designation)
 Filed and recorded in accordance with the laws of the State of Indiana on July 26 2000 (date).

Signed [Signature] Clerk
 Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 335
Date of Application 6-16-00

IC 31-11-11-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the
circuit court when the person applies for a marriage license under
IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 6-8-00
Name of Physician Dr. Stigmoller

MALE APPLICANT

Name: Andrew Michael Janning
Date of Birth: 2-10-71
Place of Birth: Ohio
Residence Address: 631 Simmons St. P/ld Nnpa Tr
City: 46168 State: Indiana
Previous Marital Status: Never Married OR No. of Previous Marriages: 1
Last Marriage Ended By: Death Divorce Annulment Date: 1997
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 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. NO
- (a) Full name of applicant's father: Michael Luis Janning
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state): Indiana
Birthplace of father (State or foreign country): Ohio
(b) Full maiden name of applicant's mother: Ramona Petty Riv
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): Ohio

FEMALE APPLICANT

Name: Karla Jean Hatfield
Date of Birth: 2-22-77
Place of Birth: Indiana
Residence Address: 5422 N Co Rd 400 W North Salem Hendricks
City: 46165 State: Indiana
Previous Marital Status: Never Married OR No. of Previous Marriages: 1
Last Marriage Ended By: Death Divorce Annulment Date:
Date of Birth Verified By: Birth Certificate Other (Specify)

Drivers License

- Are you now 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. NO
- (a) Full name of applicant's father: Perry Dean Hatfield
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state): Indiana
Birthplace of father (State or foreign country): Indiana
(b) Full maiden name of applicant's mother: Sue Ellen Hartsock
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Karla Hatfield Date: 6/16/00

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Karla Hatfield Date: 6-16-00

The above applicant has 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
County of Hendricks) in this application is true and correct.
Signed: Andrew Michael Janning
New Address: SAME
Subscribed and sworn to before me this 16 day of June 2000
Harold Dugan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed: Karla Hatfield
New Address: 631 Simmons St. Plainfield, IN 46168
Subscribed and sworn to before me this 16 day of June 2000
Harold Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for 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 _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-16-00, authorizing the marriage of Andrew Michael Janning and Karla Jean Hatfield.
I further certify that the following marriage certificate was filed in my office: I, Dr. Billy Strother (name), certify that on June 24, 2000 (date), at Danville in Hendricks County, Indiana, Andrew Michael Janning of Hendricks County, Indiana (state), and Karla Jean Hatfield of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-16-00. Signed by: /s/ Dr. Billy Strother Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 7-5-00 (date).

Signed: Harold Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 336
Date of Application 6-16-00

IC 31-11-11-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the
circuit court when the person applies for a marriage license under
IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 4-15-00
Name of Physician Dr. Trammell

MALE APPLICANT
Name: Kevin James Hayes
Date of Birth: 5-21-74
Place of Birth: Indiana
Residence Address: 47 Sycamore St. B'burg Hobbs IN
Previous Marital Status: Never Married
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____

FEMALE APPLICANT
Name: Aimee Michelle Book
Date of Birth: 11-14-79
Place of Birth: Indiana
Residence Address: 47 Sycamore St. B'burg Hobbs IN
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date 1998
Date of Birth Verified By: Birth Certificate Other (Specify) _____

Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. NO
6. (a) Full name of applicant's father Jeffery Lynn Hayes
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Pemi Suzanne Kibbe
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. NO
6. (a) Full name of applicant's father Billy Wayne Regan
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Tennessee
(b) Full maiden name of applicant's mother Joyce Emma Fine
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Pennsylvania

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [Signature] Date 6-16-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [Signature] Date 6-16-00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed [Signature]
New Address SAME
Subscribed and sworn to before me this 16 day of June 2000
[Signature] Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed [Signature]
New Address SAME
Subscribed and sworn to before me this 16 day of June 2000
[Signature] Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-16-00, authorizing the marriage of Kevin James Hayes and Aimee Michelle Book.
I further certify that the following marriage certificate was filed in my office: I, Sharon Dugan (name), certify that on June 16, 2000 (date), at Danville in Hendricks County, Indiana, Kevin James Hayes of Hendricks County, Indiana (state), and Aimee Michelle Book of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-16-00. Signed by: /s/ Sharon Dugan Hendricks County Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 6-16-00 (date).

Signed [Signature] Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 337
Date of Application 6-16-00

IC 31-11-1-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 6-14-00
Name of Physician Dr. Horach

MALE APPLICANT

Name First Middle Last
Allen Christopher Edison

Date of Birth Month Day Year
12-8-50

Place of Birth (State or foreign country)
Indiana 46122

Residence Address Street or R.R. City County State
809 Lincoln St. Danville Hendricks IN

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

Last Marriage Ended By: Death Divorce Annulment Date 1994

Date of Birth Verified By: Birth Certificate Other (Specify)

Drivers License

- Are you now 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children.
NO
- (a) Full name of applicant's father Moses Albert Edison
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Virginia
(b) Full maiden name of applicant's mother Gwendolyn Bernett Mason
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name First Middle Last
Lisa Marie Cave

Date of Birth Month Day Year
11-16-54

Place of Birth (State or foreign country)
Indiana 46122

Residence Address Street or R.R. City County State
809 Lincoln St. Danville Hendricks IN

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

Last Marriage Ended By: Death Divorce Annulment Date 2000

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? 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
- List the full names of any dependent children.
Corey Lewis Pyle
- (a) Full name of applicant's father Donald Roy Cave
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) deceased
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Pauline Marie Hansman
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

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

Signature of Applicant Allen C. Ellison Date 6/16/00

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

Clerk of Court _____

ACKNOWLEDGEMENT

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

Signature of Applicant Lisa M. Cave Date 6/16/00

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

Clerk of Court _____

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Allen C. Ellison
New Address Same as Above
Subscribed and sworn to before me this 16 day of June 2000
Harold Dugan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Lisa M. Cave
New Address Same as Above
Subscribed and sworn to before me this 16 day of June 2000
Harold Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-16-00, authorizing the marriage of Allen Christopher Ellison and Lisa Marie Cave.
I further certify that the following marriage certificate was filed in my office: I, Kenneth Smith (name), certify that on June 23, 2000 (date), at Clayton in Hendricks County, Indiana, Allen Christopher Ellison of Hendricks County, Indiana (state), and Lisa Marie Cave of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-16-00. Signed by: /s/ Kenneth Smith Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 7-5-00 (date).

Signed Harold Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
 Indiana State Board of
 Health under Authority
 of IC 31-11-4-4

Book 63
 Page 338
 Date of Application 6-16-00

IC 31-11-11-1. Furnishing false information upon applying for license.
 A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

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

MALE APPLICANT

Name First James Middle Leroy Last Burke
 Date of Birth Month 3 Day 28 Year 41
 Place of Birth (State or foreign country) _____
 Residence Address Street or R.R. City County State
1192 Richwood Dr. Avon Hend IN 46123
 Previous Marital Status: Never Married OR No. of Previous Marriages 1
 Last Marriage Ended By: Death Divorce Annulment Date 1-70
 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 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. NA

6. (a) Full name of applicant's father William Grant Burke
 (If adopted, list adoptive parents only) _____
 Residence of father (if deceased, so state) Indiana
 Birthplace of father (State or foreign country) Illinois
 (b) Full maiden name of applicant's mother Julie Dorothy Dillehay
 (If adopted, list adoptive parents only) _____
 Residence of mother (if deceased, so state) Indiana
 Birthplace of mother (State or foreign country) Tennessee

FEMALE APPLICANT

Name First Marka Middle Louise Last Wildman
 Date of Birth Month 1 Day 20 Year 45
 Place of Birth (State or foreign country) Indiana
 Residence Address Street or R.R. City County State
1192 Richwood Dr Avon Hend IN 46123
 Previous Marital Status: Never Married OR No. of Previous Marriages _____
 Last Marriage Ended By: Death Divorce Annulment Date _____
 Date of Birth Verified By: Birth Certificate Other (Specify) _____
drivers license

- Are you now 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. NA

6. (a) Full name of applicant's father Edward Varce
 (If adopted, list adoptive parents only) _____
 Residence of father (if deceased, so state) deceased
 Birthplace of father (State or foreign country) Indiana
 (b) Full maiden name of applicant's mother Jennie Pearl Bord
 (If adopted, list adoptive parents only) _____
 Residence of mother (if deceased, so state) deceased
 Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
 Signature of Applicant James L. Burke Date 6/16/00

The above applicant has 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
 County of Hendricks) in this application is true and correct.
 Signed James L. Burke
 New Address _____
 Subscribed and sworn to before me this 16th day of June, 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
 Signature of Applicant Marka L. Wildman Date 6-16-00

The above applicant has 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
 County of Hendricks) in this application is true and correct.
 Signed Marka L. Wildman
 New Address _____
 Subscribed and sworn to before me this 16th day of June, 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for 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 _____
 Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
 County of Hendricks)
 Father _____ ID # _____
 Mother _____ ID # _____
 Subscribed and sworn to before me this _____ day of _____
 Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-16-00, authorizing the marriage of James Leroy Burke and Marka Louise Wildman.
 I further certify that the following marriage certificate was filed in my office: I, Sharon Dugan (name), certify that on June 16, 2000 (date), at Danville in Hendricks County, Indiana, James Leroy Burke of Hendricks County, Indiana (state), and Marka Louise Wildman of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-16-00. Signed by: /s/ Sharon Dugan Hendricks County Clerk (official designation)
 Filed and recorded in accordance with the laws of the State of Indiana on 6-21-00 (date).

Signed Sharon Dugan Clerk
 Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 339
Date of Application 6-16-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 6-2-00
Name of Physician Mark Lusk

MALE APPLICANT

Name: Kenneth Ray Clark
Date of Birth: 11 / 9 / 73
Place of Birth (State or foreign country): Indiana
Residence Address: 500 Tracy Ln Brownburg Hendricks Co
Previous Marital Status: Never Married OR No. of Previous Marriages: 1
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____
Drivers License

- Are you now 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. Dylan Clark
- (a) Full name of applicant's father: Terrie Ray Clark
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother: Anna Sue Daniel
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Kentucky

FEMALE APPLICANT

Name: Lori Ann Miller
Date of Birth: 5 / 6 / 75
Place of Birth (State or foreign country): Indiana
Residence Address: 500 Tracy Ln Brownburg Hendricks Co
Previous Marital Status: Never Married OR No. of Previous Marriages: _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____
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 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
- List the full names of any dependent children. _____
- (a) Full name of applicant's father: Herold Wayne Miller
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother: Cathy Lee Ford
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Kenneth R. Clark Date: 6/16/2000

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Lori Ann Miller Date: 6-16-00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed: Kenneth R. Clark
New Address: same as above
Subscribed and sworn to before me this 16 day of June
Sharon Dugan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed: Lori Ann Miller
New Address: _____
Subscribed and sworn to before me this 16 day of June
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 16 2000, authorizing the marriage of Kenneth Ray Clark and Lori Ann Miller.
I further certify that the following marriage certificate was filed in my office: I, Jack Stanley (name), certify that on August 12 2000 (date), at Lebanon in Boone County, Indiana, Kenneth Ray Clark of Hendricks County, Indiana (state), and Lori Ann Miller of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 16 2000. Signed by: /s/ Jack Stanley Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 17 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 340
Date of Application 6-16-00

IC 31-11-11-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the
circuit court when the person applies for a marriage license under
IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 6-13-00
Name of Physician Dr. Voegel

MALE APPLICANT

Name: Timothy First Tom Middle Spratt Last
Date of Birth: 8-22-64
Place of Birth (State or foreign country): Indiana 46112
Residence Address: 1750 East Fork Dr. B'burg Hendricks Ind
Previous Marital Status: Never Married OR No. of Previous Marriages 1
Last Marriage Ended By: Death Divorce Annulment Date 1992
Date of Birth Verified By: Birth Certificate Other (Specify)

Drivers License

- Are you now 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. Jagan Timothy Edward Spratt
Alyssa Marie Spratt
Kara Ann Spratt
- (a) Full name of applicant's father: Frank Edward Spratt
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): Deceased
Birthplace of father (State or foreign country): Indiana
(b) Full maiden name of applicant's mother: Shirley Francis Womum
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): Deceased
Birthplace of mother (State or foreign country): Indiana

FEMALE APPLICANT

Name: Michele First Patricia Middle Doyon Last
Date of Birth: 2-27-63
Place of Birth (State or foreign country): Maine 46112
Residence Address: 1750 East Fork Dr. B'burg Hendricks Ind
Previous Marital Status: Never Married OR No. of Previous Marriages 1
Last Marriage Ended By: Death Divorce Annulment Date 1993
Date of Birth Verified By: Birth Certificate Other (Specify)

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 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
- List the full names of any dependent children. NO
- (a) Full name of applicant's father: Laurance Allen Doyon
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): Deceased
Birthplace of father (State or foreign country): Maine
(b) Full maiden name of applicant's mother: Patricia Ann Buel
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): Florida
Birthplace of mother (State or foreign country): Maine

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Timothy S. Spratt Date 6-16-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Michele P. Doyon Date 6-16-00

The 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 Timothy S. Spratt
New Address Same
Subscribed and sworn to before me this 16 day of June 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

State of Indiana)
County of Hendricks)
Signed Michele P. Doyon
New Address SAME
Subscribed and sworn to before me this 16 day of June 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

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

Signed Sharon Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 341
Date of Application 6-16-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 6-14-00
Name of Physician Dr. Stephen J. Jaffer

MALE APPLICANT

Name: Gregory Oliver Jones
Date of Birth: 6-3-60
Place of Birth: Indiana
Residence Address: 313 Avon Ave. Plainfield Hendricks Ind.
Previous Marital Status: Never Married OR No. of Previous Marriages: 1
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____
Drivers License

- Are you now 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children: Jennifer Jones
Ryan Jones
- (a) Full name of applicant's father: Louis Alton Jones
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): Deceased
Birthplace of father (State or foreign country): Indiana
(b) Full maiden name of applicant's mother: Ruby Hustaria Austin
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): Indiana

FEMALE APPLICANT

Name: Kimberley Michele Matthews
Date of Birth: 2-7-72
Place of Birth: Indiana
Residence Address: 407 E 162nd St. Maple Grove Marion Ind.
Previous Marital Status: Never Married OR No. of Previous Marriages: _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____
Drivers License

- Are you now 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children: _____
- (a) Full name of applicant's father: Darryl Michael Matthews
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): Indiana
Birthplace of father (State or foreign country): North Carolina
(b) Full maiden name of applicant's mother: Patricia Anne Hemingway
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): North Carolina

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Gregory Jones Date: 6-16-00

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Kimberley M. Matthews Date: 6-16-00

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed: Gregory Jones
New Address: 313 Avon Ave. Plainfield Ind.
Subscribed and sworn to before me this 16 day of June
Harold Dugas Clerk of the Hendricks Circuit Court

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed: Kimberley M. Matthews
New Address: 313 Avon Ave. Plainfield Ind.
Subscribed and sworn to before me this 16 day of June
Harold Dugas Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 16 2000, authorizing the marriage of Gregory Oliver Jones and Kimberley Michele Matthews. I further certify that the following marriage certificate was filed in my office: I, Harrell t Wilson (name), certify that on July 15 2000 (date), at Sheridan in Hamilton County, Indiana, Gregory Oliver Jones of Hendricks County, Indiana (state), and Kimberley M Matthews of Marion County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 16 2000. Signed by: /s/ Harrell Wilson Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on July 18 2000 (date).

Signed Harold Dugas Clerk
Hendricks Circuit Court

Please do not Publish Thank-you

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE HENDRICKS COUNTY

Book 63 Page 342 Date of Application 6-16-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No [X] Yes [] If No, Medical Examination or Report Dated 6-16-00 Name of Physician Dr. Bode

MALE APPLICANT Name: Joe Alan Rahn Date of Birth: 9/11/55 Place of Birth: Indiana Residence Address: RR2 Box 256 Rockville Pa Pa 47872

FEMALE APPLICANT Name: Carol Ann Schomburg Date of Birth: 4/9/56 Place of Birth: Indiana Residence Address: 411 1/2 West Lakeside E Avon Hendricks In

1. Are you now or have you ever been adjudged to be of unsound mind? No [X] Yes [] 2. Are you related to the female applicant closer than second cousin? No [X] Yes [] 6. (a) Full name of applicant's father: John Albert Rahn

1. Are you now or have you ever been adjudged to be of unsound mind? No [X] Yes [] 2. Are you related to the male applicant closer than second cousin? No [X] Yes [] 6. (a) Full name of applicant's father: Fred Claghoorn

ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant: Joe A Rahn Date: 6/16/00

ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant: Carol A Schomburg Date: 6-16-00

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court: Date: 6/16/00

The above applicant has 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 County of Hendricks) in this application is true and correct. Signed: Joe A Rahn New Address: 1065 S C R E Avon In 46123

State of Indiana) I swear/affirm that the information given County of Hendricks) in this application is true and correct. Signed: Carol A Schomburg New Address: 1065 S C R E Avon In 46123

CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of 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

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 I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 16 2000, authorizing the marriage of Joe A Rahn and Carol A Schomburg

Signed: Sharon Dugan Clerk Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 343
Date of Application 6-19-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 6-16-00
Name of Physician Dr. Graham

MALE APPLICANT

Name First Keith Middle Ray Last Belcher
Date of Birth Month 6 Day 20 Year 66
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. 4415 Iowa St. City Clayton County Hendricks State IN
Previous Marital Status: Never Married OR No. of Previous Marriages 1
Last Marriage Ended By: Death Divorce Annulment Date 1999
Date of Birth Verified By: Birth Certificate Other (Specify)

FEMALE APPLICANT

Name First Angela Middle Dawn Last Grooms
Date of Birth Month 8 Day 7 Year 70
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. 4415 Iowa St. City Clayton County Hendricks State IN
Previous Marital Status: Never Married OR No. of Previous Marriages 1
Last Marriage Ended By: Death Divorce Annulment Date
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 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. no
- (a) Full name of applicant's father Frank Andrew Belcher
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Phyllis Marie Best
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Kentucky

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 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
- List the full names of any dependent children. Brandon Michael Grooms
Matthew Tyler Grooms
(a) Full name of applicant's father Steven Dale Grooms
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Ohio
(b) Full maiden name of applicant's mother Judith Fern Rodenbarger
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Angela Grooms Date 6/19/00

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Keith Belcher Date 6-19-00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Angela Grooms
New Address same
Subscribed and sworn to before me this 19 day of June 2000
Harold Dugas Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Keith Belcher
New Address same
Subscribed and sworn to before me this 19 day of June 2000
Harold Dugas Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for 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 _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-24-00, authorizing the marriage of Keith Ray Belcher and Angela Dawn Grooms.
I further certify that the following marriage certificate was filed in my office: I, Charles H. Finster (name), certify that on June 24, 2000 (date), at Lafayette in Tippecanoe County, Indiana, Keith Ray Belcher of Hendricks County, Indiana (state), and Angela Dawn Grooms of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-19-00. Signed by: /s/ Charles H. Finster Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 27, 2000 (date).

Signed Harold Dugas Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 344
Date of Application 6-19-00

IC 31-11-11-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the
circuit court when the person applies for a marriage license under
IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 6-5-00
Name of Physician Dr. Johns

MALE APPLICANT

Name First Middle Last
Aaron Michael McCoy

Date of Birth Month Day Year
7-16-73

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
327 Cedar Glen Dr. Avon Hudson 46123

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

Last Marriage Ended By: Death Divorce Annulment Date 1998

Date of Birth Verified By: Birth Certificate Other (Specify)
Ind ID

1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes

2. Are you related to the female applicant closer than second cousin? No Yes

3. Are you now under the influence of an alcoholic beverage? No Yes

4. Are you now under the influence of a narcotic drug? No Yes

5. List the full names of any dependent children. Kaylie Ryan McCoy
Sagan Allen McCoy

6. (a) Full name of applicant's father Jerry McCoy
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Kentucky
Birthplace of father (State or foreign country) Kentucky

(b) Full maiden name of applicant's mother Patricia Louise Wise
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name First Middle Last
Darae Danel Meeboer

Date of Birth Month Day Year
7-28-74

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
327 Cedar Glen Dr. Avon Hudson 46123

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

Last Marriage Ended By: Death Divorce Annulment Date 1998

Date of Birth Verified By: Birth Certificate Other (Specify)
Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes

2. Are you related to the male applicant closer than second cousin? No Yes

3. Are you now under the influence of an alcoholic beverage? No Yes

4. Are you now under the influence of a narcotic drug? No Yes

5. List the full names of any dependent children. Kaylie Ryan McCoy
Sagan Allen McCoy

6. (a) Full name of applicant's father William Kurtz Meeboer
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Wyoming

(b) Full maiden name of applicant's mother Donna Rae Smith
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Aaron McCoy Date June 19 2000

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Darae Meeboer Date 6-19-00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Aaron McCoy
New Address Same
Subscribed and sworn to before me this 19 day of June 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Darae Meeboer
New Address Same
Subscribed and sworn to before me this 19 day of June 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-19-00, authorizing the marriage of Aaron Michael McCoy and Darae Danel Meeboer.
I further certify that the following marriage certificate was filed in my office: I, John C. Parsley (name), certify that on June 24, 2000 (date), at Plainfield in Hendricks County, Indiana, Aaron Michael McCoy of Hendricks County, Indiana (state), and Darae Danel Meeboer of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-19-00. Signed by: /s/ John C. Parsley Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 7-5-00 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 345
Date of Application 6-19-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 6-19-00
Name of Physician M. Himmelsetein

MALE APPLICANT

Name Jeremy Wayne Arickx
Date of Birth 12-1-75
Place of Birth (State or foreign country) Iowa
Residence Address 2227 Westmere Dr. Plainfield, IN 46168
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____

Drivers License

- Are you now 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. NO
- (a) Full name of applicant's father Gregg Francis Arickx
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Iowa
Birthplace of father (State or foreign country) Iowa
(b) Full maiden name of applicant's mother Connie Marie Shoars
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) North Carolina
Birthplace of mother (State or foreign country) Iowa

FEMALE APPLICANT

Name Lisa Michele Komlanc
Date of Birth 12-18-75
Place of Birth (State or foreign country) Indiana
Residence Address 5516 Ridge Hill Way Avon, Indiana 46123
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____

Drivers License

- Are you now 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. NO
- (a) Full name of applicant's father Michael Francis Komlanc
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Juanita June Polar
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) West Virginia

ACKNOWLEDGEMENT

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

Signature of Applicant Jeremy W. Arickx Date 6-19-00

ACKNOWLEDGEMENT

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

Signature of Applicant Lisa M. Komlanc Date 6-19-00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Jeremy W. Arickx
New Address same
Subscribed and sworn to before me this 19 day of June 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Lisa M. Komlanc
New Address 2227 Westmere Dr. Plainfield, IN 46168
Subscribed and sworn to before me this 19 day of June 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-19-00, authorizing the marriage of Jeremy Wayne Arickx and Lisa Michele Komlanc. I further certify that the following marriage certificate was filed in my office: I, Daniel J. Staublin (name), certify that on June 24, 2000 (date), at Brownsburg in Hendricks County, Indiana, Jeremy Wayne Arickx of Hendricks County, Indiana (state), and Lisa Michele Komlanc of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-19-00. Signed by: /s/ Daniel J. Staublin, Roman Catholic Priest (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 7-5-00 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 346
Date of Application 6-19-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 6-14-00
Name of Physician Dr. Fattori

MALE APPLICANT
Name: John Scott Bowling
Date of Birth: 8-31-73
Place of Birth: Indiana
Residence Address: 1065 Williamsburg Way Indianapolis, IN 46224
Previous Marital Status: Never Married OR No. of Previous Marriages: _____
Last Marriage Ended By: Death Divorce Annulment Date: _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____

FEMALE APPLICANT
Name: Kelli Lynn Lanning
Date of Birth: 7-30-76
Place of Birth: Indiana
Residence Address: 2704 Parkwood Dr. Speedway, IN 46224
Previous Marital Status: Never Married OR No. of Previous Marriages: _____
Last Marriage Ended By: Death Divorce Annulment Date: _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____

Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father: Johnny Ray Bowling
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): Indiana
Birthplace of father (State or foreign country): Kentucky
(b) Full maiden name of applicant's mother: Carlynn Lucille Snow
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): North Carolina

Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. NO
6. (a) Full name of applicant's father: George Earl Lanning
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): Indiana
Birthplace of father (State or foreign country): Indiana
(b) Full maiden name of applicant's mother: Pamela Gayle Sesam
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: J. Scott Bowling Date: 6-19-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Kelli L. Lanning Date: 6-19-00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed: J. Scott Bowling
New Address: Same
Subscribed and sworn to before me this 19 day of June 2000
Harold Dugas Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed: Kelli L. Lanning
New Address: 1065 Williamsburg Way Indianapolis, IN 46224
Subscribed and sworn to before me this 19 day of June 2000
Harold Dugas Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 19 2000, authorizing the marriage of John Scott Bowling and Kelli Lynn Lanning.
I further certify that the following marriage certificate was filed in my office: I, Don Kluttz (name), certify that on July 9 2000 (date), at Indianapolis in Marion County, Indiana, John Scott Bowling of Hendricks County, Indiana (state), and Kelli Lynn Lanning of Marion County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 19 2000. Signed by: /s/ Don Kluttz Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 12 2000 (date).

Signed: Harold Dugas Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

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Page 348
Date of Application 6-20-00

IC 31-11-11-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the
circuit court when the person applies for a marriage license under
IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 6-20-00
Name of Physician Dr. Wagner

MALE APPLICANT
Name: Robert Everett Dicks
Date of Birth: 8-27-72
Place of Birth: Indiana
Residence Address: 589 West Mill St. Danville, Morgan Co. IN 46122
Previous Marital Status: Never Married OR No. of Previous Marriages: 1
Last Marriage Ended By: Death Divorce Annulment Date: 2000
Date of Birth Verified By: Birth Certificate Other (Specify)

FEMALE APPLICANT
Name: Yvonne Christine McGhee
Date of Birth: 1-19-70
Place of Birth: Indiana
Residence Address: 23 Crasby Road Apt E Morgan Co. Morgan IN 46158
Previous Marital Status: Never Married OR No. of Previous Marriages: 1
Last Marriage Ended By: Death Divorce Annulment Date: 1998
Date of Birth Verified By: Birth Certificate Other (Specify)

Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children:
David Allen Dicks
Jacob Raymond Dicks
6. (a) Full name of applicant's father: Jerry Lee Dicks
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): Indiana
Birthplace of father (State or foreign country): Indiana
(b) Full maiden name of applicant's mother: Cindy Lou Nicholas
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): Indiana

Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children:
Matthew Scott McGhee
Myron Joseph McGhee
6. (a) Full name of applicant's father: Robert Joseph Williams
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): Florida
Birthplace of father (State or foreign country): Indiana
(b) Full maiden name of applicant's mother: Sally Lou Brown
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): Florida
Birthplace of mother (State or foreign country): Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: [Signature] Date: 6-20-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: [Signature] Date: 6-20-00

The 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) I swear/affirm that the information given in this application is true and correct.
Signed: [Signature]
New Address: 589 W. Mill St. Danville IN 46122
Subscribed and sworn to before me this 20 day of June, 2000
[Signature] Clerk of the Hendricks Circuit Court

State of Indiana)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.
Signed: [Signature]
New Address: 589 W. Mills St. Danville IN 46122
Subscribed and sworn to before me this 20 day of June, 2000
[Signature] Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-20-00, authorizing the marriage of Robert Everett Dicks and Yvonne Christine McGhee.
I further certify that the following marriage certificate was filed in my office: I, Sharon Dugan (name), certify that on June 20, 2000 (date), at Danville in Hendricks County, Indiana, Robert Everett Dicks of Hendricks County, Indiana (state), and Yvonne Christine McGhee of Morgan County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-20-00. Signed by: /s/ Sharon Dugan Hendricks County Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 6-20-00 (date).

Signed [Signature] Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 349
Date of Application 6-21-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 6-20-00
Name of Physician Dr. Jones

MALE APPLICANT

Name: Joseph Lee Glover
Date of Birth: 4-22-79
Place of Birth: Indiana
Residence Address: 11983 N Little Point Rd, Stilesville, Morgan, IN 46180
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) 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 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
- List the full names of any dependent children. NO
- (a) Full name of applicant's father: Fred Joseph Glover
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother: Jeanette Bernice Doehner
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: Lindsay Michelle Griffith
Date of Birth: 5-19-82
Place of Birth: Indiana
Residence Address: 4652 Western Dr, Clayton, Hendricks, IN 46118
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) 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 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
- List the full names of any dependent children. NO
- (a) Full name of applicant's father: Michael Wayne Griffith
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother: Brenda Lorraine Purvis
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [Signature] Date 6-21-00

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [Signature] Date 6-21-00

The above applicant has 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
County of Hendricks) in this application is true and correct.
Signed [Signature]
New Address 11983 N. Little Point Rd. Stilesville, IN 46180
Subscribed and sworn to before me this 21 day of June 2000
[Signature] Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed [Signature]
New Address 11983 N. Little Point Rd. Stilesville, IN 46180
Subscribed and sworn to before me this 21 day of June 2000
[Signature] Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 21 2000, authorizing the marriage of Joseph Lee Glover and Lindsay Michelle Griffith. I further certify that the following marriage certificate was filed in my office: I, Stevan W Ranson (name), certify that on July 22 nd (date), at Clayton in Hendricks County, Indiana, Joseph Lee Glover of Morgan County, Indiana (state), and Lindsay Michelle Griffith Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 21 2000. Signed by: /s/ Stevan W Ranson Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on July 26 2000 (date).

Signed [Signature] Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

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Date of Application 6-20-00

IC 31-11-1-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the
circuit court when the person applies for a marriage license under
IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 6-18-00
Name of Physician Dr. Mirtley

MALE APPLICANT

Name First Middle Last
Michael Brandon Smith

Date of Birth Month Day Year
4 29 76

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
2388 Wynbrooke Blvd. Hendricks Indiana 46234

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify) _____

Drivers License

- Are you now 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. _____
- (a) Full name of applicant's father Richard Doyle Smith
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Vicki Lynn Rankin
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name First Middle Last
Megan Nicole Patterson

Date of Birth Month Day Year
10 13 78

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
2388 Wynbrooke Blvd. Hendricks Indiana 46234

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify) _____

Drivers License

- Are you now 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. _____
- (a) Full name of applicant's father Blair Charles Patterson
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Alabama
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Suzet Helen Taylor
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Michael Smith Date 6-20-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Megan Patterson 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Michael Smith
New Address Same as Above
Subscribed and sworn to before me this 20 day of June 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Megan Patterson
New Address Same as Above
Subscribed and sworn to before me this 20 day of June 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 20 2000, authorizing the marriage of Michael Brandon Smith and Meagan Nicole Patterson.
I further certify that the following marriage certificate was filed in my office: I, Paul D Kern (name); certify that on July 8 2000 (date), at Indianapolis in Marion County, Indiana, Michael Brandon Smith of Hendricks County, Indiana (state), and Megan Nicole Patterson of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 20 2000. Signed by: /s/ Paul D Kern Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 12 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

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Date of Application 6-21-00

IC 31-11-11-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the
circuit court when the person applies for a marriage license under
IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 6-21-00
Name of Physician M. Johnston

MALE APPLICANT
Name: William Joseph Akers
Date of Birth: 2-1-68
Place of Birth: Indiana
Residence Address: 2055 Crown Plaza Rd, P.O. Box 46168, Hendricks, IN
Previous Marital Status: Never Married OR No. of Previous Marriages: 1
Last Marriage Ended By: Death Divorce Annulment Date: 1994
Date of Birth Verified By: Birth Certificate Other (Specify)

FEMALE APPLICANT
Name: Shawn Ann Lackey
Date of Birth: 5-16-69
Place of Birth: Indiana
Residence Address: 2055 Crown Plaza Rd, P.O. Box 46168, Hendricks, IN
Previous Marital Status: Never Married OR No. of Previous Marriages: 1
Last Marriage Ended By: Death Divorce Annulment Date: _____
Date of Birth Verified By: Birth Certificate Other (Specify)

Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children:
Kyle Anthony Cline Akers
Amanda Ann Akers
6. (a) Full name of applicant's father: Billy Frank Akers
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): Indiana
Birthplace of father (State or foreign country): Tennessee
(b) Full maiden name of applicant's mother: Kara Day Cline
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): West Virginia

Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children:
Kara Lynn Bryant
James Jacob Bryant
6. (a) Full name of applicant's father: Richard Lee Lackey
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): Indiana
Birthplace of father (State or foreign country): Indiana
(b) Full maiden name of applicant's mother: Karen Lynn Dupes
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): deceased
Birthplace of mother (State or foreign country): Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: William J. Akers Date: 6-21-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Shawn A. Lackey Date: 6-21-00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed: William J. Akers
New Address: same
Subscribed and sworn to before me this 21 day of June
Sharon Dugan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed: Shawn A. Lackey
New Address: SAME
Subscribed and sworn to before me this 21 day of June 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-21-00, authorizing the marriage of William Joseph Akers and Shawn Ann Lackey.
I further certify that the following marriage certificate was filed in my office: I, Susan D. Link (name), certify that on June 21, 2000 (date), at Danville in Hendricks County, Indiana, William Joseph Akers of Hendricks County, Indiana (state), and Shawn Ann Lackey of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-21-00. Signed by: /s/ Susan D. Link 1st Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 6-21-00 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 352
Date of Application 6-21-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 6-19-00
Name of Physician Hendricks County Health

MALE APPLICANT

Name Jerry Lee Johnson
Date of Birth 8-31-79
Place of Birth (State or foreign country) Indiana
Residence Address 3139 Clover Drive P.O. Box 46168 Hendricks IN
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) Drivers License

- Are you now 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. NO
- (a) Full name of applicant's father Michael Leo Johnson
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Florida
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Stephanie Jo Lawrence
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Florida
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name Melissa Joy Livengood
Date of Birth 1-15-83
Place of Birth (State or foreign country) Pennsylvania
Residence Address 1280 Renee Dr. P.O. Box 46168 Hendricks IN
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) Drivers License

- Are you now 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. NO
- (a) Full name of applicant's father Charles Richard Livengood
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Kansas
(b) Full maiden name of applicant's mother Judy Jean Davidson
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Kansas

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [Signature] Date 6-21-00

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [Signature] Date 6-21-00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed [Signature]
New Address Same
Subscribed and sworn to before me this 21 day of June 2000
Harold Dugan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed [Signature]
New Address 3139 Clover Dr. P.O. Box 46168 Hendricks IN
Subscribed and sworn to before me this 21 day of June 2000
Harold Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for 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 Charles R. Livengood ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)
Father Charles R. Livengood ID # 510-44-2765
Mother Judy J. Livengood ID # 514-44-1471
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-21-00, authorizing the marriage of Jerry Lee Johnson and Melissa Joy Livengood.
I further certify that the following marriage certificate was filed in my office: I, Susan D. Link (name), certify that on June 21, 2000 (date), at Danville in Hendricks County, Indiana, Jerry Lee Johnson of Hendricks County, Indiana (state), and Melissa Joy Livengood of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-21-00. Signed by: /s/ Susan D. Link 1st Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 6-21-00 (date).

Signed Harold Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 353
Date of Application 6-21-00

IC 31-11-11-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the
circuit court when the person applies for a marriage license under
IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 6-16-00
Name of Physician Dr. Thomas

MALE APPLICANT
Name Kirk Harvey Gifford
Date of Birth 5-28-75
Place of Birth Indiana
Residence Address 470 Lockberbie Lane Pittsboro Indiana 46167
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____

FEMALE APPLICANT
Name Jamie Lynn Graves
Date of Birth 4-1-79
Place of Birth Indiana
Residence Address 470 Lockberbie Lane Pittsboro Indiana 46167
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____

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

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

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that
are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).
Signature of Applicant [Signature] Date 6/21/00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that
are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).
Signature of Applicant [Signature] Date 6/21/00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed [Signature]
New Address Same
Subscribed and sworn to before me this 21 day of June 2000
[Signature] Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed [Signature]
New Address SAME
Subscribed and sworn to before me this 21 day of June 2000
[Signature] Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated
6-21-00, authorizing the marriage of Kirk Harvey Gifford and Jamie Lynn Graves.
I further certify that the following marriage certificate was filed in my office: I, Susan D. Link (name),
certify that on June 21, 2000 (date), at Danville in Hendricks
County, Indiana, Kirk Harvey Gifford of Hendricks County, Indiana
(state), and Jamie Lynn Graves of Hendricks County, Indiana
(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated
6-21-00. Signed by: /s/ Susan D. Link, 1st Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 6-21-00 (date).

Signed [Signature] Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 354
Date of Application 6-21-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 6-20-00
Name of Physician Dr. Japer

MALE APPLICANT
Name: Steven James Dickey
Date of Birth: 12-31-75
Place of Birth: Indiana
Residence Address: 10331 Choctaw Dr. Indpls Nwks IN
City: Indianapolis County: 46234 State: IN
Previous Marital Status: Never Married OR No. of Previous Marriages: 0
Last Marriage Ended By: Death Divorce Annulment Date:
Date of Birth Verified By: Birth Certificate Other (Specify)

FEMALE APPLICANT
Name: Angel Christina Carlton
Date of Birth: 12-30-72
Place of Birth: Indiana
Residence Address: 10331 Choctaw Dr. Indpls Nwks IN
City: Indianapolis County: 46234 State: IN
Previous Marital Status: Never Married OR No. of Previous Marriages: 0
Last Marriage Ended By: Death Divorce Annulment Date:
Date of Birth Verified By: Birth Certificate Other (Specify)

Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. NO
6. (a) Full name of applicant's father: James Scott Dickey
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother: Sandra Lynn Hplinger
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Michigan
Birthplace of mother (State or foreign country) Louisiana

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

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Steven J. Dickey Date 6-21-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Angel C. Carlton Date 6-21-00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Steve J. Dickey
New Address Same
Subscribed and sworn to before me this 21 day of June 2000
Harold Dugan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Angel C. Carlton
New Address Same
Subscribed and sworn to before me this 21 day of June 2000
Harold Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 21 2000, authorizing the marriage of Steven James Dickey and Angel Christina Carlton.
I further certify that the following marriage certificate was filed in my office: I, Scott Robinson (name), certify that on July 29 2000 (date), at Brownsburg in Hendricks County, Indiana, Steven J Dickey of Hendricks County, Indiana (state), and Angel C Carlton of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 21 2000. Signed by: /s/ Scott Robinson Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 14 2000 (date).

Signed Harold Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4.4

Book 63
Page 355
Date of Application 6-22-00

IC 31-11-11-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4.4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 6-7-00
Name of Physician Dr. Jones

MALE APPLICANT
Name First Middle Last Neil Anthony Clayton
Date of Birth Month Day Year 9-28-60
Place of Birth (State or foreign country) England 46214
Residence Address Street or R.R. Apt 307 City County State 7460 Waterfront Dr. Indianapolis
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____

FEMALE APPLICANT
Name First Middle Last Sheila Rene First
Date of Birth Month Day Year 4-26-69
Place of Birth (State or foreign country) Indiana 46168
Residence Address Street or R.R. City County State 8481 E CORN 750 S P.O. Lakes In
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____

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

Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. NO
6. (a) Full name of applicant's father Edward Lewis First
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Ohio
(b) Full maiden name of applicant's mother Patricia Frances Ferguson
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Neil Clayton Date 06/22/00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Sheila Rene First Date 6-22-00

The 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) I swear/affirm that the information given in this application is true and correct.
Signed Neil Clayton
New Address 7460 WATERFRONT DR #307, INDIANAPOLIS, IN 46214
Subscribed and sworn to before me this 22 day of June 2000
Harold Dugan Clerk of the Hendricks Circuit Court

State of Indiana)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.
Signed Sheila Rene First
New Address 2460 Waterfront Dr. Apt 307 Indianapolis, In 46214
Subscribed and sworn to before me this 22 day of June 2000
Harold Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____ Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 22 2000, authorizing the marriage of Neil Anthony Clayton and Sheila Rene First. I further certify that the following marriage certificate was filed in my office: I, Andrew Szakaly (name), certify that on June 22 2000 (date), at Nashville in Brown County, Indiana, Neil Anthony Clayton of Marion County, Indiana (state), and Sheila Rene First of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 22 2000. Signed by: /s/ Andrew Szakaly Clergy (official designation) Filed and recorded in accordance with the laws of the State of Indiana on July 11 2000 (date).

Signed Harold Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

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Page 356
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Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

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

MALE APPLICANT

Name First Middle Last
Gerald Dean Hinds

Date of Birth Month Day Year
8 9 54

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
528 Poplar Dr. Pittsboro Hendricks IN 46167

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

Last Marriage Ended By: Death Divorce Annulment Date 10-95

Date of Birth Verified By: Birth Certificate Other (Specify) _____

Indiana 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 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
- List the full names of any dependent children. _____
- (a) Full name of applicant's father Frederick Elmus Hinds
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) deceased
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Pauline Oleski
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) deceased
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name First Middle Last
Rebecca Sue Gregg

Date of Birth Month Day Year
9 27 57

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
528 Poplar Dr. Pittsboro Hendricks IN 46167

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify) _____

Indiana 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 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
- List the full names of any dependent children. _____
- (a) Full name of applicant's father Merrett Laverne Gregg
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) deceased
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Myrna Mayer Wallace
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) deceased
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Gerald Dean Hinds Date 6/22/2000

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Rebecca Sue Gregg Date 6-22-00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Gerald Dean Hinds
New Address 528 Poplar Drive Pittsboro IN
Subscribed and sworn to before me this 22 day of June 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Rebecca Sue Gregg
New Address SAME
Subscribed and sworn to before me this 22 day of June 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 22 2000, authorizing the marriage of Gerald Dean Hinds and Rebecca Sue Gregg.
I further certify that the following marriage certificate was filed in my office: I, Sharon Dugan (name), certify that on July 25 2000 (date), at Danville in Hendricks County, Indiana, Gerald Dean Hinds of Hendricks County, Indiana (state), and Rebecca Sue Gregg of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 22 2000. Signed by: /s/ Sharon Dugan, Clerk of Hendricks County (official designation) Filed and recorded in accordance with the laws of the State of Indiana on July 25 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 357
Date of Application 6-22-00

IC 31-11-11-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the
circuit court when the person applies for a marriage license under
IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 6-20-00
Name of Physician Dr. R. Rumschlag

MALE APPLICANT

Name First Middle Last
Andrew Carlyle Kissler

Date of Birth Month Day Year
3-22-77

Place of Birth (State or foreign country)
Kentucky 46221

Residence Address Street or R.R. City County State
5219 Honeycomb Lane Appleton IN

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify) _____

Drivers License

- Are you now 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children.
no
- (a) Full name of applicant's father Donald Carlyle Kissler
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Kentucky
(b) Full maiden name of applicant's mother Susan Jane Myers
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Ohio

FEMALE APPLICANT

Name First Middle Last
Virginia Marie Siler

Date of Birth Month Day Year
3-2-75

Place of Birth (State or foreign country)
Indiana 46234

Residence Address Street or R.R. City County State
635 N WAL 900 E Appleton IN

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify) _____

Drivers License

- Are you now 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children.
no
- (a) Full name of applicant's father Bobby Joe Siler
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Kentucky
(b) Full maiden name of applicant's mother Kathleen Marie Alexander
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Andrew C. Kissler Date 6-22-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Virginia M. Siler Date 6/22/00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Andrew C. Kissler
New Address 6377 Capital Court Apt. B Avon, IN 46123
Subscribed and sworn to before me this 22 day of June 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Virginia M. Siler
New Address 6377 Capital Ct Apt B Avon, IN 46123
Subscribed and sworn to before me this 22 day of June 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 22 2000, authorizing the marriage of Andrew Carlyle Kissler and Virginia Marie Siler.
I further certify that the following marriage certificate was filed in my office: I, M. Catherine Najmon (name), certify that on June 22 2000 (date), at Indianapolis in Marion County, Indiana, Andrew Carlyle Kissler of Hendricks County, Indiana (state), and Virginia Marie Siler of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 22 2000. Signed by: /s/ M Catherine Najmon Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on July 11 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 358
Date of Application 6-22-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 6-14-00
Name of Physician Dr. King

MALE APPLICANT

Name: Craig Thomas Freeman
Date of Birth: 9-9-60
Place of Birth: Indiana 46132
Residence Address: 322 Kaintree Dr. Danville Ind 46132
Previous Marital Status: Never Married OR No. of Previous Marriages: 1
Last Marriage Ended By: Death Divorce Annulment Date: 1996
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 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children.
- (a) Full name of applicant's father: Nickolas William Freeman
(If adopted, list adoptive parents only) James Andrew Freeman
Residence of father (if deceased, so state) Florida
Birthplace of father (State or foreign country) Pennsylvania
(b) Full maiden name of applicant's mother: Ruth J. Ashton
(If adopted, list adoptive parents only) deceased
Residence of mother (if deceased, so state) deceased
Birthplace of mother (State or foreign country) Pennsylvania

FEMALE APPLICANT

Name: Diane Marie Reyes
Date of Birth: 10-10-70
Place of Birth: Indiana 46260
Residence Address: 6433 Park Central Dr. W. Indianapolis IN 46260
Previous Marital Status: Never Married OR No. of Previous Marriages: 1
Last Marriage Ended By: Death Divorce Annulment Date: 1995
Date of Birth Verified By: Birth Certificate Other (Specify) 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 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
- List the full names of any dependent children.
- (a) Full name of applicant's father: Richard Allen Goldsmith
(If adopted, list adoptive parents only) Florida
Residence of father (if deceased, so state) Florida
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother: Barbara Jean Brone
(If adopted, list adoptive parents only) Indiana
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Craig Freeman Date: 6/22/00

The above applicant has 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
County of Hendricks) in this application is true and correct.
Signed: Craig Freeman
New Address: same
Subscribed and sworn to before me this 22 day of June 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Diane M. Reyes Date: 6/22/00

The above applicant has 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
County of Hendricks) in this application is true and correct.
Signed: Diane M. Reyes
New Address: 322 Kaintree Dr Danville IN 46132
Subscribed and sworn to before me this 22 day of June 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 22 2000, authorizing the marriage of Craig Thomas Freeman and Diane Marie Reyes.
I further certify that the following marriage certificate was filed in my office: I, Sandra B Michels (name), certify that on July 15 2000 (date), at Zionsville in Boone County, Indiana, Craig Thomas Freeman of Hendricks County, Indiana (state), and Diane Marie Reyes of Marion County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 22 2000. Signed by: /s/ Sandra B Michels Rector (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 20 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 359
Date of Application 6-23-00

IC 31-11-11-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 6-2-00
Name of Physician Dr. Benson

MALE APPLICANT

Name First Middle Last
Chad Andrew Middleton

Date of Birth Month Day Year
11-16-76

Place of Birth (State or foreign country)
Indiana 46123

Residence Address Street or R.R. City County State
202 Oxmoor Way Apt 2 Avon Hanks IN

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify) _____

Drivers License

- Are you now 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children.

- (a) Full name of applicant's father Dennis Leroy Middleton
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
- (b) Full maiden name of applicant's mother Leah Emil Ragan
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name First Middle Last
Jordanna Skye Abel

Date of Birth Month Day Year
8-31-79

Place of Birth (State or foreign country)
Indiana 46133

Residence Address Street or R.R. City County State
1472 Laurel Oak Dr. Avon Hanks IN

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify) _____

Drivers License

- Are you now 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children.
NO

- (a) Full name of applicant's father John Norman Abel
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
- (b) Full maiden name of applicant's mother Jill Cyresse Abel
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Chad Middleton Date 6/23/00

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Jordanna Skye Abel Date 6-23-00

The above applicant has 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
County of Hendricks) in this application is true and correct.
Signed Chad Middleton
New Address SAME
Subscribed and sworn to before me this 23 day of June 2000
Harold Dugas Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Jordanna Skye Abel
New Address 202 Oxmoor Way Apt 2 Avon, IN 46123
Subscribed and sworn to before me this 23 day of June 2000
Harold Dugas Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for 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 _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 23 2000, authorizing the marriage of Chad Andrew Middleton and Jordanna Skye Abel.
I further certify that the following marriage certificate was filed in my office: I, John Coldwell (name), certify that on July 8 2000 (date), at Avon in Hendricks County, Indiana, Chad Andrew Middleton of Hendricks County, Indiana (state), and Jordanna Skye Abel of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 23 2000. Signed by: /s/ John Coldwell, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 11 2000 (date).

Signed Harold Dugas Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 360
Date of Application 6-23-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 5-13-00
Name of Physician Dr. King

MALE APPLICANT

Name: Eric Eugene Eddleman
Date of Birth: 12-17-67
Place of Birth: Indiana 46112
Residence Address: 1102 Redwood Dr. Brownsburg, IN 46112
Previous Marital Status: Never Married OR No. of Previous Marriages 1
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes

2. Are you related to the female applicant closer than second cousin? No Yes

3. Are you now under the influence of an alcoholic beverage? No Yes

4. Are you now under the influence of a narcotic drug? No Yes

5. List the full names of any dependent children. None

6. (a) Full name of applicant's father: Pinsel Lee Eddleman
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): Indiana
Birthplace of father (State or foreign country): Indiana
(b) Full maiden name of applicant's mother: Melba Jean Colony
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): Texas

FEMALE APPLICANT

Name: Christina Marie Feister
Date of Birth: 9-3-66
Place of Birth: Indiana 46112
Residence Address: 521 Trevor St. Brownsburg, IN 46112
Previous Marital Status: Never Married OR No. of Previous Marriages 1
Last Marriage Ended By: Death Divorce Annulment Date 1992
Date of Birth Verified By: Birth Certificate Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes

2. Are you related to the male applicant closer than second cousin? No Yes

3. Are you now under the influence of an alcoholic beverage? No Yes

4. Are you now under the influence of a narcotic drug? No Yes

5. List the full names of any dependent children. Jonathan Albert Feister

6. (a) Full name of applicant's father: Ronald Bernard Minton
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): Indiana
Birthplace of father (State or foreign country): Indiana
(b) Full maiden name of applicant's mother: Janice Gene Bell
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [Signature] Date 6/23/00

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [Signature] Date 6-23-00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed [Signature]
New Address 1242 Silver Ridge Ln. Brownsburg, IN 46112
Subscribed and sworn to before me this 23 day of June 2000
[Signature] Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed [Signature]
New Address 1242 Silver Ridge Lane, Brownsburg, IN 46112
Subscribed and sworn to before me this 23 day of June 2000
[Signature] Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 23 2000, authorizing the marriage of Eric Eugene Eddleman and Christina Marie Feister. I further certify that the following marriage certificate was filed in my office: I, /s/ Gary A Dworak (name), certify that on June 23 2000 (date), at Brownsburg in Hendricks County, Indiana, Eric Eugene Eddleman of Hendricks County, Indiana (state), and Christina Marie Feister of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 23 2000. Signed by: /s/ Gary A Dworak, Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on July 11 2000 (date).

Signed [Signature] Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

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Page 361
Date of Application 6-23-00

IC 31-11-11-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the
circuit court when the person applies for a marriage license under
IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 6-19-2000
Name of Physician Dr. Stratton

MALE APPLICANT

Name: John Charles Sullivan
Date of Birth: 12-29-70
Place of Birth: Florida
Residence Address: 388 Great Lakes Circle E Apt 4 Avon
Previous Marital Status: Never Married OR No. of Previous Marriages: 1
Last Marriage Ended By: Death Divorce Annulment Date: _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____

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

FEMALE APPLICANT

Name: Dawn Marie Disborough
Date of Birth: 3-13-72
Place of Birth: Indiana
Residence Address: 388 Great Lakes Circle E Apt 4 Avon
Previous Marital Status: Never Married OR No. of Previous Marriages: 1
Last Marriage Ended By: Death Divorce Annulment Date: _____
Date of Birth Verified By: Birth Certificate Other (Specify) Drivers License

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

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: [Signature] Date: 6-23-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: [Signature] Date: 6/23/00

The 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) I swear/affirm that the information given in this application is true and correct.
Signed: [Signature]
New Address: _____
Subscribed and sworn to before me this 23 day of June 2000
[Signature] Clerk of the Hendricks Circuit Court

State of Indiana)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.
Signed: [Signature]
New Address: same
Subscribed and sworn to before me this 23 day of June 2000
[Signature] Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father: _____ ID #: _____
Mother: _____ ID #: _____
Subscribed and sworn to before me this _____ day of _____
Clerk: _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father: _____ ID #: _____
Mother: _____ ID #: _____
Subscribed and sworn to before me this _____ day of _____
Clerk: _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 23 2000, authorizing the marriage of John Charles Sullivan and Dawn Marie Disborough.
I further certify that the following marriage certificate was filed in my office: I, Stephen T Jarell (name), certify that on July 22 2000 (date), at Greenwood in Johnson County, Indiana, John Charles Sullivan of Hendricks County, Indiana (state), and Dawn Marie Disborough of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 23 2000. Signed by: /s/ Stephen T Jarrell Priest (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 31 2000 (date).

Signed: [Signature] Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 362
Date of Application 6-23-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination of Report Dated 6-21-00
Name of Physician Dr. Rumschlag

MALE APPLICANT
Name: Donald Lee Munday
Date of Birth: 4-23-62
Place of Birth: Indiana
Residence Address: 6631 Juliet Dr. Avon Lakes Ex
Previous Marital Status: Never Married OR No. of Previous Marriages: 1
Last Marriage Ended By: Death Divorce Annulment Date: 1989
Date of Birth Verified By: Birth Certificate Other (Specify)

FEMALE APPLICANT
Name: Wendy Jo King
Date of Birth: 11-10-63
Place of Birth: California
Residence Address: 6631 Juliet Dr. Avon Lakes Ex
Previous Marital Status: Never Married OR No. of Previous Marriages: 1
Last Marriage Ended By: Death Divorce Annulment Date: 1992
Date of Birth Verified By: Birth Certificate Other (Specify)

Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
2. Are you related to the female applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.
6. (a) Full name of applicant's father: Donald Edward Munday
Residence of father (if deceased, so state): Indiana
Birthplace of father (State or foreign country): Indiana
(b) Full maiden name of applicant's mother: Barbara Jo Almy
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): Indiana

Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.
6. (a) Full name of applicant's father: Thomas Bernard
Residence of father (if deceased, so state): Indiana
Birthplace of father (State or foreign country): Indiana
(b) Full maiden name of applicant's mother: Janet Ellen Town
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: [Signature] Date: 6/23/2000

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: [Signature] Date: 6-23-00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed: [Signature]
New Address: Same
Subscribed and sworn to before me this 23 day of June 2000
Clerk of the Hendricks Circuit Court: [Signature]

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed: [Signature]
New Address: Same
Subscribed and sworn to before me this 23 day of June 2000
Clerk of the Hendricks Circuit Court: [Signature]

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 23 2000, authorizing the marriage of Donald Lee Munday and Wendy Jo King.
I further certify that the following marriage certificate was filed in my office: I, Charles E Hostetler (name), certify that on July 4 2000 (date), at Plainfield in Hendricks County, Indiana, Donald Lee Munday of Hendricks County, Indiana (state), and Wendy Jo King of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 23 2000. Signed by: /s/ Charles E Hostetler, Judge (official designation) Filed and recorded in accordance with the laws of the State of Indiana on July 11 2000 (date).

Signed [Signature] Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 363
Date of Application 6-23-00

IC 31-11-11-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the
circuit court when the person applies for a marriage license under
IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 6-1-00
Name of Physician Dr. Hadley

MALE APPLICANT

Name Dirk James Aaron Andres
Date of Birth 6/4/72
Place of Birth (State or foreign country) Indiana
Residence Address 955 B Penwood Ct. N. Plainfield Hendricks In
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____
Drivers License

- Are you now 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. NO
- (a) Full name of applicant's father Stephen Cory Andres
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Roberta Jo Holdeman
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Nebraska

FEMALE APPLICANT

Name Jennifer Ann Fajt
Date of Birth 12/23/73
Place of Birth (State or foreign country) Pennsylvania
Residence Address 652 E Main St Apt 2 Plainfield Hendricks In
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____
Drivers License

- Are you now 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. NO
- (a) Full name of applicant's father John Dennis Fajt
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Pennsylvania
(b) Full maiden name of applicant's mother Patricia Cerne Vadas
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Pennsylvania

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Dirk Andres Date 6/23/00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Jennifer A Fajt Date 6/23/00

The 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) I swear/affirm that the information given in this application is true and correct.
Signed Dirk Andres
New Address Same as above
Subscribed and sworn to before me this 23 day of June 2000
Sharon Dugas Clerk of the Hendricks Circuit Court

State of Indiana)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.
Signed Jennifer A Fajt
New Address 955 B Penwood Ct. N. Plainfield
Subscribed and sworn to before me this 23 day of June 2000
Sharon Dugas Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 23 2000, authorizing the marriage of Dirk James Aaron Andres and Jennifer Ann Fajt.
I further certify that the following marriage certificate was filed in my office: I, Michael C Fritsch (name), certify that on July 22 2000 (date), at Greencastle in Putnam County, Indiana, Dirk James Aaron Andres of Hendricks County, Indiana (state), and Jennifer Ann Fajt of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 23 2000. Signed by: /s/ Michael C Fritsch, Priest (official designation) Filed and recorded in accordance with the laws of the State of Indiana on July 26 2000 (date).

Signed Sharon Dugas Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 364
Date of Application 6-26-00

IC 31-11-11-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the
circuit court when the person applies for a marriage license under
IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 6-26-00
Name of Physician Dr. Harris

MALE APPLICANT

Name First Middle Last
Kenneth Robert Smith

Date of Birth Month Day Year
5 22 79

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
3808 St Rd 236 Danville Hendricks In

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify) _____

Drivers License

- Are you now 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. _____
- (a) Full name of applicant's father Ken Lee Smith
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Janet Lee Buntan
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name First Middle Last
Mandy Lyn Quakenbush

Date of Birth Month Day Year
5 27 81

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
1354 Clove Dr. Martinsville Morgan In 46151

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify) _____

Drivers License

- Are you now 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. _____
- (a) Full name of applicant's father Steven Lynn Quakenbush
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Cheryl Ann Massey
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Kentucky

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant K.R.S. Date 6-26-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Mandy Lyn Quakenbush Date 6/26/00

The 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)
I swear/affirm that the information given in this application is true and correct.
Signed K.R.S.
New Address 495 Padgettbrook Dr Danville
Subscribed and sworn to before me this 26 day of June 2000
Harold Dugan Clerk of the Hendricks Circuit Court

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Mandy Lyn Quakenbush
New Address 495 Padgettbrook Dr Danville
Subscribed and sworn to before me this 26 day of June 2000
Harold Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 26 2000, authorizing the marriage of Kenneth Robert Smith and Mandy Lyn Quakenbush. I further certify that the following marriage certificate was filed in my office: I, Bill Strother (name), certify that on June 26 2000 (date), at Danville in Hendricks County, Indiana, Kenneth Robert Smith of Hendricks County, Indiana (state), and Mandy Lyn Quakenbush of Morgan County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 26 2000. Signed by: /s/ Billy Strother, Preacher (official designation) Filed and recorded in accordance with the laws of the State of Indiana on July 11 2000 (date).

Signed Harold Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 365
Date of Application 6-26-00

IC 31-11-11-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the
circuit court when the person applies for a marriage license under
IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 6-21-00
Name of Physician Health Tracks

MALE APPLICANT

Name: Michael Eric Martin
Date of Birth: 11/9/75
Place of Birth: Indiana
Residence Address: 138 Westbrooke Ave. Graples, Marion In
Previous Marital Status: Never Married OR No. of Previous Marriages: _____
Last Marriage Ended By: Death Divorce Annulment Date: _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____
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 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
- List the full names of any dependent children. _____
- (a) Full name of applicant's father: Franklin Clements Martin
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): Indiana
Birthplace of father (State or foreign country): Indiana
(b) Full maiden name of applicant's mother: Judith Ann Tuttle
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): Indiana

FEMALE APPLICANT

Name: Valerie Catherine Carlisle
Date of Birth: 9/14/80
Place of Birth: Pennsylvania
Residence Address: 8831 Bryshaw Ln. Avon Hendricks In 46123
Previous Marital Status: Never Married OR No. of Previous Marriages: _____
Last Marriage Ended By: Death Divorce Annulment Date: _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____
Drivers License

- Are you now 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. _____
- (a) Full name of applicant's father: Ralph William Carlisle
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): Indiana
Birthplace of father (State or foreign country): Pennsylvania
(b) Full maiden name of applicant's mother: Mary Ann Catherine Moeckel
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): Pennsylvania

ACKNOWLEDGEMENT

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

Signature of Applicant: Mike Martin Date: 6-26-00

ACKNOWLEDGEMENT

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

Signature of Applicant: Valerie Carlisle Date: 6-26-00

The 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 _____

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

State of Indiana)
County of Hendricks)
Signed: Mike Martin
New Address: same as above
Subscribed and sworn to before me this 26 day of June 2000
Harold Dugan Clerk of the Hendricks Circuit Court

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

State of Indiana)
County of Hendricks)
Signed: Valerie Carlisle
New Address: 138 Westbrooke Ave Graples
Subscribed and sworn to before me this 26 day of June 2000
Harold Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for 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 _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 26 2000, authorizing the marriage of Michael Eric Martin and Valerie Catherine Carlisle. I further certify that the following marriage certificate was filed in my office: I, Christine Hursh (name), certify that on August 19 2000 (date), at Indianapolis in Marion County, Indiana, Michael Eric Martin of Marion County, Indiana (state), and Valerie Carlisle of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 26 2000. Signed by: /s/ Christine Hursh, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on August 23 2000 (date).

Signed: Harold Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
 Indiana State Board of
 Health under Authority
 of IC 31-11-4-4

Book 63
 Page 366
 Date of Application 6-26-00

IC 31-11-11-1. Furnishing false information upon applying for license.
 A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
 If No, Medical Examination or Report Dated 6-19-00
 Name of Physician Dr. Jansel

MALE APPLICANT

Name First Roger Middle Dale Last LaValley
 Date of Birth Month 6 Day 29 Year 54
 Place of Birth (State or foreign country) Indiana
 Residence Address Street or R.R. 817 N CR 500E City Danville County Hendricks State IN
 Previous Marital Status: Never Married OR No. of Previous Marriages 2
 Last Marriage Ended By: Death Divorce Annulment Date _____
 Date of Birth Verified By: Birth Certificate Other (Specify) Driver's 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 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
- List the full names of any dependent children. Kathleen Smith
- (a) Full name of applicant's father Laverne Leroy LaValley
 (If adopted, list adoptive parents only) _____
 Residence of father (if deceased, so state) deceased
 Birthplace of father (State or foreign country) Michigan
 (b) Full maiden name of applicant's mother Ruby Alice Myers
 (If adopted, list adoptive parents only) _____
 Residence of mother (if deceased, so state) deceased
 Birthplace of mother (State or foreign country) Kentucky

FEMALE APPLICANT

Name First Melissa Middle Jane Last Hagler
 Date of Birth Month 12 Day 4 Year 64
 Place of Birth (State or foreign country) Indiana
 Residence Address Street or R.R. 404 S. Grace Ave City Montgomery County IN
 Previous Marital Status: Never Married OR No. of Previous Marriages _____
 Last Marriage Ended By: Death Divorce Annulment Date _____
 Date of Birth Verified By: Birth Certificate Other (Specify) Driver's 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 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
- List the full names of any dependent children. _____
- (a) Full name of applicant's father Theodore George Hagler Sr.
 (If adopted, list adoptive parents only) _____
 Residence of father (if deceased, so state) Indiana
 Birthplace of father (State or foreign country) Indiana
 (b) Full maiden name of applicant's mother Sonja Darlene Walker
 (If adopted, list adoptive parents only) _____
 Residence of mother (if deceased, so state) Indiana
 Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT
 I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
 Signature of Applicant Roger Dale LaValley Date 6-26-00

ACKNOWLEDGEMENT
 I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
 Signature of Applicant Melissa Jane Hagler Date 6-26-00

The 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) I swear/affirm that the information given
 County of Hendricks) in this application is true and correct.
 Signed Roger Dale LaValley
 New Address Same as above
 Subscribed and sworn to before me this 26 day of June 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
 County of Hendricks) in this application is true and correct.
 Signed Melissa Jane Hagler
 New Address 817 N CR 500E Danville
 Subscribed and sworn to before me this 26 day of June 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
 We, the parents of this applicant, hereby give consent for 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 _____
 Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
 We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
 State of Indiana)
 County of Hendricks)
 Father _____ ID # _____
 Mother _____ ID # _____
 Subscribed and sworn to before me this _____ day of _____
 Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
 I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 26 2000, authorizing the marriage of Roger Dale LaValley and Melissa Jane Hagler.
 I further certify that the following marriage certificate was filed in my office: I, Edwin J Phillips (name), certify that on August 12 2000 (date), at Danville in Hendricks County, Indiana, roger Dale LaValley of Hendricks County, Indiana (state), and Melissa Jane Hagler of Montgomery County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 26 2000. Signed by: /s/ Edwin J Phillips, Pastor (official designation)
 Filed and recorded in accordance with the laws of the State of Indiana on August 15 2000 (date).

Signed Sharon Dugan Clerk
 Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 63 Page 367 Date of Application 6-27-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No [X] Yes [X] If No, Medical Examination or Report Dated 6-20-00 Name of Physician Dr. King

MALE APPLICANT: Name William Lee Miller, Date of Birth 4/18/74, Residence Address 1176 Hacienda Dr. Avon, Indiana, Previous Marital Status Never Married, Last Marriage Ended By Divorce, Date of Birth Verified By Other (Specify) Driver's License.

FEMALE APPLICANT: Name Jaime Lynn Cook, Date of Birth 11/01/75, Residence Address 1176 Hacienda Dr. Avon, Indiana, Previous Marital Status Never Married, Last Marriage Ended By Divorce, Date of Birth Verified By Other (Specify) Driver's License.

ACKNOWLEDGEMENT: I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant [Signature] Date 6-27-00

ACKNOWLEDGEMENT: I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant [Signature] Date 6-27-00

The 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) I swear/affirm that the information given County of Hendricks) in this application is true and correct. Signed [Signature] New Address 1106 Alston Dr. Indianapolis 46127 Subscribed and sworn to before me this 27 day of June 2000 [Signature] Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given County of Hendricks) in this application is true and correct. Signed [Signature] New Address 1106 Alston Dr. Indianapolis 46127 Subscribed and sworn to before me this 27 day of June 2000 [Signature] Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN: We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary. State of Indiana) County of Hendricks) Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____ Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN: We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary. State of Indiana) County of Hendricks) Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____ Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE: I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 27 2000, authorizing the marriage of William Lee Miller and Jaime Lynn Cook. I further certify that the following marriage certificate was filed in my office: I, Myron Barnard (name), certify that on June 27 2000 (date), at Indianapolis in Marion County, Indiana, William Lee Miller of Hendricks County, Indiana (state), and Jaime Lynn Cook of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 27 2000. Signed by: /s/ Myron Barnard Judge (official designation) Filed and recorded in accordance with the laws of the State of Indiana on July 11 2000 (date).

Signed [Signature] Clerk Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 368
Date of Application 6-27-00

IC 31-11-11-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the
circuit court when the person applies for a marriage license under
IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 6-26-00
Name of Physician Dr. Cain

MALE APPLICANT

Name: Bernard Stephen Piotrowski
Date of Birth: 3 / 10 / 78
Place of Birth (State or foreign country): Indiana
Residence Address: 832 Sunset Dr Danville Hendricks In
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____
Drivers License

- Are you now 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. Kathleen Marie
Burris
- (a) Full name of applicant's father: Bernard Robert Piotrowski
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): Indiana
Birthplace of father (State or foreign country): Ohio
(b) Full maiden name of applicant's mother: Brida Marie Schutzyger
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): Ohio

FEMALE APPLICANT

Name: Christina Marie Long
Date of Birth: 1 / 18 / 77
Place of Birth (State or foreign country): Indiana
Residence Address: 832 Sunset Dr Danville Hendricks In
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____
Drivers License

- Are you now 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. Joskua Steven
Long
- (a) Full name of applicant's father: Richard Eugene Long
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): Indiana
Birthplace of father (State or foreign country): Indiana
(b) Full maiden name of applicant's mother: Rita Catherine Farrell
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [Signature] Date 6/27/00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [Signature] Date 6/27/00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed [Signature]
New Address Same as above
Subscribed and sworn to before me this 27 day of June 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed [Signature]
New Address 832 Sunset Dr Danville In
Subscribed and sworn to before me this 27 day of June 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 27 2000, authorizing the marriage of Bernard Stephen Piotrowski and Christina Marie Long.
I further certify that the following marriage certificate was filed in my office: I, Kevin Morris (name), certify that on July 8 2000 (date), at Plainfield in Hendricks County, Indiana, Bernard Piotrowski of Hendricks County, Indiana (state), and Christina Marie Long of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 27 2000. Signed by: /s/ Kevin Morris Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 11 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 369
Date of Application 6-27-00

IC 31-11-11-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 6/27/00
Name of Physician Dr. Haskin

MALE APPLICANT

Name: Joshua Jacob Wilson
Date of Birth: 1/11/79
Place of Birth: Indiana
Residence Address: 2601 Soldiers Arm Rd West Lafayette, Indiana
Previous Marital Status: Never Married
Last Marriage Ended By: Death Divorce Annulment
Date of Birth Verified By: Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.
6. (a) Full name of applicant's father: Raymond Isaac Wilson
Residence of father (if deceased, so state): Indiana
Birthplace of father (State or foreign country): Indiana
(b) Full maiden name of applicant's mother: Rebecca Ann Butkin
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): Indiana

FEMALE APPLICANT

Name: Brooke LeAnn Brown
Date of Birth: 11/80
Place of Birth: Indiana
Residence Address: 2601 Soldiers Arm Rd West Lafayette, Indiana
Previous Marital Status: Never Married
Last Marriage Ended By: Death Divorce Annulment
Date of Birth Verified By: Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.
6. (a) Full name of applicant's father: Phillip Brown
Residence of father (if deceased, so state): Indiana
Birthplace of father (State or foreign country): Indiana
(b) Full maiden name of applicant's mother: Regina A. Blizard
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Joshua J. Wilson Date: 6/27/00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Brooke LeAnn Brown Date: 6/27/00

The 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) I swear/affirm that the information given in this application is true and correct.
Signed: Joshua J. Wilson
New Address: Same as Above
Subscribed and sworn to before me this 27 day of June 2000
Sharon Dugax Clerk of the Hendricks Circuit Court

State of Indiana)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.
Signed: Brooke LeAnn Brown
New Address: Same as Above
Subscribed and sworn to before me this 27 day of June 2000
Sharon Dugax Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary.
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 27 2000, authorizing the marriage of Joshua Jacob Wilson and Brooke LeAnn Brown.
I further certify that the following marriage certificate was filed in my office: I, Steven L Newman (name), certify that on August 12 2000 (date), at Danville in Hendricks County, Indiana, Joshua Jacob Wilson of Tippecanoe County, Indiana (state), and Brooke LeAnn Brown of Tippecanoe County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 27 2000. Signed by: /s/ Steven L Newman Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 16 2000 (date).

Signed Sharon Dugax Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 370
Date of Application 6-27-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 6-26-00
Name of Physician Dr. Cooper

MALE APPLICANT

Name Scott Jacob Grimes
Date of Birth Indiana
Place of Birth (State or foreign country) Indiana
Residence Address 37 Fairlane Dr. Brownsburg Hendricks
Street or R.R. Dr. City Brownsburg County Hendricks State IN

Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) Driver's License

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

FEMALE APPLICANT

Name Holly Anne Gastineau
Date of Birth Indiana
Place of Birth (State or foreign country) Indiana
Residence Address 6850 E. 400 N Brownsburg Hendricks
Street or R.R. _____ City Brownsburg County Hendricks State IN

Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) Driver's License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [Signature] Date 6/27/00

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [Signature] Date 6/27/00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed [Signature]
New Address 1654F Riverwind Dr. Columbia, SC 29210
Subscribed and sworn to before me this 27 day of June 2000
[Signature] Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed [Signature]
New Address 1654F River Wind Dr. Columbia, S.C. 29210
Subscribed and sworn to before me this 27 day of June 2000
[Signature] Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 27 2000, authorizing the marriage of Scott Jacob Grimes and Holly Anne Gastineau.
I further certify that the following marriage certificate was filed in my office: I, Francie E Bryan (name), certify that on July 22 2000 (date), at Indianapolis in Marion County, Indiana, Scott Jacob Grimes of Hendricks County, Indiana (state), and Holly Anne Gastineau of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 27 2000. Signed by: /s/ Francis E Bryan, Priest (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 3 2000 (date).

Signed [Signature] Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 371
Date of Application 6-28-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 6-26-00
Name of Physician SAC Hay

MALE APPLICANT

Name James Curtis Davis
Date of Birth 11 18 77
Place of Birth Indiana
Residence Address 1813 Hawthorn Dr Plainfield Ind
Previous Marital Status: Never Married OR No. of Previous Marriages 1
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) driver's license

- Are you now 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. Isaiah Davis
- (a) Full name of applicant's father Jeffery Curtis Davis
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) this
Birthplace of father (State or foreign country) Ohio
(b) Full maiden name of applicant's mother Suzie Gann
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Tennessee
Birthplace of mother (State or foreign country) Tennessee

FEMALE APPLICANT

Name Kellie Lynn Armstrong
Date of Birth 8-10-70
Place of Birth Indiana
Residence Address 1813 Hawthorn Dr Plainfield Ind
Previous Marital Status: Never Married OR No. of Previous Marriages 1
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) driver's license

- Are you now 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. Joshua Armstrong
Lyndsey Saxe
- (a) Full name of applicant's father Leslie Alex Armstrong Sr.
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Mary Sharon Campbell
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant James Curtis Davis Date 6-28-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Kellie Lynn Armstrong Date 6-28-00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed James Curtis Davis
New Address 1813 Hawthorn Dr.
Subscribed and sworn to before me this 28 day of June 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Kellie Lynn Armstrong
New Address same
Subscribed and sworn to before me this 28 day of June 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 28 2000, authorizing the marriage of James Curtis Davis and Kellie Lynn Armstrong.
I further certify that the following marriage certificate was filed in my office: I, Sharon Dugan (name), certify that on June 28, 2000 (date), at Danville in Hendricks County, Indiana, James Curtis Davis of Hendricks County, Indiana (state), and Kellie Lynn Armstrong of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 28, 2000. Signed by: /s/ Sharon Dugan, Hendricks County Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on June 28, 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 372
Date of Application 6-28-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated June 28, 2000
Name of Physician Mr. David ?

MALE APPLICANT

Name: Jason Edward Morton
Date of Birth: 7-23-70 Arizona
Place of Birth (State or foreign country): Arizona
Residence Address: 144 N. Mill St #5 Plainfield Ind.
City: Plainfield County: Ind. State: Ind.

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

Last Marriage Ended By: Death Divorce Annulment Date: _____

Date of Birth Verified By: Birth Certificate Other (Specify) _____

Identification Card - IN

- Are you now 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. Brandon J. Morton
- (a) Full name of applicant's father: Charles Lee Morton
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): Georgia
Birthplace of father (State or foreign country): Arizona
(b) Full maiden name of applicant's mother: April Elaine Hammond
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): Indiana

FEMALE APPLICANT

Name: Shannon Nicole Flesher
Date of Birth: 8-30-80 W. Virginia
Place of Birth (State or foreign country): W. Virginia
Residence Address: 144 N. Mill St #5 Plainfield Ind.
City: Plainfield County: Ind. State: Ind.

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

Last Marriage Ended By: Death Divorce Annulment Date: _____

Date of Birth Verified By: Birth Certificate Other (Specify) _____

driver's license

- Are you now 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. _____
- (a) Full name of applicant's father: Jeffrey Charles Flesher
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): Indiana
Birthplace of father (State or foreign country): Indiana
(b) Full maiden name of applicant's mother: Sherry Lynne Kifer
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): deceased
Birthplace of mother (State or foreign country): Ohio

ACKNOWLEDGEMENT

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

Signature of Applicant: Jason E. Morton Date: 6-28-00

The above applicant has 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
County of Hendricks) in this application is true and correct.

Signed: Jason E. Morton
New Address: Same

Subscribed and sworn to before me this 28 day of June 2000
Clerk of the Hendricks Circuit Court: Sharon Dugax

ACKNOWLEDGEMENT

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

Signature of Applicant: Shannon Flesher Date: 6-28-00

The above applicant has 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
County of Hendricks) in this application is true and correct.

Signed: Shannon N. Flesher
New Address: Same

Subscribed and sworn to before me this 28 day of June 2000
Clerk of the Hendricks Circuit Court: Sharon Dugax

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for 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 _____
Clerk: _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)

Father: _____ ID #: _____
Mother: _____ ID #: _____

Subscribed and sworn to before me this _____ day of _____
Clerk: _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-28-00, authorizing the marriage of Jason Edward Morton and Shannon Nicole Flesher.

I further certify that the following marriage certificate was filed in my office, Mark J. Gostlin (name), certify that on July 4, 2000 (date), at Richmond in Wayne County, Indiana, Jason Edward Morton of Hendricks County, Indiana (state), and Shannon Nicole Flesher of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-28-00. Signed by: /s/ Mark J. Gostlin Minister (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 7-5-00 (date).

Signed: Sharon Dugax Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 373
Date of Application 6-28-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 4-10-00
Name of Physician Dr. Brown md - Danville

MALE APPLICANT

Name First Andrew Middle J Last Smith
Date of Birth Month 10 Day 15 Year 67
Place of Birth (State or foreign country) Indiana 46222
Residence Address Street or R.R. City County State
3191 Eagledale Dr. Indpls Marion IN
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) driver's license

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

6. (a) Full name of applicant's father Walter Earl Smith
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Janet Joanne Bannister
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name First Lisa Middle Glen Last Ballenger
Date of Birth Month 7 Day 3 Year 64
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. City County State
590 Old Farm Rd Danville Hend IN 46122
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) driver's license

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

6. (a) Full name of applicant's father Omery Glen Ballenger
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Kentucky
(b) Full maiden name of applicant's mother Norma Louise Masters
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Kentucky

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Andrew J. Smith Date 6/28/00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Lisa G. Ballenger Date 6/28/00

The 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) I swear/affirm that the information given
in this application is true and correct.
Signed Andrew J. Smith
New Address 590 Old Farm Rd.
Subscribed and sworn to before me this 28 day of June 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

State of Indiana)
County of Hendricks) I swear/affirm that the information given
in this application is true and correct.
Signed Lisa G. Ballenger
New Address same
Subscribed and sworn to before me this 28 day of June 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 28 2000, authorizing the marriage of Andrew J Smith and Lisa Glen Ballenger.
I further certify that the following marriage certificate was filed in my office: I, Paul Masters (name), certify that on June 28 2000 (date), at Plainfield in Hendricks County, Indiana, Andrew J Smith of Marion County, Indiana (state), and Lisa Glen Ballenger of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 28 2000. Signed by: /s/ Paul Masters, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 7 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4.4

Book 63
Page 374
Date of Application 6-28-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4.4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 5-31-00
Name of Physician Dr. Johnson

MALE APPLICANT
Name David Ray Bills
Date of Birth 5 29 60
Place of Birth Indiana
Residence Address 9093 ECR 100N Avon Hendricks In
Previous Marital Status: Never Married OR No. of Previous Marriages 1
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____

FEMALE APPLICANT
Name Patricia Ann Miller
Date of Birth 3 15 65
Place of Birth Indiana
Residence Address 1132 Canterbury Dr. Greenwood Johnson In
Previous Marital Status: Never Married OR No. of Previous Marriages 3
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____

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

Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children: Caron Wagner
Emily Fischer
6. (a) Full name of applicant's father: Bernard Miller
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother: Shirley Ann Morris
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Mississippi

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [Signature] Date 6/28/00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [Signature] Date 6/28/00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed [Signature]
New Address 8421 Shattuck Dr. Avon In 46123
Subscribed and sworn to before me this 28 day of June 2000
[Signature] Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed [Signature]
New Address 8421 Shattuck Dr. Avon In 46123
Subscribed and sworn to before me this 28 day of June 2000
[Signature] Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 28 2000, authorizing the marriage of David Ray Bills and Patricia Ann Miller.
I further certify that the following marriage certificate was filed in my office: I, Philip Lambouy (name), certify that on July 7 2000 (date), at Indianapolis in Marion County, Indiana, of Hendricks County, Indiana (state), and Patricia Ann Miller of Johnson County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 28 2000. Signed by: /s/ Philip Lambouy, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 12 2000 (date).

Signed [Signature] Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
 Indiana State Board of
 Health under Authority
 of IC 31-11-4-4

Book 63
 Page 375
 Date of Application 6-28-00

IC 31-11-11-1. Furnishing false information upon applying for license.
 A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
 If No, Medical Examination or Report Dated 5-8-00
 Name of Physician Dr. Barbara

MALE APPLICANT

Name: Richard William Koester
 Date of Birth: 7 13 77
 Place of Birth: Illinois
 Residence Address: 2383 E. Main St. Plainfield Ind.
 Previous Marital Status: Never Married OR No. of Previous Marriages: _____
 Last Marriage Ended By: Death Divorce Annulment Date: _____
 Date of Birth Verified By: Birth Certificate Other (Specify) drivers license

- Are you now 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. Nathaniel Arnold

6. (a) Full name of applicant's father: Robert William Koester
 (If adopted, list adoptive parents only) _____
 Residence of father (if deceased, so state): Colorado
 Birthplace of father (State or foreign country): Illinois
 (b) Full maiden name of applicant's mother: Barbara Kay Bialecki
 (If adopted, list adoptive parents only) _____
 Residence of mother (if deceased, so state): Indiana
 Birthplace of mother (State or foreign country): Illinois

FEMALE APPLICANT

Name: Kathryn Marie Michels
 Date of Birth: 1 30 81
 Place of Birth: Illinois
 Residence Address: 2383 E. Main St. Plainfield Ind.
 Previous Marital Status: Never Married OR No. of Previous Marriages: _____
 Last Marriage Ended By: Death Divorce Annulment Date: _____
 Date of Birth Verified By: Birth Certificate Other (Specify) drivers license

- Are you now 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
- 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: James Keith Michels
 (If adopted, list adoptive parents only) _____
 Residence of father (if deceased, so state): Illinois
 Birthplace of father (State or foreign country): Illinois
 (b) Full maiden name of applicant's mother: Jarvis Kenneth Delaney
 (If adopted, list adoptive parents only) _____
 Residence of mother (if deceased, so state): Illinois
 Birthplace of mother (State or foreign country): Illinois

ACKNOWLEDGEMENT
 I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
 Signature of Applicant: Richard W Koester Date: 6-28-00

ACKNOWLEDGEMENT
 I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
 Signature of Applicant: Kathryn M Michels Date: 6-28-00

The 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) I swear/affirm that the information given
 County of Hendricks) in this application is true and correct.
 Signed: Richard W Koester
 New Address: 1082 Richfield Ln Danville Ind
 Subscribed and sworn to before me this 28 day of June 2000
Harold Dugan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
 County of Hendricks) in this application is true and correct.
 Signed: Kathryn M Michels
 New Address: 1082 Richfield Ln Danville Ind
 Subscribed and sworn to before me this 28 day of June 2000
Harold Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
 We, the parents of this applicant, hereby give consent for 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 _____
 Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
 We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
 State of Indiana)
 County of Hendricks)
 Father _____ ID # _____
 Mother _____ ID # _____
 Subscribed and sworn to before me this _____ day of _____
 Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
 I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 28 2000, authorizing the marriage of Richard William Koester and Kathryn Marie Michels.
 I further certify that the following marriage certificate was filed in my office: I, Susan D Link (name), certify that on June 28 2000 (date), at Danville in Hendricks County, Indiana, Richard William Koester of Hendricks County, Indiana (state), and Kathryn Marie Michels of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 28 2000. Signed by: /s/ Susan D Link First Deputy Clerk (official designation)
 Filed and recorded in accordance with the laws of the State of Indiana on July 12 2000 (date).

Signed Harold Dugan Clerk
 Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 376
Date of Application 6-28-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination of Report Dated 6-14-00
Name of Physician Dr. Seuers

MALE APPLICANT

Name First Middle Last
Trent Edward Iacoli

Date of Birth Month Day Year
3 6 69

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
10978 Delphi Dr. Camby Hendricks In 46113

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify) _____

Drivers License

- Are you now 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. Justin Iacoli
- (a) Full name of applicant's father Terry Eugene Iacoli
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Marla Jean McDonald
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name First Middle Last
Rachel Dawn Hartman

Date of Birth Month Day Year
6-25-76 Indiana

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
10978 Delphi Dr. Camby Hendricks In 46113

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify) _____

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 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
- List the full names of any dependent children. _____
- (a) Full name of applicant's father John Edgar Hartman
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Betty Ann Brackett
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT -
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Trent Iacoli Date 6-28-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Rachel Dawn Hartman Date 6-28-00

The 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)
I swear/affirm that the information given in this application is true and correct.
Signed Trent Iacoli
New Address Same As Above
Subscribed and sworn to before me this 28 day of June 2000
Sharon Dugas Clerk of the Hendricks Circuit Court

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Rachel Dawn Hartman
New Address Same As Above
Subscribed and sworn to before me this 28 day of June 2000
Sharon Dugas Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 28 2000, authorizing the marriage of Trent Edward Iacoli and Rachel Dawn Hartman.
I further certify that the following marriage certificate was filed in my office: I, Jack W Elliott Jr (name), certify that on July 8 2000 (date), at Monrovia in Morgan County, Indiana, Trent Edward Iacoli of Hendricks County, Indiana (state), and Rachel Dawn Hartman of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 28 2000. Signed by: /s/ Jack W Elliot Jr Senior Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 18 2000 (date).

Signed Sharon Dugas Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 377
Date of Application 6-28-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 6-28-00
Name of Physician David Hadey

MALE APPLICANT

Name: Garry Miles Fathauer Jr.
Date of Birth: 1/14/75
Place of Birth: Indiana
Residence Address: 7907 Quail Ridge S. Dr. Plainfield Hendricks Indiana
Previous Marital Status: Never Married OR No. of Previous Marriages: _____
Last Marriage Ended By: Death Divorce Annulment Date: _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____
Indiana Driver's 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 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
- List the full names of any dependent children. _____
- (a) Full name of applicant's father: Garry Miles Fathauer Jr.
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): Indiana
Birthplace of father (State or foreign country): Indiana
(b) Full maiden name of applicant's mother: Karen Marie May
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): Indiana

FEMALE APPLICANT

Name: Kerri Elizabeth Sims
Date of Birth: 10/5/75
Place of Birth: Indiana
Residence Address: 7907 Quail Ridge S. Plainfield Hendricks Ind 46108
Previous Marital Status: Never Married OR No. of Previous Marriages: _____
Last Marriage Ended By: Death Divorce Annulment Date: _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____
Indiana Driver's 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 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
- List the full names of any dependent children. _____
- (a) Full name of applicant's father: William Robert Sims
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): Indiana
Birthplace of father (State or foreign country): Indiana
(b) Full maiden name of applicant's mother: Donna Lee Hobbs
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): Indiana

ACKNOWLEDGEMENT

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

Signature of Applicant: [Signature] Date: 6-28-00

ACKNOWLEDGEMENT

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

Signature of Applicant: [Signature] Date: 6-28-00

The 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: _____

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

Signed: [Signature]
New Address: SAME
Subscribed and sworn to before me this 28 day of June 2000
Clerk of the Hendricks Circuit Court: [Signature]

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

Signed: [Signature]
New Address: 7907 Quail Ridge S. Plainfield, IN 46108
Subscribed and sworn to before me this 28 day of June 2000
Clerk of the Hendricks Circuit Court: [Signature]

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for 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 _____ Clerk: _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 28 2000, authorizing the marriage of Garry Miles Fathauer Jr and Kerri Elizabeth Sims. I further certify that the following marriage certificate was filed in my office: I, Charles Britt (name), certify that on July 15 2000 (date), at Plainfield in Hendricks County, Indiana, Garry M Falhauer Jr of Maion County, Indiana (state), and Kerri E Sims of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 28 2000. Signed by: /s/ Charles Britt Pastor (official designation). Filed and recorded in accordance with the laws of the State of Indiana on July 18 2000 (date).

Signed: [Signature] Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
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Date of Application 6-29-00

IC 31-11-11-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the
circuit court when the person applies for a marriage license under
IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No [X] Yes []
If No, Medical Examination or Report Dated 6-28-00
Name of Physician Dr. Collicott (sig)

MALE APPLICANT
Name: Wendall Ray Korach
Date of Birth: 3-25-55
Place of Birth: Illinois
Residence Address: 10965 Sweettsen Rd Camby Ind 46113
Previous Marital Status: Never Married [] OR No. of Previous Marriages: 1
Last Marriage Ended By: Divorce [X]
Date of Birth Verified By: [X] Other (Specify)

FEMALE APPLICANT
Name: Cynthia Dawn Russell
Date of Birth: 2-5-68
Place of Birth: Indiana
Residence Address: 10965 Sweettsen Rd Camby Ind 46113
Previous Marital Status: Never Married [] OR No. of Previous Marriages: 1
Last Marriage Ended By: Divorce [X]
Date of Birth Verified By: [X] Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No [X] Yes []
2. Are you related to the female applicant closer than second cousin? No [X] Yes []
3. Are you now under the influence of an alcoholic beverage? No [X] Yes []
4. Are you now under the influence of a narcotic drug? No [X] Yes []
5. List the full names of any dependent children. Hazelwood, Jennifer Lynn
6. (a) Full name of applicant's father: Jamiel Emil Korach
(b) Full maiden name of applicant's mother: Patricia Ann Cause

1. Are you now or have you ever been adjudged to be of unsound mind? No [X] Yes []
2. Are you related to the male applicant closer than second cousin? No [X] Yes []
3. Are you now under the influence of an alcoholic beverage? No [X] Yes []
4. Are you now under the influence of a narcotic drug? No [X] Yes []
5. List the full names of any dependent children. Adam, Derek, Jacob Russell
6. (a) Full name of applicant's father: Joel Benjamin Cadbury
(b) Full maiden name of applicant's mother: Bonnie Joan Williamson

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that
are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).
Signature of Applicant Wendall Korach Date 6-29-00
The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.
Clerk of Court Date

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that
are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).
Signature of Applicant Cynthia Russell Date 6-29-00
The above applicant has 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
County of Hendricks) in this application is true and correct.
Signed Wendall Korach
New Address Same as Above
Subscribed and sworn to before me this 29 day of June 2000
Harold Dugas Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Cynthia Russell
New Address Same
Subscribed and sworn to before me this 29 day of June 2000
Harold Dugas Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary
State of Indiana)
County of Hendricks)
Father ID #
Mother ID #
Subscribed and sworn to before me this day of Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated
June 29 2000, authorizing the marriage of Wendall Ray Korach and Cynthia Dawn Russell
I further certify that the following marriage certificate was filed in my office: I, Rev Kenneth Smith (name),
certify that on July 4 2000 (date), at Cartersburg in Hendricks
County, Indiana, Wendall Ray Korach of Hendricks County, Indiana
(state), and Cynthia Dawn Russell of Hendricks County, Indiana
(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated
June 29 2000. Signed by: Rev Kenneth Smith, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 6 2000 (date).

Signed Harold Dugas Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

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Page 379
Date of Application 6-29-00

IC 31-11-11-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the
circuit court when the person applies for a marriage license under
IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 6-26-00
Name of Physician Dr. Super

MALE APPLICANT
Name: Paul Jones Howard
Date of Birth: 8/21/60
Place of Birth: Tennessee
Residence Address: 805 Robey Road, Chapl Marion In 46234
Previous Marital Status: Never Married OR No. of Previous Marriages: 2
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____

FEMALE APPLICANT
Name: Kimberly Sue Muncy
Date of Birth: 7/26/63
Place of Birth: Indiana
Residence Address: 258 Production Dr. Area Hendricks In
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____

Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. Jessica Howard
6. (a) Full name of applicant's father: George Jackson Howard
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Deceased
Birthplace of father (State or foreign country) ?
(b) Full maiden name of applicant's mother: Martha Elrita Jones
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Deceased
Birthplace of mother (State or foreign country) Tennessee

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

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that
are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).
X Signature of Applicant _____ Date 6-29-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that
are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).
X Signature of Applicant Kimberly S Muncy Date 6-29-00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
X Signed _____
New Address 258 Production Dr Area In 46233
Subscribed and sworn to before me this 29 day of June 2000
Harold Dugan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
X Signed Kimberly S Muncy
New Address Same as above
Subscribed and sworn to before me this 29 day of June 2000
Harold Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

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

Signed Harold Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
 Indiana State Board of
 Health under Authority
 of IC 31-11-4-4

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 Date of Application 6-29-00

IC 31-11-11-1. Furnishing false information upon applying for license.
 A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
 If No, Medical Examination or Report Dated 5-10-00
 Name of Physician Dr. Neeg

MALE APPLICANT

Name: Aaron Christopher Muir
 Date of Birth: 11-30-78 Indiana
 Place of Birth (State or foreign country): Indiana
 Residence Address: 316 Butler Dr. Plainfield Ind. In 46068
 Previous Marital Status: Never Married OR No. of Previous Marriages: _____
 Last Marriage Ended By: Death Divorce Annulment Date: _____
 Date of Birth Verified By: Birth Certificate Other (Specify): _____

Identification Card

- Are you now 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. None

(a) Full name of applicant's father: David John Muir
 (If adopted, list adoptive parents only) _____
 Residence of father (if deceased, so state): Indiana
 Birthplace of father (State or foreign country): Indiana

(b) Full maiden name of applicant's mother: Roberta Mary Strahl
 (If adopted, list adoptive parents only) _____
 Residence of mother (if deceased, so state): Indiana
 Birthplace of mother (State or foreign country): Indiana

FEMALE APPLICANT

Name: Stephanie Lynn Filicsky
 Date of Birth: 12-10-78 Indiana
 Place of Birth (State or foreign country): Indiana
 Residence Address: 1197 Kenross Dr. Avon Ind. In 46023
 Previous Marital Status: Never Married OR No. of Previous Marriages: _____
 Last Marriage Ended By: Death Divorce Annulment Date: _____
 Date of Birth Verified By: Birth Certificate Other (Specify): _____

Identification Card

- Are you now 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. None

(a) Full name of applicant's father: Stephen Paul Filicsky
 (If adopted, list adoptive parents only) _____
 Residence of father (if deceased, so state): Indiana
 Birthplace of father (State or foreign country): Indiana

(b) Full maiden name of applicant's mother: Jeanette Ellen Johnson
 (If adopted, list adoptive parents only) _____
 Residence of mother (if deceased, so state): Indiana
 Birthplace of mother (State or foreign country): Indiana

ACKNOWLEDGEMENT
 I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
 Signature of Applicant: Aaron C Muir Date: 6/29/00

ACKNOWLEDGEMENT
 I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
 Signature of Applicant: Stephanie L Filicsky Date: 6/29/00

The 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) I swear/affirm that the information given
 County of Hendricks) in this application is true and correct.
 Signed: Aaron C Muir
 New Address _____
 Subscribed and sworn to before me this 29 day of June 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
 County of Hendricks) in this application is true and correct.
 Signed: Stephanie L Filicsky
 New Address _____
 Subscribed and sworn to before me this 29 day of June 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
 We, the parents of this applicant, hereby give consent for 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 _____
 Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
 We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
 State of Indiana)
 County of Hendricks)
 Father _____ ID # _____
 Mother _____ ID # _____
 Subscribed and sworn to before me this _____ day of _____
 Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
 I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 29 2000, authorizing the marriage of Aaron Christopher Muir and Stephanie Lynn Filicsky.
 I further certify that the following marriage certificate was filed in my office: I, Stephen White (name), certify that on July 29 2000 (date), at Plainfield in Hendricks County, Indiana, Aaron Christopher Muir of Hendricks County, Indiana (state), and Stephanie Lynn Filicsky of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 29 2000. Signed by: /s/ Stephen White Minister (official designation)
 Filed and recorded in accordance with the laws of the State of Indiana on August 3 2000 (date).

Signed Sharon Dugan Clerk
 Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

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Date of Application 6-29-00

IC 31-11-11-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the
circuit court when the person applies for a marriage license under
IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No [X] Yes []
If No, Medical Examination or Report Dated 6-15-00
Name of Physician not legible

MALE APPLICANT
Name: Thomas Edward Roseboon
Date of Birth: 3-1-75
Place of Birth: Japan
Residence Address: 7204 Natteras Dr. 2B Indpls, In 46214
Previous Marital Status: Never Married [X]
Last Marriage Ended By: Death [], Divorce [], Annulment [], Date []
Date of Birth Verified By: [] Birth Certificate [X] Other (Specify)
Drivers license
1. Are you now or have you ever been adjudged to be of unsound mind? No [X] Yes []
2. Are you related to the female applicant closer than second cousin? No [X] Yes []
3. Are you now under the influence of an alcoholic beverage? No [X] Yes []
4. Are you now under the influence of a narcotic drug? No [X] Yes []
5. List the full names of any dependent children.
6. (a) Full name of applicant's father: David Allen Roseboon
(b) Full maiden name of applicant's mother: Diane Lynn Elam

FEMALE APPLICANT
Name: Angel Marie Justice
Date of Birth: 6-22-77
Place of Birth: Indiana
Residence Address: 8157 Hughes Rd N. Salem Hendricks Co 46165
Previous Marital Status: Never Married [X]
Last Marriage Ended By: Death [], Divorce [], Annulment [], Date []
Date of Birth Verified By: [] Birth Certificate [] Other (Specify) [X]
Drivers license
1. Are you now or have you ever been adjudged to be of unsound mind? No [X] Yes []
2. Are you related to the male applicant closer than second cousin? No [X] Yes []
3. Are you now under the influence of an alcoholic beverage? No [X] Yes []
4. Are you now under the influence of a narcotic drug? No [X] Yes []
5. List the full names of any dependent children.
6. (a) Full name of applicant's father: Randolph Jay Justice
(b) Full maiden name of applicant's mother: Rhonda Sue Miller

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that
are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).
Signature of Applicant: Thomas Roseboon Date: 6-29-00
The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.
Clerk of Court: Date:

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that
are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).
Signature of Applicant: Angel M. Justice Date: 06/29/00
The above applicant has 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
County of Hendricks) in this application is true and correct.
Signed: Thomas Roseboon
New Address: Same as Above
Subscribed and sworn to before me this 29 day of June 2000
Clerk of the Hendricks Circuit Court: Harold Dugan

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed: Angel M. Justice
New Address: 8204 Hatteras Ln 2B Indpls In Marion,
Subscribed and sworn to before me this 29 day of June 2000
Clerk of the Hendricks Circuit Court: Harold Dugan

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary
State of Indiana)
County of Hendricks)
Father ID #
Mother ID #
Subscribed and sworn to before me this day of
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated
June 29 2000, authorizing the marriage of Thomas Edward Roseboon and Angel Marie Justice
I further certify that the following marriage certificate was filed in my office: I, Russell F Allanson (name),
certify that on July 15 2000 (date), at North Salem in Hendricks
County, Indiana, Thomas Edward Roseboon of Marion County, Indiana
(state), and Angel Marie Justice of Hendricks County, Indiana (state)
were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated
June 29 2000. Signed by: /s/ Russell F Allanson Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 18 2000 (date).

Signed: Harold Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 382
Date of Application 6-29-00

IC 31-11-1-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 5-30-00
Name of Physician Dr. Dan

MALE APPLICANT

Name: Zachary Mark Partlow
Date of Birth: 2-6-76 Indiana
Place of Birth (State or foreign country): Indiana
Residence Address: 6445 Thistle Bend Avon Ind. In 46123
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____
Driver's License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. Ø
6. (a) Full name of applicant's father Mark Lauren Partlow
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Margaret Ann Jewett
(If adopted, list adoptive parents only) Wrotee
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: Jacki Lynn Richardson
Date of Birth: 10-07-75 Indiana
Place of Birth (State or foreign country): Indiana
Residence Address: 1217 E. County Rd 100N Danville Ind 46122
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____
Driver's License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. Ø
6. (a) Full name of applicant's father Alan Thomas Richardson
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Marion Sue Davis
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [Signature] Date 6/29/00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [Signature] Date 6/29/00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed [Signature]
New Address Same As Above
Subscribed and sworn to before me this 29 day of June 2000
[Signature] Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed [Signature]
New Address 6445 THISTLE BEND AVON, IN 46123
Subscribed and sworn to before me this 29 day of June 2000
[Signature] Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 29 2000, authorizing the marriage of Zachary Mark Partlow and Jacki Lynn Richardson
I further certify that the following marriage certificate was filed in my office: I, Kevin Morris (name), certify that on July 15 2000 (date), at Indianapolis in Marion County, Indiana, Zachary Mark Partlow of Hendricks County, Indiana (state), and Jacki Lynn Richardson of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 29 2000. Signed by: /s/ Kevin Morris Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 18 2000 (date).

Signed [Signature] Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
 Indiana State Board of
 Health under Authority
 of IC 31-11-4-4

Book 63
 Page 383
 Date of Application 6-30-00

IC 31-11-11-1. Furnishing false information upon applying for license.
 A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
 If No, Medical Examination or Report Dated 6-12-00
 Name of Physician Dr. Collis

MALE APPLICANT

Name DAVID First TODD Middle MOORE Last
 Date of Birth SEPTEMBER 21, 1970
 Place of Birth (State or foreign country) KENTUCKY
 Residence Address 16731 HICKORY MEADOWS CT. 03011 City ST. LOUIS County MI State
 Previous Marital Status: Never Married OR No. of Previous Marriages _____
 Last Marriage Ended By: Death Divorce Annulment Date _____
 Date of Birth Verified By: Birth Certificate Other (Specify) _____
Driver's license -
 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
 If answer is "yes", has the adjudication been removed? No Yes
 2. Are you related to the female applicant closer than second cousin? No Yes
 3. Are you now under the influence of an alcoholic beverage? No Yes
 4. Are you now under the influence of a narcotic drug? No Yes
 5. List the full names of any dependent children. 0
 6. (a) Full name of applicant's father OLLIE RUSSELL MOORE SR.
 (If adopted, list adoptive parents only) _____
 Residence of father (if deceased, so state) KENTUCKY
 Birthplace of father (State or foreign country) ALABAMA
 (b) Full maiden name of applicant's mother SIRLIVA COOK
 (If adopted, list adoptive parents only) _____
 Residence of mother (if deceased, so state) KENTUCKY
 Birthplace of mother (State or foreign country) KENTUCKY

FEMALE APPLICANT

Name KAREN First SUKHUI Middle GRAHAM Last
 Date of Birth KOREA JANUARY 5, 1973
 Place of Birth (State or foreign country) FRANKLIN OH
 Residence Address 5408 ALBANY RIDGE NEW ALBANY 43054 City NEW ALBANY County OH State
 Previous Marital Status: Never Married OR No. of Previous Marriages _____
 Last Marriage Ended By: Death Divorce Annulment Date _____
 Date of Birth Verified By: Birth Certificate Other (Specify) _____
Driver's license
 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
 If answer is "yes", has the adjudication been removed? No Yes
 2. Are you related to the male applicant closer than second cousin? No Yes
 3. Are you now under the influence of an alcoholic beverage? No Yes
 4. Are you now under the influence of a narcotic drug? No Yes
 5. List the full names of any dependent children. 0
 6. (a) Full name of applicant's father DAVID EUGENE GRAHAM
 (If adopted, list adoptive parents only) DAVID EUGENE GRAHAM
 Residence of father (if deceased, so state) MINNESOTA
 Birthplace of father (State or foreign country) INDIANA
 (b) Full maiden name of applicant's mother DEBORAH KAY HARMAN
 (If adopted, list adoptive parents only) DEBORAH KAY HARMAN
 Residence of mother (if deceased, so state) MINNESOTA
 Birthplace of mother (State or foreign country) INDIANA

ACKNOWLEDGEMENT
 I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
 Signature of Applicant S.D. Moore Date 6/30/2000

ACKNOWLEDGEMENT
 I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
 Signature of Applicant K Graham Date 6/30/00

The 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) I swear/affirm that the information given
 County of Hendricks) in this application is true and correct.
 Signed S.D. Moore
 New Address 5468 Albany Ridge New Albany OH 43054
 Subscribed and sworn to before me this 30 day of June 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
 County of Hendricks) in this application is true and correct.
 Signed K Graham
 New Address 5408 ALBANY RIDGE NEW ALBANY OH 43054
 Subscribed and sworn to before me this 30 day of June 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
 We, the parents of this applicant, hereby give consent for 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 _____
 Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
 We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
 State of Indiana)
 County of Hendricks)
 Father _____ ID # _____
 Mother _____ ID # _____
 Subscribed and sworn to before me this _____ day of _____
 Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
 I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 30 2000, authorizing the marriage of David Todd Moore and Karen Sukhui Graham.
 I further certify that the following marriage certificate was filed in my office: I, David E Graham (name), certify that on July 1 2000 (date), at Plainfield in Hendricks County, Indiana, David Todd Moore of St. Louis County, Missouri (state), and Karen Sukhui Graham of Franklin County, Ohio (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 30 2000. Signed by: /s/ David E Graham Minister (official designation)
 Filed and recorded in accordance with the laws of the State of Indiana on July 11 2000 (date).

Signed Sharon Dugan Clerk
 Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 384
Date of Application 6-30-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 6-30-00
Name of Physician Dr. Baddy

MALE APPLICANT

Name: James Lee Headlee
Date of Birth: 5/1/71
Place of Birth: Indiana
Residence Address: P.O. 543 Pittsboro Hendricks In 46167
Previous Marital Status: Never Married OR No. of Previous Marriages: 1
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes

2. Are you related to the female applicant closer than second cousin? No Yes

3. Are you now under the influence of an alcoholic beverage? No Yes

4. Are you now under the influence of a narcotic drug? No Yes

5. List the full names of any dependent children. Samuel Headlee

6. (a) Full name of applicant's father: Russell Eugene Headlee
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother: Barbara Jean Bray
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: Anissa Nichole Cook
Date of Birth: 12/28/70
Place of Birth: Indiana
Residence Address: P.O. Box 543 Pittsboro Hendricks In 46167
Previous Marital Status: Never Married OR No. of Previous Marriages: 1
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes

2. Are you related to the male applicant closer than second cousin? No Yes

3. Are you now under the influence of an alcoholic beverage? No Yes

4. Are you now under the influence of a narcotic drug? No Yes

5. List the full names of any dependent children. Saurya Cook

6. (a) Full name of applicant's father: George Eugene Jones
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother: Marietta Rose Goodright
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant James L. Headlee Date 6-30-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Anissa N. Cook Date 6/30/00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed James L. Headlee
New Address Same as above
Subscribed and sworn to before me this 30 day of June 2000
Harold Dugas Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Anissa N. Cook
New Address Same as above
Subscribed and sworn to before me this 30 day of June 2000
Harold Dugas Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 30 2000, authorizing the marriage of James Lee Headlee and Anissa Nichole Cook.
I further certify that the following marriage certificate was filed in my office: I, Chris Wynn (name), certify that on July 8 2000 (date), at Pittsboro in Hendricks County, Indiana, James Lee Headlee of Hendricks County, Indiana (state), and Anissa Nichole Cook of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 30 2000. Signed by: /s/ Chris Wynn Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 13 2000 (date).

Signed Harold Dugas Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 385
Date of Application 6-30-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 6-30-00
Name of Physician DR. BENSON

MALE APPLICANT
Name: DAVID ERIC JONES
Date of Birth: JUNE 28, 1967
Place of Birth: ILLINOIS
Residence Address: 1111 WALTON DR PLAINFIELD HEND. IN 46168
Previous Marital Status: Never Married OR No. of Previous Marriages: 1
Last Marriage Ended By: Death Divorce Annulment Date: 1991
Date of Birth Verified By: Birth Certificate Other (Specify)

FEMALE APPLICANT
Name: BRENNA SUSANNE ROWLAND
Date of Birth: NOVEMBER 14, 1975
Place of Birth: INDIANA
Residence Address: 1111 WALTON DR PLAINFIELD HEND. IN 46168
Previous Marital Status: Never Married OR No. of Previous Marriages: 1
Last Marriage Ended By: Death Divorce Annulment Date: _____
Date of Birth Verified By: Birth Certificate Other (Specify)

DRIVERS LICENSE
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. TRISTAN DENNIS JONES
6. (a) Full name of applicant's father: FRANKLIN DENNIS JONES
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) CALIFORNIA
Birthplace of father (State or foreign country) ILLINOIS
(b) Full maiden name of applicant's mother: SUSAN M. ENGDALH
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) INDIANA
Birthplace of mother (State or foreign country) ILLINOIS

DRIVERS LICENSE
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. BRENDAN DAVID SCOTT ROWLAND
JACOB DALE HIGGINS
6. (a) Full name of applicant's father: GUY DAVID SELKE
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) INDIANA
Birthplace of father (State or foreign country) INDIANA
(b) Full maiden name of applicant's mother: POYNTER, CARLA SUE
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) INDIANA
Birthplace of mother (State or foreign country) INDIANA

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: [Signature] Date: 6-30-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Brenna Rowland Date: 6-30-00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed: [Signature]
New Address: same
Subscribed and sworn to before me this 30th day of JUNE, 2000
[Signature] Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed: Brenna Rowland
New Address: same
Subscribed and sworn to before me this 30th day of JUNE, 2000
[Signature] Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-30-00, authorizing the marriage of David Eric Jones and Brenna Susanne Rowland.
I further certify that the following marriage certificate was filed in my office: I, J. D. Redmon (name), certify that on June 30, 2000 (date), at Indianapolis in Marion County, Indiana, David Eric Jones of Hendricks County, Indiana (state), and Brenna Susanne Rowland of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-30-00. Signed by: /s/ J. D. Redmon Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 7-5-00 (date).

Signed [Signature] Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 386
Date of Application 6-30-00

IC 31-11-11-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the
circuit court when the person applies for a marriage license under
IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination of Report Dated 7-11-00
Name of Physician Dr. Ka Ulicott

MALE APPLICANT
Name First Middle Last
ABELARDO ADRIAN DZUL
Date of Birth Month Day Year
APRIL 15 1969
Place of Birth (State or foreign country)
MEXICO
Residence Address Street or R.R. City County State
882 BROADWAY S DR. PLAINFIELD IN 46168
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____

FEMALE APPLICANT
Name First Middle Last
SHERRY ANN CLARK
Date of Birth Month Day Year
AUGUST 8 1969
Place of Birth (State or foreign country)
OHIO
Residence Address Street or R.R. City County State
882 BROADWAY S DR PLAINFIELD IN 46168
Previous Marital Status: Never Married OR No. of Previous Marriages 1
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____

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

DRIVER'S LICENSE
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. BRENT ALLEN CLARK
6. (a) Full name of applicant's father WILLIAM DAVID STINNETT
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) INDIANA
Birthplace of father (State or foreign country) WEST VIRGINIA
(b) Full maiden name of applicant's mother DONNA JOAN FERRELL
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) INDIANA
Birthplace of mother (State or foreign country) WEST VIRGINIA

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that
are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).
Signature of Applicant [Signature] Date 6-30-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that
are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).
Signature of Applicant Sherry A. Clark Date 6-30-00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed [Signature] 6-30-00
New Address same as above
Subscribed and sworn to before me this 30 day of June 2000
[Signature] Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Sherry A. Clark 6-30-00
New Address same as above
Subscribed and sworn to before me this 30 day of June 2000
[Signature] Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated
June 30 2000, authorizing the marriage of Abelardo Adrian Dzul and Sherry Ann Clark
I further certify that the following marriage certificate was filed in my office: I, John C Parsley (name),
certify that on August 19 2000 (date), at Plainfield in Hendricks
County, Indiana, Abelardo Dzul of Hendricks County, Indiana
(state), and Sherry Clark of Hendricks County, Indiana (state)
were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated
June 30 2000. Signed by: /s/ John C Parsley Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on Sept 18 2000 (date).

Signed [Signature] Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 387
Date of Application 7-5-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 6-30-00
Name of Physician Dr. Gaddy, MD

MALE APPLICANT
Name: Donald Edward Endress III
Date of Birth: 6/16/76
Place of Birth: Tennessee
Residence Address: 1125 Premier Dr. Chattanooga TN 37421
Previous Marital Status: Never Married
Last Marriage Ended By: Death Divorce Annulment
Date of Birth Verified By: Birth Certificate Other (Specify)

FEMALE APPLICANT
Name: Leah Elizabeth Daily
Date of Birth: 8/6/79
Place of Birth: Indiana
Residence Address: 2019 Hawthorne Ct Avon Hend IN 46123
Previous Marital Status: Never Married
Last Marriage Ended By: Death Divorce Annulment
Date of Birth Verified By: Birth Certificate Other (Specify)

driver's license
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. NA
6. (a) Full name of applicant's father Donald Edward Endress Jr
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Florida
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Norma Angela West
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Florida
Birthplace of mother (State or foreign country) Mississippi

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

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [Signature] Date 6/5/00

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

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

The above applicant has 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
County of Hendricks) in this application is true and correct.
Signed [Signature]
New Address 1125 Premier Dr. Apt 1505 Chattanooga TN 37421
Subscribed and sworn to before me this 5th day of July, 2000
[Signature] Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed [Signature]
New Address _____
Subscribed and sworn to before me this 5th day of July, 2000
[Signature] Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 5 2000, authorizing the marriage of Donald Edward Endress III and Leah Elizabeth Daily.
I further certify that the following marriage certificate was filed in my office: I, Roger L Stroup (name), certify that on July 8 2000 (date), at Danville in Hendricks County, Indiana, Donald E Endress III of Hamilton County, Tennessee (state), and Leah Elizabeth Daily of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 5 2000. Signed by: /s/ Roger L Stroup Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 11 2000 (date).

Signed [Signature] Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 388
Date of Application 6-30-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 6-6-00
Name of Physician MARK P. BECKERMAN

MALE APPLICANT
Name First Middle Last
CHRISTOPHER ALLEN CARLTON
Date of Birth Month Day Year
5 6 75
Place of Birth (State or foreign country)
INDIANA
Residence Address Street or R.R. City County State
616 ALPHA AVE BROWNSBURG HENDRICKS IN
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify)

FEMALE APPLICANT
Name First Middle Last
KRISTEN ELIZABETH DUDKOWSKI
Date of Birth Month Day Year
10 6 76
Place of Birth (State or foreign country)
INDIANA
Residence Address Street or R.R. City County State
616 ALPHA AVE BROWNSBURG HENDRICKS IN
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify)

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

DRIVERS LICENSE
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. X
6. (a) Full name of applicant's father DONALD JAY DUDKOWSKI
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) INDIANA
Birthplace of father (State or foreign country) OHIO
(b) Full maiden name of applicant's mother CYNTHIA JOY MILLER
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) INDIANA
Birthplace of mother (State or foreign country) INDIANA

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Christopher Carlton Date 6-30-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Kristen Dudkowski Date 6/30/00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Christopher Carlton
New Address _____
Subscribed and sworn to before me this 30 day of June 2000
Harold Dugan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Kristen Dudkowski
New Address _____
Subscribed and sworn to before me this 30 day of June 2000
Harold Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-30-00, authorizing the marriage of Christopher Allen Carlton and Kristen Elizabeth Dudkowski.
I further certify that the following marriage certificate was filed in my office: I, David Totman (name), certify that on July 1, 2000 (date), at Indianapolis in Marion County, Indiana, Christopher Allen Carlton of Hendricks County, Indiana (state), and Kristen Elizabeth Dudkowski of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 6-30-00. Signed by: /s/ David Totman Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 7-5-00 (date).

Signed Harold Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 389
Date of Application July 5, 2000

IC 31-11-11-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the
circuit court when the person applies for a marriage license under
IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 6-27-00
Name of Physician WHITELAND FAMILY PHYSICIANS

MALE APPLICANT
Name First Middle Last
DAVID LYNN GAITHER
Date of Birth Month Day Year
JANUARY 15 1941
Place of Birth (State or foreign country)
OHIO HENDRICKS IN
Residence Address Street or R.R. City County State
890 RIDGEWOOD DR 104C PLAINFIELD 46168
Previous Marital Status: Never Married OR No. of Previous Marriages 2
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____

FEMALE APPLICANT
Name First Middle Last
ROXANNE BOWLING
Date of Birth Month Day Year
JULY 16 1953
Place of Birth (State or foreign country)
INDIANA JOHNSON
Residence Address Street or R.R. City County State
820 HOSPITAL RD 43 FRANKLIN IN 46131
Previous Marital Status: Never Married OR No. of Previous Marriages 1
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____

DRIVER'S LICENSE
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. MARTIN NELSON,
VINCENT LYNN, JUSTIN GAITHER
6. (a) Full name of applicant's father LYNN CLIFFORD GAITHER
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) DECEASED
Birthplace of father (State or foreign country) ILLINOIS
(b) Full maiden name of applicant's mother MARY LOUISE DENNING
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) DECEASED
Birthplace of mother (State or foreign country) INDIANA

DRIVER'S LICENSE
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. NONE
6. (a) Full name of applicant's father EDWARD DALE MCNAUGHTON
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) DECEASED
Birthplace of father (State or foreign country) INDIANA
(b) Full maiden name of applicant's mother INA MAE BULLINGTON
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) INDIANA
Birthplace of mother (State or foreign country) INDIANA

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that
are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).
Signature of Applicant David Lynn Gaither Date 7/5/00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that
are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).
Signature of Applicant Roxanne Bowling Date 7/5/00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed David Lynn Gaither
New Address 890 Ridgewood Dr #104C Plainfield IN 46168
Subscribed and sworn to before me this 5 day of July 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Roxanne Bowling
New Address 890 Ridgewood Dr #104C Plainfield IN 46168
Subscribed and sworn to before me this 5 day of July 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated
7-5-00, authorizing the marriage of David Lynn Gaither and Roxanne Bowling
I further certify that the following marriage certificate was filed in my office: I, Sharon Dugan (name),
certify that on July 5, 2000 (date), at Danville in Hendricks
County, Indiana, David Lynn Gaither of Hendricks County, Indiana
(state), and Roxanne Bowling of Johnson County, Indiana (state)
were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated
7-5-00. Signed by: /s/ Sharon Dugan, Hendricks County Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 7-5-00 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 391
Date of Application July 5, 2000

IC 31-11-1-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated July 5, 2000
Name of Physician HENDRICKS CO. HEALTH DEPT.

MALE APPLICANT
Name First Middle Last
BRUCE M LANCE
Date of Birth Month Day Year
APRIL 27 1976
Place of Birth (State or foreign country)
NEW YORK
Residence Address Street or R.R. City County State
196 COLUMBUS AVE BUFFALO NY 14220
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____

FEMALE APPLICANT
Name First Middle Last
JAMI LYN ALTUM
Date of Birth Month Day Year
APRIL 30 1980
Place of Birth (State or foreign country)
TEXAS
Residence Address Street or R.R. City County State
3655 HOMESTEAD CIRCLE PLAINFIELD IN 46168
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____

NY LEARNER PERMIT
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. Ø
6. (a) Full name of applicant's father BRUCE M LANCE
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) ?
Birthplace of father (State or foreign country) NEW YORK
(b) Full maiden name of applicant's mother JOYCE ANN PARKER
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) NEW YORK
Birthplace of mother (State or foreign country) NEW YORK

DRIVER'S LICENSE
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. Ø
6. (a) Full name of applicant's father FREDDY CLINTON ALTUM
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) CALIFORNIA
Birthplace of father (State or foreign country) TEXAS
(b) Full maiden name of applicant's mother DONNA ELIZABETH STEEN
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) INDIANA
Birthplace of mother (State or foreign country) TEXAS

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Bruce M Lance Date 5 July 00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Jami Lyn Altum Date 5 July 2000

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Bruce M Lance
New Address Same
Subscribed and sworn to before me this 5 day of July 2000
Harold Dugan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Jami Lyn Altum
New Address STU CO WKRAMC #402 WASH, DC 20307
Subscribed and sworn to before me this 5 day of July 2000
Harold Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 5 2000, authorizing the marriage of Bruce M Lance and Jami Lyn Altum.
I further certify that the following marriage certificate was filed in my office: I, Kenneth Smith (name), certify that on July 5 2000 (date), at Plainfield in Hendricks County, Indiana, Bruce M Lance of Hendricks County, Indiana (state), and Jami Lyn Altum of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 5 2000. Signed by: Kenneth Smith Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 11 2000 (date).

Signed Harold Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

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Date of Application July 5, 2000

IC 31-11-1-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 6-20-00
Name of Physician PLANNED PARENTHOOD

MALE APPLICANT
Name: JOSEPH WAYNE BURTON III
Date of Birth: MAY 16 1978
Place of Birth: INDIANA
Residence Address: 2160 FONTANA ST. INDIANAPOLIS IN
City: INDIANAPOLIS County: HENDRICKS State: INDIANA
Previous Marital Status: Never Married OR No. of Previous Marriages: _____
Last Marriage Ended By: Death Divorce Annulment Date: _____
Date of Birth Verified By: Birth Certificate Other (Specify): _____

FEMALE APPLICANT
Name: COLLEEN DELORES MCBRIDE
Date of Birth: OCTOBER 14 1980
Place of Birth: FLORIDA
Residence Address: 2160 FONTANA DR INDIANAPOLIS IN
City: INDIANAPOLIS County: HENDRICKS State: INDIANA
Previous Marital Status: Never Married OR No. of Previous Marriages: _____
Last Marriage Ended By: Death Divorce Annulment Date: _____
Date of Birth Verified By: Birth Certificate Other (Specify): _____

IDENTIFICATION CARD
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. TAYLOR MARIE BURTON
6. (a) Full name of applicant's father: JOSEPH WAYNE BURTON II
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) FLORIDA
Birthplace of father (State or foreign country) INDIANA
(b) Full maiden name of applicant's mother: JEANNINE ANN BASTIN
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) INDIANA
Birthplace of mother (State or foreign country) INDIANA

IDENTIFICATION CARD
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. TAYLOR MARIE BURTON
6. (a) Full name of applicant's father: HAROLD MCBRIDE
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) INDIANA
Birthplace of father (State or foreign country) INDIANA
(b) Full maiden name of applicant's mother: JEANNIE RUTH THOMPSON
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) INDIANA
Birthplace of mother (State or foreign country) INDIANA

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Joseph W. Burton III Date: 7-5-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Colleen McBride Date: 7-05-00

The 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 _____

I swear/affirm that the information given in this application is true and correct.
Signed: Joseph W. Burton III
New Address: SAME
Subscribed and sworn to before me this 5 day of July 2000
Clerk of the Hendricks Circuit Court: Harold Dugan

I swear/affirm that the information given in this application is true and correct.
Signed: Colleen McBride
New Address: SAME
Subscribed and sworn to before me this 5 day of July 2000
Clerk of the Hendricks Circuit Court: Harold Dugan

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 7-5-00, authorizing the marriage of Joseph Wayne Burton III and Colleen Delores McBride.
I further certify that the following marriage certificate was filed in my office: I, Susan D. Link (name), certify that on July 5, 2000 (date), at Danville in Hendricks County, Indiana, Joseph Wayne Burton III of Hendricks County, Indiana (state), and Colleen Delores McBride of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 7-5-00. Signed by: /s/ Susan D. Link 1st Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 7-5-00 (date).

Signed Harold Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 393
Date of Application 7-5-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 5-1-00
Name of Physician Patricia in Care

MALE APPLICANT

Name: Joseph First Randel Middle Bolin Last
Date of Birth: 7-2-70 Month 7 Day 2 Year 70
Place of Birth (State or foreign country): Indiana
Residence Address: 2434 Meadowlark Way P.O. Box 44168 Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages 2
Last Marriage Ended By: Death Divorce Annulment Date 1998
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 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children.
Alyssa Desiree Bolin
Joseph Randel Bolin II
- (a) Full name of applicant's father Robert Gerald Bolin
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) North Carolina
Birthplace of father (State or foreign country) Kentucky
(b) Full maiden name of applicant's mother Annella Bill Lowry
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: Carla First Marie Middle Short Last
Date of Birth: 9-15-66 Month 9 Day 15 Year 66
Place of Birth (State or foreign country): Indiana
Residence Address: 2434 Meadowlark Way P.O. Box 44168 Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages 2
Last Marriage Ended By: Death Divorce Annulment Date 1997
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 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. Daniel Chase Hessler
Carl Trey Hessler
Carlie Marie Curry
- (a) Full name of applicant's father Carl Arnold Short
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Janet Sue Wolsey
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Joseph R. Bolin Date 7-5-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Carla Marie Short Date 7-5-00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Joseph R. Bolin
New Address Same
Subscribed and sworn to before me this 5 day of July 2000
Harold Dugan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Carla Marie Short
New Address Same
Subscribed and sworn to before me this 5 day of July 2000
Harold Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 5 2000, authorizing the marriage of Joseph Randel Bolin and Carla Marie Short.
I further certify that the following marriage certificate was filed in my office: I, Jimmy John (name), certify that on July 15 2000 (date), at Clayton in Hendricks County, Indiana, Joseph Randel Bolin of Hendricks County, Indiana (state), and Carla Marie Short of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 5 2000. Signed by: /s/ Jimmy John Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 18 2000 (date).

Signed Harold Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 394
Date of Application JULY 5, 2000

IC 31-11-11-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the
circuit court when the person applies for a marriage license under
IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 2.26.00
Name of Physician DR. WEBER - HUNT

MALE APPLICANT

Name First Middle Last
JASON MICHAEL GIVAN

Date of Birth Month Day Year
JANUARY 5 1977

Place of Birth (State or foreign country)
INDIANA Hendricks

Residence Address Street or R.R. City County State
7850 E CR 600N BROWNSBURG IN 46112

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify) _____

FEMALE APPLICANT

Name First Middle Last
AMY JO MCCLAIN

Date of Birth Month Day Year
FEBRUARY 26 1973

Place of Birth (State or foreign country)
INDIANA Hendricks

Residence Address Street or R.R. City County State
17 GREENACRE DR BROWNSBURG IN 46112

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify) _____

DRIVERS LICENSE

- Are you now 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. Ø
- (a) Full name of applicant's father JAMES REX GIVAN
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) INDIANA
Birthplace of father (State or foreign country) INDIANA
(b) Full maiden name of applicant's mother KATHLEEN MARY WYNNE
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) INDIANA
Birthplace of mother (State or foreign country) INDIANA

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 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
- List the full names of any dependent children. Ø
- (a) Full name of applicant's father RAY WILLIAM MCCLAIN
(If adopted, list adoptive parents only) _____
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 MARGARET TURK
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) INDIANA
Birthplace of mother (State or foreign country) INDIANA

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Jason M. Givan Date July 5, 2000

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Amy Jo McClain Date July 5, 2000

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Jason M. Givan
New Address 17 Greenacre Drive Brownsburg IN 46112
Subscribed and sworn to before me this 5 day of JULY 2000
Harold Dugan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Amy Jo McClain
New Address same
Subscribed and sworn to before me this 5 day of JULY 2000
Harold Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for 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 _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 5 2000, authorizing the marriage of Jason Michael Givan and Amy Jo McClain

I further certify that the following marriage certificate was filed in my office: I, Robert J Gilday (name), certify that on July 22 2000 (date), at Brownsburg in Hendricks County, Indiana, Jason Michael Givan of Hendricks County, Indiana (state), and Amy Jo McClain of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 5 2000. Signed by: /s/ Robert J Gilday Priest (official designation) Filed and recorded in accordance with the laws of the State of Indiana on July 26 2000 (date).

Signed Harold Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 395
Date of Application JULY 6, 2000

IC 31-11-11-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the
circuit court when the person applies for a marriage license under
IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 7-6-00
Name of Physician HC HD

MALE APPLICANT

Name First Middle Last
DAVID MATTHEW BEYER

Date of Birth Month Day Year
SEPTEMBER 8 1973

Place of Birth (State or foreign country)
INDIANA

Residence Address Street or R.R. City County State
7440 WATERFRONT DR #104 INDIANAPOLIS IN 46214

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify) _____

FEMALE APPLICANT

Name First Middle Last
MELISSA LYNN SMITH

Date of Birth Month Day Year
FEBRUARY 26 1977

Place of Birth (State or foreign country)
INDIANA

Residence Address Street or R.R. City County State
6264 E CR 251 S PLAINFIELD IN 46168

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify) _____

DRIVER'S LICENSE

- Are you now 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. B
- (a) Full name of applicant's father WILLIAM LEO BEYER JR
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) INDIANA
Birthplace of father (State or foreign country) INDIANA
(b) Full maiden name of applicant's mother THELMA JEAN JONES
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) INDIANA
Birthplace of mother (State or foreign country) INDIANA

DRIVER'S 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 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
- List the full names of any dependent children. X
- (a) Full name of applicant's father SAMUEL ALEXANDER SMITH
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) INDIANA
Birthplace of father (State or foreign country) INDIANA
(b) Full maiden name of applicant's mother MARY LOU CLEM
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) INDIANA
Birthplace of mother (State or foreign country) INDIANA

ACKNOWLEDGEMENT

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

Signature of Applicant David M Beyer Date 7/6/00

ACKNOWLEDGEMENT

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

Signature of Applicant Melissa Lynn Smith Date 07/06/00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed David M Beyer
New Address Same
Subscribed and sworn to before me this _____ day of _____
Harold Dugan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Melissa Lynn Smith
New Address 7440 Waterfront Dr Apt 104 Indianapolis IN 46214
Subscribed and sworn to before me this _____ day of _____
Harold Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 6 2000, authorizing the marriage of David Matthew Beyer and Melissa Lynn Smith.

I further certify that the following marriage certificate was filed in my office: I, Tony R Cannon (name), certify that on July 15 2000 (date), at Indianapolis in Marion County, Indiana, David Matthew Beyer of Marion County, Indiana (state), and Melissa Lynn Smith of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 6 2000. Signed by: /s/ Tony R Cannon Pastor (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on August 1 2000 (date).

Signed Harold Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 396
Date of Application July 6, 2000

IC 31-11-11-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 7-6-00
Name of Physician HCHD

MALE APPLICANT
Name: Stephen Paul Stanfield
Date of Birth: January 24 1976
Place of Birth: Indiana
Residence Address: 1234 Meadowood dr. Danville In 46122
City: Danville County: Hendricks State: Indiana
Previous Marital Status: Never Married OR No. of Previous Marriages: _____
Last Marriage Ended By: Death Divorce Annulment Date: _____
Date of Birth Verified By: Birth Certificate Other (Specify): _____

FEMALE APPLICANT
Name: Erin Marie McDonald
Date of Birth: August 5 1977
Place of Birth: Indiana
Residence Address: 1234 Meadowood dr. Danville IN 46122
City: Danville County: Hendricks State: Indiana
Previous Marital Status: Never Married OR No. of Previous Marriages: _____
Last Marriage Ended By: Death Divorce Annulment Date: _____
Date of Birth Verified By: Birth Certificate Other (Specify): _____

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

Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. Ø
6. (a) Full name of applicant's father: Michael Allen McDonald
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): Indiana
Birthplace of father (State or foreign country): Indiana
(b) Full maiden name of applicant's mother: Connie Lynn Swackhamer
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: [Signature] Date: 7-6-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Erin M. McDonald Date: 7-6-00

The above applicant has 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
County of Hendricks) in this application is true and correct.
Signed: [Signature]
New Address: same
Subscribed and sworn to before me this 6 day of July 2000
[Signature] Clerk of the 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: _____ Date: _____
State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed: Erin M. McDonald
New Address: same
Subscribed and sworn to before me this 6 day of July 2000
[Signature] Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father: _____ ID #: _____
Mother: _____ ID #: _____
Subscribed and sworn to before me this _____ day of _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father: _____ ID #: _____
Mother: _____ ID #: _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 6 2000, authorizing the marriage of Stephen Paul Stanfield and Erin Marie McDonald.
I further certify that the following marriage certificate was filed in my office: I, Steven T Hecox (name), certify that on August 5 2000 (date), at Lebanon in Boone County, Indiana, Stephen P Stanfield of Hendricks County, Indiana (state), and Erin M McDonald of Boone County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 6 2000. Signed by: /s/ Steven T Hecox Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 14 2000 (date).

Signed [Signature] Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 397
Date of Application July 6, 2000

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 6-6-00
Name of Physician DR. GAYED

MALE APPLICANT
Name: Theodore Wesley Thompson
Date of Birth: April 22 1976
Place of Birth: Kentucky
Residence Address: 4969 Roxbury Ct Pittsboro IN 46167
City: Hendricks State: Indiana
Previous Marital Status: Never Married OR No. of Previous Marriages: _____
Last Marriage Ended By: Death Divorce Annulment Date: _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____

FEMALE APPLICANT
Name: Suzanna Raquel Rojas
Date of Birth: September 3 1976
Place of Birth: Indiana
Residence Address: 8371 E Chadwood Ln #2A Indianapolis In 46268
City: Marion State: Indiana
Previous Marital Status: Never Married OR No. of Previous Marriages: _____
Last Marriage Ended By: Death Divorce Annulment Date: _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____

drivers license
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. 0
6. (a) Full name of applicant's father: Robert Wesley Thompson
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): INDIANA
Birthplace of father (State or foreign country): INDIANA
(b) Full maiden name of applicant's mother: Janet Elaine Cody
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): Indiana

drivers license
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. 0
6. (a) Full name of applicant's father: Nehiel Felix Rojas
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): Texas
Birthplace of father (State or foreign country): Peru South America
(b) Full maiden name of applicant's mother: Joanna Irene Miller
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): Texas
Birthplace of mother (State or foreign country): Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Theodore W Thompson Date: 7-6-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Suzanna Raquel Rojas Date: 7/6/00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed: Theodore W Thompson
New Address: SAME
Subscribed and sworn to before me this _____ day of _____
Sharon Dugan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed: Suzanna Raquel Rojas
New Address: SAME
Subscribed and sworn to before me this _____ day of _____
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 6 2000, authorizing the marriage of Theodore Wesley Thompson and Suzanna Raquel Rojas.
I further certify that the following marriage certificate was filed in my office: I, Nehiel F Rojas (name), certify that on July 22 2000 (date), at North Anderson in Madison County, Indiana, Theodore Wesley Thompson of Hendricks County, Indiana (state), and Suzanna Raquel Rojas of Marion County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 6 2000. Signed by: /s/ Nehiel F Rojas, Reverend (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 31 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 398
Date of Application 7-6-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 7-6-00
Name of Physician Dr. Pro

MALE APPLICANT

Name: Paul Thomas McClarnon III
Date of Birth: 11-2-69
Place of Birth: Indiana
Residence Address: 729 N Green St. Brownsburg Indpa IN 46112
Previous Marital Status: Never Married OR No. of Previous Marriages: 1
Last Marriage Ended By: Death Divorce Annulment Date: _____
Date of Birth Verified By: Birth Certificate Other (Specify) Ind ID

- Are you now 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. NO
- (a) Full name of applicant's father: Paul Thomas McClarnon III
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) deceased
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother: Loretta
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: Rhonda Mae Coffey
Date of Birth: 7-16-74
Place of Birth: Arkansas
Residence Address: 729 N Green St. Brownsburg Indpa IN 46112
Previous Marital Status: Never Married OR No. of Previous Marriages: 1
Last Marriage Ended By: Death Divorce Annulment Date: 1998
Date of Birth Verified By: Birth Certificate Other (Specify) 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 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
- List the full names of any dependent children. Brittany Nicole Coffey, Joshua Derek Coffey
- (a) Full name of applicant's father: Bobby Dale Wideman
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Missouri
Birthplace of father (State or foreign country) Missouri
(b) Full maiden name of applicant's mother: Erlene Burns
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Arkansas
Birthplace of mother (State or foreign country) Arkansas

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Paul T McClarnon III Date 7-6-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Rhonda Coffey Date 7-6-00

The 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) I swear/affirm that the information given in this application is true and correct.
Signed Paul T McClarnon III
New Address Same
Subscribed and sworn to before me this 6 day of July 2000
Sharon Dugas Clerk of the Hendricks Circuit Court

State of Indiana)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.
Signed Rhonda Coffey
New Address Same
Subscribed and sworn to before me this 6 day of July 2000
Sharon Dugas Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 6 2000, authorizing the marriage of Paul Thomas McClarnon III and Rhonda Mae Coffey. I further certify that the following marriage certificate was filed in my office: I, Ted A Miller (name), certify that on July 8 2000 (date), at AMO in Hendricks County, Indiana, Paul Thomas McClarnon III Hendricks County, Indiana (state), and Rhonda Mae Coffey of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 6 2000. Signed by: /s/ Ted A Miller, Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on July 12 2000 (date).

Signed Sharon Dugas Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 63 Page 399 Date of Application 7-6-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No [] Yes [X] If No, Medical Examination or Report Dated 6-29-00 Name of Physician Douglas Flint, MD

MALE APPLICANT: Matthew Thomas Fuller II, Date of Birth 2/24/69, Place of Birth Illinois, Residence Address 627 Horatio Dr. P-field Hend. IN 46168, Previous Marital Status Never Married, Last Marriage Ended By: Death [] Divorce [] Annulment [] Date, Date of Birth Verified By: [] Birth Certificate [X] Other (Specify) driver's license

FEMALE APPLICANT: Heather Shileen Springer, Date of Birth 5/18/63, Place of Birth Pennsylvania, Residence Address 627 Horatio Dr. P-field Hendricks IN 46168, Previous Marital Status Never Married, Last Marriage Ended By: Death [] Divorce [X] Annulment [] Date 3-94, Date of Birth Verified By: [] Birth Certificate [X] Other (Specify) driver's license

ACKNOWLEDGEMENT: I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant [Signature] Date 6/5/00

ACKNOWLEDGEMENT: I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant [Signature] Date 7/6/00

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court [Signature] Date 6/5/00

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

State of Indiana) I swear/affirm that the information given in this application is true and correct. Signed [Signature] New Address Same Subscribed and sworn to before me this 6th day of July, 2000. [Signature] Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given in this application is true and correct. Signed [Signature] New Address Same Subscribed and sworn to before me this 6th day of July, 2000. [Signature] Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN: We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary. State of Indiana) County of Hendricks) Father ID # Mother ID # Subscribed and sworn to before me this day of Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN: We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary. State of Indiana) County of Hendricks) Father ID # Mother ID # Subscribed and sworn to before me this day of Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE: I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 6 2000, authorizing the marriage of Matthew Thomas Fuller II and Heather Shileen Springer. I further certify that the following marriage certificate was filed in my office: I, Kenneth Smith (name), certify that on July 6 2000 (date), at Avon in Hendricks County, Indiana, Matthew Thomas Fuller of Hendricks County, Indiana (state), and Heather Shileen Springer of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 6 2000. Signed by: /s/ Kenneth Smith Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on July 10 2000 (date).

Signed [Signature] Clerk Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 400
Date of Application 7-6-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 6-27-00
Name of Physician DR. Winkler

MALE APPLICANT

Name: Richard Duane Lowery
Date of Birth: April 19 1974
Place of Birth: Indiana
Residence Address: 7313 Woodside dr Avon In 46123 Hendricks
Previous Marital Status: Never Married OR No. of Previous Marriages: _____
Last Marriage Ended By: Death Divorce Annulment Date: _____
Date of Birth Verified By: Birth Certificate Other (Specify) driver's 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 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
- List the full names of any dependent children. 2
- (a) Full name of applicant's father Steven Duane Lowery
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Lenore Mullen
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: Heather Rene' Hudon
Date of Birth: November 28 1975
Place of Birth: Indiana
Residence Address: 7313 Woodside dr Avon In 46123 Hendricks
Previous Marital Status: Never Married OR No. of Previous Marriages: _____
Last Marriage Ended By: Death Divorce Annulment Date: _____
Date of Birth Verified By: Birth Certificate Other (Specify) driver's 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 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
- List the full names of any dependent children. Cheyenne Marie Fenters
- (a) Full name of applicant's father Richard Allen Hudon
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Wilda Ann Smith
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Kentucky

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Richard Lowery Date 7/6/00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Heather Hudon Date 7/6/00

The 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) I swear/affirm that the information given in this application is true and correct.
Signed Richard Lowery
New Address Same
Subscribed and sworn to before me this 6 day of July 2000
Harold Dugan Clerk of the Hendricks Circuit Court

State of Indiana)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.
Signed Heather Hudon
New Address Same
Subscribed and sworn to before me this 6 day of July 2000
Harold Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 6 2000, authorizing the marriage of Richard Duane Lowery and Heather Rene' Hudon.
I further certify that the following marriage certificate was filed in my office: I, Terry W Long (name), certify that on July 15 2000 (date), at Plainfield in Hendricks County, Indiana, Richard D Lowery of Hendricks County, Indiana (state), and Heather Rene' Hudon of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 6 2000. Signed by: /s/ Terry W Long Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 16 2000 (date).

Signed Harold Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 401
Date of Application 7-12-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination of Report Dated 6-14-00
Name of Physician Stratford Point Medical Center

MALE APPLICANT

Name First Middle Last
ANTHONY KEITH REHMET

Date of Birth Month Day Year
SEPTEMBER 25 1963

Place of Birth (State or foreign country)
KENTUCKY

Residence Address Street or R.R. City County State
2861 E. US HIGHWAY 40 CLAYTON HENDRICKS IN 46118

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

Last Marriage Ended By: Death Divorce Annulment Date 12-99

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 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children.
Benjamin Keith Rehmet
Rebecca Katalyn Rehmet
- (a) Full name of applicant's father Thomas Jackson Rehmet
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Kentucky
(b) Full maiden name of applicant's mother Annella Kay Skaggs
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Kentucky
Birthplace of mother (State or foreign country) Kentucky

FEMALE APPLICANT

Name First Middle Last
Amy Lynn Follmar

Date of Birth Month Day Year
May 28 1974

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
2861 E. US Highway 40 Clayton IN 46118

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

Last Marriage Ended By: Death Divorce Annulment Date 01-1998

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 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children.
JACQUELINE MARIE BEASON
- (a) Full name of applicant's father Jerome Albert Follmar
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) INDIANA
Birthplace of father (State or foreign country) INDIANA
(b) Full maiden name of applicant's mother JACQUELINE FRANCIS WYLD
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) INDIANA
Birthplace of mother (State or foreign country) ILLINOIS

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [Signature] Date 7-11-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [Signature] Date 7-12-00

The 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) I swear/affirm that the information given
Signed [Signature] in this application is true and correct.
New Address Same as Above
Subscribed and sworn to before me this July 2000 day of July 2000
[Signature] Clerk of the Hendricks Circuit Court

State of Indiana)
County of Hendricks) I swear/affirm that the information given
Signed [Signature] in this application is true and correct.
New Address Same as Above
Subscribed and sworn to before me this July 2000 day of July 2000
[Signature] Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 13, 2000, authorizing the marriage of Anthony Keith Rehmet and Amy Lynn Follmar.
I further certify that the following marriage certificate was filed in my office: I, Jan Chlewski (name), certify that on July 19, 2000 (date), at Danville in Hendricks County, Indiana, Anthony Keith Rehmet of Hendricks County, Indiana (state), and Amy Lynn Follmar of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 13, 2000, signed by: /s/ Janice Chlewski Chief Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 19, 2000 (date).

Signed [Signature] Clerk
Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Book 63
Page 402
Date of Application July 7, 2000

IC 31-11-11-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the
circuit court when the person applies for a marriage license under
IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 6-21-00
Name of Physician America Health Claim

MALE APPLICANT

Name: First Thomas Middle Charles Last Mueller
 Date of Birth: Month March Day 8 Year 1960
 Place of Birth (State or foreign country) Indiana
 Residence Address: Street or R.R. 7618 West US 40 City Coatesville IN County Hendricks State IN
 Previous Marital Status: Never Married OR No. of Previous Marriages 1
 Last Marriage Ended By: Death Divorce Annulment Date _____
 Date of Birth Verified By: Birth Certificate Other (Specify) _____

DRIVER'S 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 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
- List the full names of any dependent children. -
- (a) Full name of applicant's father Edwin Charles Mueller
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Alice Jean Morrison
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Massillon, OHIO

FEMALE APPLICANT

Name: First Halle Middle Elizabeth Last McKinney
 Date of Birth: Month 3 Day 24 Year 75
 Place of Birth (State or foreign country) OHIO
 Residence Address: Street or R.R. 7618 West US 40 City Coatesville IN County Hendricks State IN
 Previous Marital Status: Never Married OR No. of Previous Marriages _____
 Last Marriage Ended By: Death Divorce Annulment Date _____
 Date of Birth Verified By: Birth Certificate Other (Specify) _____

- Are you now 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. -
- (a) Full name of applicant's father Steven Lee McKinney
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) OHIO
(b) Full maiden name of applicant's mother Laurel Christine Carlson
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) OHIO

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Thomas C. Mueller Date 7-7-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant H. McKinney Date 7/7/00

The 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) I swear/affirm that the information given in this application is true and correct.
Signed Thomas C. Mueller
New Address Same as above
Subscribed and sworn to before me this 7 day of July 2000
Harold Dugan Clerk of the Hendricks Circuit Court

State of Indiana)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.
Signed H. McKinney
New Address Same
Subscribed and sworn to before me this 7 day of July 2000
Harold Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

COMPLETE IF MARRIAGE 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 Hendricks County, Indiana, dated July 7 2000, authorizing the marriage of Thomas Charles Mueller and Halle Elizabeth McKinney.
I further certify that the following marriage certificate was filed in my office: I, James Miller (name), certify that on July 15 2000 (date), at Indianapolis in Marion County, Indiana, Thomas Charles Mueller of Hendricks County, Indiana (state), and Halle Elizabeth McKinney of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 7 2000. Signed by: /s/ James Miller Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 18 2000 (date).

Signed Harold Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
 Indiana State Board of
 Health under Authority
 of IC 31-11-4-4

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 Page 403
 Date of Application July 7, 2000

IC 31-11-11-1. Furnishing false information upon applying for license.
 A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
 If No, Medical Examination or Report Dated 7.3.00
 Name of Physician American Health Network

MALE APPLICANT

Name First Middle Last
Richard Lawrence Bailey

Date of Birth Month Day Year
July 1 1970

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
1011 Hanley St Plainfield IN 46168
 City County State

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify) drivers license

- Are you now 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. ∅
- (a) Full name of applicant's father Lawrence E Bailey
 (If adopted, list adoptive parents only) _____
 Residence of father (if deceased, so state) Alabama
 Birthplace of father (State or foreign country) Indiana
 (b) Full maiden name of applicant's mother Margaret Ann Whites
 (If adopted, list adoptive parents only) _____
 Residence of mother (if deceased, so state) Alabama
 Birthplace of mother (State or foreign country) Kentucky

FEMALE APPLICANT

Name First Middle Last
Jennifer Marie Wendell

Date of Birth Month Day Year
August 26 1977

Place of Birth (State or foreign country)
Virginia

Residence Address Street or R.R. City County State
7703 Wigmaker Ct Plainfield IN 46168
 City County State

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify) 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 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
- List the full names of any dependent children. ∅
- (a) Full name of applicant's father Steven Lester Wendell
 (If adopted, list adoptive parents only) _____
 Residence of father (if deceased, so state) Indiana
 Birthplace of father (State or foreign country) New York
 (b) Full maiden name of applicant's mother Sallie Mae Atkinson
 (If adopted, list adoptive parents only) _____
 Residence of mother (if deceased, so state) Indiana
 Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
 Signature of Applicant Richard L. Bailey Date 7-7-00

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
 Signature of Applicant Jennifer M. Wendell Date 7-7-00

The 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) I swear/affirm that the information given in this application is true and correct.
 Signed Richard L. Bailey
 New Address Same
 Subscribed and sworn to before me this _____ day of _____
Harold Dugas Clerk of the Hendricks Circuit Court

State of Indiana)
 County of Hendricks) I swear/affirm that the information given in this application is true and correct.
 Signed Jennifer M. Wendell
 New Address 1011 Hanley St., Plainfield, IN 46168
 Subscribed and sworn to before me this _____ day of _____
Harold Dugas Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for 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 _____
 Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
 County of Hendricks)
 Father _____ ID # _____
 Mother _____ ID # _____
 Subscribed and sworn to before me this _____ day of _____
 Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 7 2000, authorizing the marriage of Richard Lawrence Bailey and Jennifer Marie Wendell.
 I further certify that the following marriage certificate was filed in my office: I, Hubert Greer (name), certify that on July 8 2000 (date), at Plainfield in Hendricks County, Indiana, Richard Lawrence of Hendricks County, Indiana (state), and Jennifer Marie Wendell of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 7 2000. Signed by: /s/ Hubert Greer Pastor (official designation)
 Filed and recorded in accordance with the laws of the State of Indiana on July 12 2000 (date).

Signed Harold Dugas Clerk
 Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 404
Date of Application July 7, 2000

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 5-5-00
Name of Physician South Bend Medical Foundation

MALE APPLICANT
Name: John Allen Reid
Date of Birth: January 12, 1947
Place of Birth: Michigan
Residence Address: 1213 Almond Dr. Plainfield IN 46168
Previous Marital Status: Never Married
Last Marriage Ended By: Divorce
Date of Birth Verified By: Other (Specify)

FEMALE APPLICANT
Name: Betty Ann Reid
Date of Birth: May 9, 1951
Place of Birth: Texas
Residence Address: 1213 Almond Dr. Plainfield IN 46168
Previous Marital Status: Never Married
Last Marriage Ended By: Divorce
Date of Birth Verified By: Other (Specify)

Drivers License
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 a narcotic drug? No Yes
5. List the full names of any dependent children: Laura, Jennifer, Katherine, John Reid
6. (a) Full name of applicant's father: Alfred Frank Reid
Residence of father (if deceased, so state): Michigan
Birthplace of father (State or foreign country): Michigan
(b) Full maiden name of applicant's mother: Loretta Emma Olsen
Residence of mother (if deceased, so state): deceased
Birthplace of mother (State or foreign country): Michigan

drivers license
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children: Laura, Jennifer, Katherine, John Reid
6. (a) Full name of applicant's father: Vernon P Hill
Residence of father (if deceased, so state): deceased
Birthplace of father (State or foreign country): Michigan
(b) Full maiden name of applicant's mother: Zofia Teresa Zeranska
Residence of mother (if deceased, so state): deceased
Birthplace of mother (State or foreign country): Poland

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: John A. Reid Date: 7/7/2000

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Betty A. Reid Date: 7-7-2000

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed: John A. Reid
New Address: SAME AS ABOVE
Subscribed and sworn to before me this 7 day of July 2000
Harold Dugas Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed: Betty A. Reid
New Address: same as above
Subscribed and sworn to before me this 7 day of July 2000
Harold Dugas Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 7 2000, authorizing the marriage of John Allen Reid and Betty Ann Reid.
I further certify that the following marriage certificate was filed in my office: I, Willis R Howard (name), certify that on July 29 2000 (date), at Avon in Hendricks County, Indiana, John Allen Reid of Hendricks County, Indiana (state), and Betty Ann Reid of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 7 2000. Signed by: /s/ Willis R Howard Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 31 2000 (date).

Signed Harold Dugas Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
 Indiana State Board of
 Health under Authority
 of IC 31-11-4-4

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 Date of Application July 7 2000

IC 31-11-1. Furnishing false information upon applying for license.
 A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
 If No, Medical Examination or Report Dated 7-6-00
 Name of Physician DR. Benson

MALE APPLICANT

Name First Middle Last
JASON Michael Henderson

Date of Birth Month Day Year
September 20 1974

Place of Birth (State or foreign country)
Indiana Hendricks

Residence Address Street or R.R. City County State
45 Richwood Ct. Clayton IN 46118

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify)
driver's 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 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
- List the full names of any dependent children.
ANDREW DOUGLAS

6. (a) Full name of applicant's father George William Henderson
 (If adopted, list adoptive parents only) _____
 Residence of father (if deceased, so state) Indiana
 Birthplace of father (State or foreign country) Indiana

(b) Full maiden name of applicant's mother Ila Dawn Payton
 (If adopted, list adoptive parents only) _____
 Residence of mother (if deceased, so state) Indiana
 Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name First Middle Last
Kimberly Diane Stevens

Date of Birth Month Day Year
September 18 1966

Place of Birth (State or foreign country)
Indiana Hendricks

Residence Address Street or R.R. City County State
45 Richwood Ct Clayton IN 46118

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

Last Marriage Ended By: Death Divorce Annulment Date 11/99

Date of Birth Verified By: Birth Certificate Other (Specify)
driver's 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 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
- List the full names of any dependent children.
Ø

6. (a) Full name of applicant's father Kenneth Howard Stevens
 (If adopted, list adoptive parents only) _____
 Residence of father (if deceased, so state) Indiana
 Birthplace of father (State or foreign country) Indiana

(b) Full maiden name of applicant's mother Wanda Jean Pierce
 (If adopted, list adoptive parents only) _____
 Residence of mother (if deceased, so state) Indiana
 Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
 Signature of Applicant Jason M Henderson Date 7-7-00

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
 Signature of Applicant Kimberly D. Stevens Date 7-7-00

The 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) I swear/affirm that the information given in this application is true and correct.
 Signed Jason M Henderson
 New Address Same as above
 Subscribed and sworn to before me this 7 day of July 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

State of Indiana)
 County of Hendricks) I swear/affirm that the information given in this application is true and correct.
 Signed Kimberly D. Stevens
 New Address Same as above
 Subscribed and sworn to before me this 7 day of July 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for 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 _____
 _____ Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
 County of Hendricks)
 Father _____ ID # _____
 Mother _____ ID # _____
 Subscribed and sworn to before me this _____ day of _____
 _____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 7 2000, authorizing the marriage of Jason Michael Henderson and Kimberly Diane Stevens. I further certify that the following marriage certificate was filed in my office: I, Sharon Dugan (name), certify that on July 11 2000 (date), at Danville in Hendricks County, Indiana, Jason Michael Henderson of Hendricks County, Indiana (state), and Kimberly Diane Stevens of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 7 2000. Signed by: /s/ Sharon Dugan, Hendricks County Clerk (official designation) Filed and recorded in accordance with the laws of the State of Indiana on July 11 2000 (date).

Signed Sharon Dugan Clerk
 Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

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IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated July 7 2000
Name of Physician Dr. Hadley

MALE APPLICANT
Name First Middle Last
Benjamin John Weesner
Date of Birth Month Day Year
June 4 1978
Place of Birth (State or foreign country)
Indiana Hendricks
Residence Address Street or R.R. City County State
10155 Steeple Chase Apt L Aron IN 46023
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____

FEMALE APPLICANT
Name First Middle Last
Heather Marie Ludlow
Date of Birth Month Day Year
July 24 1977
Place of Birth (State or foreign country)
Indiana Hendricks
Residence Address Street or R.R. City County State
10155 Steeple Chase Apt L Aron IN 46023
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____

Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. NONE
6. (a) Full name of applicant's father Gordon Parks Weesner
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Colorado
(b) Full maiden name of applicant's mother Patti Joe Goldsmith
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

DRIVERS LICENSE
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. NONE
6. (a) Full name of applicant's father Mark Lee Ludlow
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Kentucky
(b) Full maiden name of applicant's mother Sandra Gene Campbell
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Virginia

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Benjamin J. Weesner Date 7-7-2000

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Heather Ludlow Date 7/7/2000

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Benjamin J. Weesner
New Address Same
Subscribed and sworn to before me this 7 day of July 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Heather Ludlow
New Address Same
Subscribed and sworn to before me this 7 day of July 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 7 2000, authorizing the marriage of Benjamin John Weesner and Heather Marie Ludlow. I further certify that the following marriage certificate was filed in my office: I, Douglas L Hadley (name), certify that on July 15 2000 (date), at LaPorte in LaPorte County, Indiana, Benjamin John Weesner of Hendricks County, Indiana (state), and Heather Marie Ludlow of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 7 2000. Signed by: /s/ Douglas L Hadley, Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on July 19 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
 Indiana State Board of
 Health under Authority
 of IC 31-11-4-4

Book 63
 Page 407
 Date of Application July 7 2000

IC 31-11-11-1. Furnishing false information upon applying for license.
 A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
 If No, Medical Examination or Report Dated June 23, 2000
 Name of Physician American Health

MALE APPLICANT

Name First Kevin Middle Lee Last Waterman
 Date of Birth Month April Day 17 Year 1974
 Place of Birth (State or foreign country) Indiana Hendricks
 Residence Address Street or R.R. 1750 N 50 E Danville IN 46122 City Danville County Hend State IN
 Previous Marital Status: Never Married OR No. of Previous Marriages 1
 Last Marriage Ended By: Death Divorce Annulment Date _____
 Date of Birth Verified By: Birth Certificate Other (Specify) _____

FEMALE APPLICANT

Name First Kimberly Middle Gwen Last Cartwright
 Date of Birth Month 10 Day 30 Year 75
 Place of Birth (State or foreign country) Indiana
 Residence Address Street or R.R. 1750 NCR 50 E Danville City Hend County IN State 46122
 Previous Marital Status: Never Married OR No. of Previous Marriages 1
 Last Marriage Ended By: Death Divorce Annulment Date 12-97
 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 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. none
- (a) Full name of applicant's father Kenny Britt
 (If adopted, list adoptive parents only) _____
 Residence of father (if deceased, so state) Indiana
 Birthplace of father (State or foreign country) Indiana
 (b) Full maiden name of applicant's mother Ruth June Waterman
 (If adopted, list adoptive parents only) _____
 Residence of mother (if deceased, so state) Indiana
 Birthplace of mother (State or foreign country) Indiana

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 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
- List the full names of any dependent children. Levi Cartwright
- (a) Full name of applicant's father Ronald Lee Lawyer
 (If adopted, list adoptive parents only) _____
 Residence of father (if deceased, so state) Indiana
 Birthplace of father (State or foreign country) Indiana
 (b) Full maiden name of applicant's mother Linda Gate Miller
 (If adopted, list adoptive parents only) _____
 Residence of mother (if deceased, so state) Indiana
 Birthplace of mother (State or foreign country) Kentucky

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
 Signature of Applicant [Signature] Date 7-7-00

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
 Signature of Applicant Kimberly G. Cartwright Date 7-7-00

The 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) I swear/affirm that the information given
 County of Hendricks) in this application is true and correct.
 Signed [Signature]
 New Address same as above
 Subscribed and sworn to before me this 7 day of 7/00
Harold Dugan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
 County of Hendricks) in this application is true and correct.
 Signed [Signature]
 New Address same
 Subscribed and sworn to before me this 7 day of 7/00
Harold Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for 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 _____
 Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
 County of Hendricks)
 Father _____ ID # _____
 Mother _____ ID # _____
 Subscribed and sworn to before me this _____ day of _____
 Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 7 2000, authorizing the marriage of Kevin Lee Waterman and Kimberly Gwen Cartwright.
 I further certify that the following marriage certificate was filed in my office: I, Perry Anderson (name), certify that on July 22 2000 (date), at Greenwood in Johnson County, Indiana, Kevin Lee Waterman of Hendricks County, Indiana (state), and Kimberly Gwen Cartwright of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 7 2000. Signed by: /s/ Perry Anderson, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on July 26 2000 (date).

Signed Harold Dugan Clerk
 Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 408
Date of Application 7-7-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 7-6-00
Name of Physician HCAO

MALE APPLICANT

Name: Mark Christopher Coffman
Date of Birth: November 10 1971
Place of Birth: Indiana Hendricks 46112
Residence Address: 1110 E. Windhaven Circle Brownsburg IN
Previous Marital Status: Never Married OR No. of Previous Marriages: 1
Last Marriage Ended By: Death Divorce Annulment Date: _____
Date of Birth Verified By: Birth Certificate Other (Specify) drivers 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 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
- List the full names of any dependent children. NONE
- (a) Full name of applicant's father Darry Cecil Coffman
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Kentucky
(b) Full maiden name of applicant's mother Jarysse Kathleen Marshall
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: Lori Jo Hill
Date of Birth: June 2 1968
Place of Birth: Indiana Hendricks
Residence Address: 1110 E. Windhaven Cir. Brownsburg IN 46112
Previous Marital Status: Never Married OR No. of Previous Marriages: 1
Last Marriage Ended By: Death Divorce Annulment Date: 11-95
Date of Birth Verified By: Birth Certificate Other (Specify) 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 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
- List the full names of any dependent children. Garrick Evan Hill & Hannah Jade Hill
- (a) Full name of applicant's father Max Edward Moore
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Ceryll Ann Lottman
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Illinois

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Mark C. Coffman Date 7-7-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Lori Jo Hill Date 7/7/00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Mark Christopher Coffman
New Address SAME AS ABOVE
Subscribed and sworn to before me this 7 day of July
Sharon Dugan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Lori Jo Hill
New Address 1110 E. Windhaven Circle (E) Brownsburg, Ind. 46112
Subscribed and sworn to before me this 7th day of July
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 7 2000, authorizing the marriage of Mark Christopher Coffman and Lori Jo Hill.
I further certify that the following marriage certificate was filed in my office: I, Kenneth Smith (name), certify that on July 8 2000 (date), at Pittsboro in Hendricks County, Indiana, Mark Christopher Coffman of Hendricks County, Indiana, (state), and Lori Jo Hill of Hendricks County, Indiana, (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 7 2000. Signed by: /s/ Kenneth Smith Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 18 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 409
Date of Application July 10 2000

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated July 10, 2000
Name of Physician Dr. Kelley / Wishard Hosp.

MALE APPLICANT

Name: Rex Allen Dunagan
 Date of Birth: May 20 1967
 Place of Birth: Indiana Hendricks
 Residence Address: 2739 E. CR 750 S Clayton IN 46118
 Previous Marital Status: Never Married OR No. of Previous Marriages: 1
 Last Marriage Ended By: Death Divorce Annulment Date: 3/00
 Date of Birth Verified By: Birth Certificate Other (Specify) driver's Liance

1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
 If answer is "yes", has the adjudication been removed? No Yes
 2. Are you related to the female applicant closer than second cousin? No Yes
 3. Are you now under the influence of an alcoholic beverage? No Yes
 4. Are you now under the influence of a narcotic drug? No Yes
 5. List the full names of any dependent children. Charlene Lynn Dunagan
 6. (a) Full name of applicant's father: Hiram Jefferson Dunagan
 (If adopted, list adoptive parents only) _____
 Residence of father (if deceased, so state): Kentucky
 Birthplace of father (State or foreign country): Kentucky
 (b) Full maiden name of applicant's mother: Norma Jedn Ellis
 (If adopted, list adoptive parents only) _____
 Residence of mother (if deceased, so state): Indiana
 Birthplace of mother (State or foreign country): Indiana

FEMALE APPLICANT

Name: Kimberly Ann Lee
 Date of Birth: April 20 1963
 Place of Birth: Indiana Hendricks
 Residence Address: 2739 E. CR 750 S Clayton IN 46118
 Previous Marital Status: Never Married OR No. of Previous Marriages: _____
 Last Marriage Ended By: Death Divorce Annulment Date: 5/00
 Date of Birth Verified By: Birth Certificate Other (Specify) driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
 If answer is "yes", has the adjudication been removed? No Yes
 2. Are you related to the male applicant closer than second cousin? No Yes
 3. Are you now under the influence of an alcoholic beverage? No Yes
 4. Are you now under the influence of a narcotic drug? No Yes
 5. List the full names of any dependent children. Jennifer Marie Lee, Daniel Patrick Lee, Missy Kay Lee, Nicole Lynn Lee
 6. (a) Full name of applicant's father: Thomas Joseph Lacy
 (If adopted, list adoptive parents only) _____
 Residence of father (if deceased, so state): Indiana
 Birthplace of father (State or foreign country): Indiana
 (b) Full maiden name of applicant's mother: Patricia Ann Jenkins
 (If adopted, list adoptive parents only) _____
 Residence of mother (if deceased, so state): Indiana
 Birthplace of mother (State or foreign country): Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Rex A Dunagan Date: 7-10-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Kimberly A Lee Date: 7-10-00

The above applicant has objected to verifying 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: Rex A Dunagan
New Address: same
Subscribed and sworn to before me this 10 day of 7/00
Sharon Dugan Clerk of the 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 _____ Date _____
State of Indiana)
County of Hendricks)
Signed: Kimberly A Lee
New Address: same
Subscribed and sworn to before me this 10 day of 7/00
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____

Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 10 2000, authorizing the marriage of Rex Allen Dunagan and Kimberly Ann Lee.
I further certify that the following marriage certificate was filed in my office: I, Susan D Link (name), certify that on July 10 2000 (date), at Danville in Hendricks County, Indiana, Rex Allen Dunagan of Hendricks County, Indiana (state), and Kimberly Ann Lee of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 10 2000. Signed by: /s/ Susan D Link First Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 11 2000 (date).

Signed: Sharon Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 410
Date of Application July 10 2000

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 7-3-00
Name of Physician 7-3-00 St. Vincent Hospital

MALE APPLICANT

Name: Jeff Leon Cox
Date of Birth: April 7 1968
Place of Birth: Indiana
Residence Address: 2061 Fullwood Dr. Brownsburg IN 46112
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 Other (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 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
- List the full names of any dependent children. None
- (a) Full name of applicant's father: Leon Hatley
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): Kentucky
Birthplace of father (State or foreign country): Indiana
(b) Full maiden name of applicant's mother: Betty Cox
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): Kentucky

FEMALE APPLICANT

Name: Michelle Renea Chamberlain
Date of Birth: December 27 1969
Place of Birth: Indiana
Residence Address: 2061 Fullwood Dr Brownsburg IN 46112
Previous Marital Status: Never Married OR No. of Previous Marriages: _____
Last Marriage Ended By: Death Divorce Annulment Date: _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____
drivers license

- Are you now 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. Hali Morgan Abell
Kira Renea Chamberlain
- (a) Full name of applicant's father: Thomas Lee Chamberlain
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): Indiana
Birthplace of father (State or foreign country): Indiana
(b) Full maiden name of applicant's mother: Brenda Sue Eddleman
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Jeff Cox Date: 7-10-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Michelle Chamberlain Date: 7/10/00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed: Jeff Cox
New Address: same as above
Subscribed and sworn to before me this 10 day of July 2000
Marion Dugan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed: Michelle Chamberlain
New Address: same as above
Subscribed and sworn to before me this 10 day of July 2000
Marion Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 10 2000, authorizing the marriage of Jeff Leon Cox and Michelle Renea Chamberlain.
I further certify that the following marriage certificate was filed in my office: I, John Robert Fless (name), certify that on July 22 2000 (date), at Indianapolis in Marion County, Indiana, Jeff Leon Cox of Hendricks County, Indiana (state), and Michelle Chamberlain of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 10 2000. Signed by: /s/ John Robert Fless, Chaplain Marion Co Sheriff (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 23 2000 (date).

Signed: Marion Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
 Indiana State Board of
 Health under Authority
 of IC 31-11-4-4

Book 63
 Page 411
 Date of Application July 10 2000

IC 31-11-11-1. Furnishing false information upon applying for license.
 A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
 If No, Medical Examination or Report Dated 5/31/00
 Name of Physician Henry Co Health Dept.

MALE APPLICANT

Name First Middle Last
Erik Scott Shauver

Date of Birth Month Day Year
Indiana
July 16 1975
Orange

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
4 Riverrun Irvine CA 92604

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify) _____

FEMALE APPLICANT

Name First Middle Last
Penelope Gail Wall

Date of Birth Month Day Year
Pennsylvania
July 13 1975
Hendricks

Place of Birth (State or foreign country)
Pennsylvania

Residence Address Street or R.R. City County State
147 N Center St Plainfield IN 46168

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify) _____

DRIVERS LICENSE

- Are you now 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. NONE
- (a) Full name of applicant's father Robert Wayne Shauver
 (If adopted, list adoptive parents only) _____
 Residence of father (if deceased, so state) Indiana
 Birthplace of father (State or foreign country) Indiana
 (b) Full maiden name of applicant's mother Elizabeth Ann Yorkis
 (If adopted, list adoptive parents only) _____
 Residence of mother (if deceased, so state) Indiana
 Birthplace of mother (State or foreign country) Indiana

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 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
- List the full names of any dependent children. NONE
- (a) Full name of applicant's father Johnathan Quincy Wall
 (If adopted, list adoptive parents only) _____
 Residence of father (if deceased, so state) Indiana
 Birthplace of father (State or foreign country) West Virginia
 (b) Full maiden name of applicant's mother Nancy Leah Campbell
 (If adopted, list adoptive parents only) _____
 Residence of mother (if deceased, so state) West Virginia
 Birthplace of mother (State or foreign country) West Virginia

ACKNOWLEDGEMENT

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

Signature of Applicant Erik Shauver Date 7/10/00

ACKNOWLEDGEMENT

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

Signature of Applicant Penelope G. Wall Date 7/10/00

The 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) I swear/affirm that the information given
 County of Hendricks) in this application is true and correct.
 Signed Erik Shauver
 New Address SAME AS ABOVE
 Subscribed and sworn to before me this 10 day of July 10, 2000
Harold Dugas Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
 County of Hendricks) in this application is true and correct.
 Signed Penelope G. Wall
 New Address 4 Riverrun, Irvine, CA 92604
 Subscribed and sworn to before me this 10 day of July 10, 2000
Harold Dugas Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for 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 _____
 _____ Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
 County of Hendricks)
 Father _____ ID # _____
 Mother _____ ID # _____
 Subscribed and sworn to before me this _____ day of _____
 _____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 10 2000, authorizing the marriage of Erik Scott Shauver and Penelope Gail Wall.
 I further certify that the following marriage certificate was filed in my office: I, David R Brock (name), certify that on July 14 2000 (date), at New Castle in Henry County, Indiana, Erik Scott Shauver of Orange County, California (state), and Penelope Gail Wall of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 10 2000. Signed by: /s/ David R Brock Pastor (official designation)
 Filed and recorded in accordance with the laws of the State of Indiana on July 18 2000 (date).

Signed Harold Dugas Clerk
 Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
 Indiana State Board of
 Health under Authority
 of IC 31-11-4-4

Book 63
 Page 412
 Date of Application 7-10-00

IC 31-11-11-1. Furnishing false information upon applying for license.
 A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
 If No, Medical Examination or Report Dated 6-21-00
 Name of Physician DAVID WADLEY

MALE APPLICANT

Name First DARRYL Middle Todd Last JONES
 Date of Birth Month 01 Day 25 Year 78
 Place of Birth (State or foreign country) INDIANA
 Residence Address Street or R.R. City County State
8211 CROSSER DR. Indpls MARION IN
 Previous Marital Status: Never Married OR No. of Previous Marriages _____
 Last Marriage Ended By: Death Divorce Annulment Date _____
 Date of Birth Verified By: Birth Certificate Other (Specify)
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 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
- List the full names of any dependent children. 0

6. (a) Full name of applicant's father MERRILL AUBREY JONES
 (If adopted, list adoptive parents only) _____
 Residence of father (if deceased, so state) IN
 Birthplace of father (State or foreign country) Ky
 (b) Full maiden name of applicant's mother JOAN HELT
 (If adopted, list adoptive parents only) _____
 Residence of mother (if deceased, so state) IN
 Birthplace of mother (State or foreign country) IN

FEMALE APPLICANT

Name First Kelly Middle EILEEN Last Guthridge
 Date of Birth Month 04 Day 21 Year 77
 Place of Birth (State or foreign country) INDIANA
 Residence Address Street or R.R. City County State
2309 W. CK. 650 S. CLAYTON HENDRICKS IN
 Previous Marital Status: Never Married OR No. of Previous Marriages _____
 Last Marriage Ended By: Death Divorce Annulment Date _____
 Date of Birth Verified By: Birth Certificate Other (Specify)
DRIVERS LICENSE

- Are you now 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. 0

6. (a) Full name of applicant's father William Lee Guthridge
 (If adopted, list adoptive parents only) _____
 Residence of father (if deceased, so state) IN
 Birthplace of father (State or foreign country) IN
 (b) Full maiden name of applicant's mother DONNA BAE GRIMES
 (If adopted, list adoptive parents only) _____
 Residence of mother (if deceased, so state) IN
 Birthplace of mother (State or foreign country) IN

ACKNOWLEDGEMENT
 I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
 Signature of Applicant [Signature] Date 7-10-00
 The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
 Clerk of Court _____ Date _____

ACKNOWLEDGEMENT
 I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
 Signature of Applicant [Signature] Date 7-10-00
 The above applicant has 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
 County of Hendricks) in this application is true and correct.
 Signed [Signature]
 New Address 211 S. DIVISION ST. CARTERSVILLE, IL
 Subscribed and sworn to before me this 10 day of July 2000
[Signature] Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
 County of Hendricks) in this application is true and correct.
 Signed [Signature]
 New Address 211 S. DIVISION ST. CARTERSVILLE, IL
 Subscribed and sworn to before me this 10 day of July 2000
[Signature] Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
 We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
 State of Indiana)
 County of Hendricks)
 Father _____ ID # _____
 Mother _____ ID # _____
 Subscribed and sworn to before me this _____ day of _____
 _____ Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
 We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
 State of Indiana)
 County of Hendricks)
 Father _____ ID # _____
 Mother _____ ID # _____
 Subscribed and sworn to before me this _____ day of _____
 _____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
 I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 10 2000, authorizing the marriage of Darryl Todd Jones and Kelly Eileen Guthridge.
 I further certify that the following marriage certificate was filed in my office: I, Tom Jackson (name), certify that on July 15 2000 (date), at Plainfield in Hendricks County, Indiana, Darryl Todd Jones of Marion County, Indiana (state), and Kelly Eileen Guthridge of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 10 2000. Signed by: /s/ Tom Jackson Pastor (official designation)
 Filed and recorded in accordance with the laws of the State of Indiana on July 18 2000 (date).

Signed [Signature] Clerk
 Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
 Indiana State Board of
 Health under Authority
 of IC 31-11-4-4

Book 63
 Page 413
 Date of Application 7-10-00

IC 31-11-1. Furnishing false information upon applying for license.
 A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
 If No, Medical Examination or Report Dated 7-10-00
 Name of Physician Dr. CAINE

MALE APPLICANT

Name First Chad Middle Raymond Last Mullen
 Date of Birth Month June Day 19 Year 1973
 Place of Birth (State or foreign country) Puerto Rico
 Residence Address Street or R.R. 3517 Hunt St City Mainfield County Hendricks State IN
 Previous Marital Status: Never Married OR No. of Previous Marriages 1
 Last Marriage Ended By: Death Divorce Annulment Date 1990
 Date of Birth Verified By: Birth Certificate Other (Specify) 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 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
- List the full names of any dependent children.
Austin Ray Mullen & Michael Wayne Clark
- (a) Full name of applicant's father Ronald Raymond Mullen
 (If adopted, list adoptive parents only) _____
 Residence of father (if deceased, so state) OKLAHOMA
 Birthplace of father (State or foreign country) OHIO
 (b) Full maiden name of applicant's mother Cynthia Kay Sprang
 (If adopted, list adoptive parents only) _____
 Residence of mother (if deceased, so state) Indiana
 Birthplace of mother (State or foreign country) OHIO

FEMALE APPLICANT

Name First Dawn Middle Marie Last Clark
 Date of Birth Month March Day 20 Year 1974
 Place of Birth (State or foreign country) Indiana
 Residence Address Street or R.R. 3517 Hunt St City Mainfield County Hendricks State IN
 Previous Marital Status: Never Married OR No. of Previous Marriages _____
 Last Marriage Ended By: Death Divorce Annulment Date _____
 Date of Birth Verified By: Birth Certificate Other (Specify) drivers license

- Are you now 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children.
Daniel J. Roberts
Matthew Tylee Roberts
- (a) Full name of applicant's father David Leary Clark
 (If adopted, list adoptive parents only) _____
 Residence of father (if deceased, so state) Pennsylvania
 Birthplace of father (State or foreign country) New York
 (b) Full maiden name of applicant's mother Rera Kay Wadard
 (If adopted, list adoptive parents only) _____
 Residence of mother (if deceased, so state) Indiana
 Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT
 I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
 Signature of Applicant Chad Mullen Date 7-10-00

ACKNOWLEDGEMENT
 I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
 Signature of Applicant Dawn Clark Date 7-10-00

The 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) I swear/affirm that the information given in this application is true and correct.
 Signed Chad Mullen
 New Address 3517 Hunt St.
 Subscribed and sworn to before me this 10 day of July 2000
Harold Dugan Clerk of the Hendricks Circuit Court

State of Indiana)
 County of Hendricks) I swear/affirm that the information given in this application is true and correct.
 Signed Dawn Clark
 New Address 3517 Hunt St.
 Subscribed and sworn to before me this 10 day of July 2000
Harold Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
 We, the parents of this applicant, hereby give consent for 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 _____
 _____ Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
 We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
 State of Indiana)
 County of Hendricks)
 Father _____ ID # _____
 Mother _____ ID # _____
 Subscribed and sworn to before me this _____ day of _____
 _____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
 I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 10 2000, authorizing the marriage of Chad Raymond Mullen and Dawn Marie Clark.
 I further certify that the following marriage certificate was filed in my office: I, Edwin J Phillips (name), certify that on July 15 2000 (date), at Avon in Hendricks County, Indiana, Chad Raymond Mullen of Hendricks County, Indiana (state), and Dawn Marie Clark of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 10 2000. Signed by: /s/ Edwin J Phillips, Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on July 19 2000 (date).

Signed Harold Dugan Clerk
 Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 414
Date of Application July 11 2000

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 7-11-00
Name of Physician Dr. Kowall

MALE APPLICANT

Name: Gregory James Glaub
Date of Birth: March 29 1977
Place of Birth: Indiana
Residence Address: 6017 Cheshire Rd #B Indpls IN 46241
City: Marion County: Marion State: IN
Previous Marital Status: Never Married OR No. of Previous Marriages: 0
Last Marriage Ended By: Death Divorce Annulment Date:
Date of Birth Verified By: Birth Certificate Other (Specify) 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 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
- List the full names of any dependent children. NONE
- (a) Full name of applicant's father JAMES PAUL GLAUB
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Rita Margaret Barnhart
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: Tonya Renee Shoulders
Date of Birth: April 21 1978
Place of Birth: Indiana
Residence Address: 1491 E. US Highway 40 Clayton IN 46018
City: Hendricks County: Hendricks State: IN
Previous Marital Status: Never Married OR No. of Previous Marriages: 0
Last Marriage Ended By: Death Divorce Annulment Date:
Date of Birth Verified By: Birth Certificate Other (Specify) Deivers 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 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
- List the full names of any dependent children. Jordan Tyler Shoulders
- (a) Full name of applicant's father Robert F Shoulders
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Rebecca Jean Kennedy
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Gregory J Glaub Date 7-11-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Tonya Shoulders Date 7-11-00

The 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) I swear/affirm that the information given in this application is true and correct.
Signed Gregory J Glaub
New Address 6017 Cheshire Rd. Apt. B Indianapolis IN 46241
Subscribed and sworn to before me this 11 day of July 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

State of Indiana)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.
Signed Tonya Shoulders
New Address
Subscribed and sworn to before me this 11 day of July 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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
 Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana)
County of Hendricks)
Father ID #
Mother ID #
Subscribed and sworn to before me this day of
 Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 11 2000 authorizing the marriage of Gregory James Glaub and Tonya Renee Shoulders.
I further certify that the following marriage certificate was filed in my office: I, Kevin Morris (name), certify that on July 29 2000 (date), at Plainfield in Hendricks County, Indiana, Gregory James Glaub of Marion County, Indiana (state), and Tonya Renee Shoulders of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 11 2000. Signed by: /s/ Kevin Morris Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 31 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 415
Date of Application July 11, 2000

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 7-9-00
Name of Physician Health Trax

MALE APPLICANT

Name First Middle Last
Clinton Edward Nelson

Date of Birth Month Day Year
June 21 1978

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
8582 S. CRO Clayton IN 46118

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify) _____

FEMALE APPLICANT

Name First Middle Last
Amber Rae Cox

Date of Birth Month Day Year
December 24 1975

Place of Birth (State or foreign country)
Texas

Residence Address Street or R.R. City County State
922 Pinewood Dr #D Plainfield IN 46168

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify) _____

drivers license

- Are you now 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. NONE
- (a) Full name of applicant's father Edward E. Nelson
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Kentucky
(b) Full maiden name of applicant's mother Sandra Raye Salsman
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) North Carolina

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 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
- List the full names of any dependent children. NONE
- (a) Full name of applicant's father James Allen Cox
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Alabama
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Janet Elaine Westerman
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Clinton E. Nelson Date 7-11-00

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Amber R. Cox Date 7-11-00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Clinton E. Nelson
New Address 922 Pinewood Dr. Apt. D Plainfield, IN.
Subscribed and sworn to before me this 11 day of July 2000
Harold Dugas Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Amber R. Cox
New Address Same
Subscribed and sworn to before me this 11 day of July 2000
Harold Dugas Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 11 2000, authorizing the marriage of Clinton Edward Nelson and Amber Rae Cox.
I further certify that the following marriage certificate was filed in my office: I, Stevan W Ranson (name), certify that on July 15 2000 (date), at Clayton in Hendricks County, Indiana, Clinton Edward Nelson of Hendricks County, Indiana (state), and Amber Rae Cox of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 11 2000. Signed by: /s/ Stevan W Ranson Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 20 2000 (date).

Signed Harold Dugas Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 416
Date of Application July 28, 2000

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated July 27, 2000
Name of Physician HEHD

MALE APPLICANT

Name: Patrick Nealan
 Date of Birth: November 20 1962
 Place of Birth: England
 Residence Address: 13687 Cynthia Ln #30 Poway CA 92064
 Previous Marital Status: Never Married OR No. of Previous Marriages: 1
 Last Marriage Ended By: Death Divorce Annulment Date: 2/94
 Date of Birth Verified By: Birth Certificate Other (Specify) California drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
 If answer is "yes", has the adjudication been removed? No Yes
 2. Are you related to the female applicant closer than second cousin? No Yes
 3. Are you now under the influence of an alcoholic beverage? No Yes
 4. Are you now under the influence of a narcotic drug? No Yes
 5. List the full names of any dependent children: Patrick Matthew Nealan
Katherine Deane Nealan
 6. (a) Full name of applicant's father: Patrick Nealan
 (If adopted, list adoptive parents only) _____
 Residence of father (if deceased, so state) Illinois
 Birthplace of father (State or foreign country) Ireland
 (b) Full maiden name of applicant's mother: Maureen C. Ounlin
 (If adopted, list adoptive parents only) _____
 Residence of mother (if deceased, so state) Illinois
 Birthplace of mother (State or foreign country) England

FEMALE APPLICANT

Name: Marianne Mowrer
 Date of Birth: June 5 1962
 Place of Birth: Indiana
 Residence Address: 13687 Cynthia Ln #30 Poway CA 92064
 Previous Marital Status: Never Married OR No. of Previous Marriages: 1
 Last Marriage Ended By: Death Divorce Annulment Date: 12/89
 Date of Birth Verified By: Birth Certificate Other (Specify) _____

California drivers license

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

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Patrick Nealan Date 07-28-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Marianne Mowrer Date 07-28-00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Patrick Nealan
New Address SAME AS ABOVE
Subscribed and sworn to before me this _____ day of _____
Sharon Dugas Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Marianne Mowrer
New Address same as above
Subscribed and sworn to before me this _____ day of _____
Sharon Dugas Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 28 2000, authorizing the marriage of Patrick Nealan and Marianne Mowrer.
I further certify that the following marriage certificate was filed in my office: I, John P Roof (name), certify that on July 29 2000 (date), at Danville in Hendricks County, Indiana, Patrick Nealan of San Diego County, California (state), and Marianne Mowrer of San Diego County, California (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 28 2000. Signed by: /s/ John P Roof Priest (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 1 2000 (date).

Signed Sharon Dugas Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 417
Date of Application July 28, 2000

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated July 19, 2000
Name of Physician Dr. Cooper

MALE APPLICANT
Name: Brian Edward Raymer
Date of Birth: December 20 1969
Place of Birth: Indiana Hendricks
Residence Address: 1084 Lake Dr. West Brownsburg IN 46112
Previous Marital Status: Never Married
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) drivers license

FEMALE APPLICANT
Name: Deanne Lynn Lucas
Date of Birth: November 4 1969
Place of Birth: Illinois Marion
Residence Address: 2535 Plaza Dr #B Indpls, IN 46208
Previous Marital Status: Never Married
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) drivers license

- 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
- 2. Are you related to the female applicant closer than second cousin? No Yes
- 3. Are you now under the influence of an alcoholic beverage? No Yes
- 4. Are you now under the influence of a narcotic drug? No Yes
- 5. List the full names of any dependent children. none
- 6. (a) Full name of applicant's father: Edward Lee Raymer
Residence of father (if deceased, so state): Indiana
Birthplace of father (State or foreign country): Illinois
(b) Full maiden name of applicant's mother: Margaret Anna Richs
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): Colorado

- 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
- 2. Are you related to the male applicant closer than second cousin? No Yes
- 3. Are you now under the influence of an alcoholic beverage? No Yes
- 4. Are you now under the influence of a narcotic drug? No Yes
- 5. List the full names of any dependent children. none
- 6. (a) Full name of applicant's father: Donald Eugene Lucas
Residence of father (if deceased, so state): Indiana
Birthplace of father (State or foreign country): Indiana
(b) Full maiden name of applicant's mother: Alberta Gaye Fellers
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): Illinois

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Brian E. Raymer Date: 7/28/00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Deanne Lucas Date: 7/28/00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed: Brian E. Raymer
New Address: SAME AS ABOVE
Subscribed and sworn to before me this 28 day of July 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed: Deanne Lucas
New Address: 1084 Lake Dr. West Brownsburg IN 46112
Subscribed and sworn to before me this 28 day of July 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 28 2000, authorizing the marriage of Brian Edward Raymer and Deanne Lynn Lucas.
I further certify that the following marriage certificate was filed in my office: I, John F Buckley (name), certify that on August 12 2000 (date), at Indianapolis in Marion County, Indiana, Brian E Raymer of Hendricks County, Indiana (state), and Deanne L Lucas of Marion County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 28 2000. Signed by: /s/ John F Buckley Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 12 2000 (date).

Signed: Sharon Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 418
Date of Application July 11, 2000

IC 31-11-11-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the
circuit court when the person applies for a marriage license under
IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 7-11-00
Name of Physician Dr. Benson

MALE APPLICANT

Name First Middle Last
Nathaniel Scott Warner

Date of Birth Month Day Year
May 5 1979

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
157 Aspen Ct Danville IN 46122

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes

2. Are you related to the female applicant closer than second cousin? No Yes

3. Are you now under the influence of an alcoholic beverage? No Yes

4. Are you now under the influence of a narcotic drug? No Yes

5. List the full names of any dependent children.
NONE

6. (a) Full name of applicant's father Brian Warner
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Illinois

(b) Full maiden name of applicant's mother Dana Lynn Wright
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name First Middle Last
Heather Lynn Good

Date of Birth Month Day Year
December 21 1979

Place of Birth (State or foreign country)
ILLINOIS

Residence Address Street or R.R. City County State
157 Aspen Ct Danville IN 46122

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes

2. Are you related to the male applicant closer than second cousin? No Yes

3. Are you now under the influence of an alcoholic beverage? No Yes

4. Are you now under the influence of a narcotic drug? No Yes

5. List the full names of any dependent children.
NONE

6. (a) Full name of applicant's father John Rubel Good
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Illinois

(b) Full maiden name of applicant's mother Mabel Louise Melton
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) ILLINOIS

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Nathaniel Warner Date 7-11-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Heather Lynn Good Date 7-11-00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Nathaniel Warner
New Address Same
Subscribed and sworn to before me this 11 day of July 2000
Harold Dugas Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Heather Lynn Good
New Address Same
Subscribed and sworn to before me this 11 day of July 2000
Harold Dugas Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 11 2000, authorizing the marriage of Nathaniel Scott Warner and Heather Lynn Good.
I further certify that the following marriage certificate was filed in my office: I, Steven L Newman (name), certify that on July 22 2000 (date), at Danville in Hendricks County, Indiana, Nathaniel S Warner of Hendricks County, Indiana (state), and Heather Lynn Good of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 11 2000. Signed by: /s/ Steven L Newman Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 31 2000 (date).

Signed Harold Dugas Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 419
Date of Application July 11, 2000

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 2-16-00
Name of Physician Dr. Williams

MALE APPLICANT

Name: Peter Jon Pierson
Date of Birth: December 20 1977
Place of Birth: Indiana
Residence Address: 411 Rodney St. Brownsburg IN 46112
City: Hendricks
County: Hendricks
State: Indiana
Previous Marital Status: Never Married OR No. of Previous Marriages: _____
Last Marriage Ended By: Death Divorce Annulment Date: _____
Date of Birth Verified By: Birth Certificate Other (Specify) 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 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
- List the full names of any dependent children. ∅
- (a) Full name of applicant's father: Larry Dexter Pierson
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother: Ellen Lee Woodcock
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: Jennifer Ann Bernhardt
Date of Birth: October 7 1977
Place of Birth: Indiana
Residence Address: 411 Rodney St Brownsburg IN 46112
City: Hendricks
County: Hendricks
State: Indiana
Previous Marital Status: Never Married OR No. of Previous Marriages: _____
Last Marriage Ended By: Death Divorce Annulment Date: _____
Date of Birth Verified By: Birth Certificate Other (Specify) 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 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
- List the full names of any dependent children. ∅
- (a) Full name of applicant's father: Lowell Glenn Daugherty
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Arkansas
(b) Full maiden name of applicant's mother: Debra Ann Bernhardt
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [Signature] Date 7/11/00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [Signature] Date 7/11/00

The 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) I swear/affirm that the information given in this application is true and correct.
Signed [Signature]
New Address SAME
Subscribed and sworn to before me this 11 day of July 2000
[Signature] Clerk of the Hendricks Circuit Court

State of Indiana)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.
Signed [Signature]
New Address SAME
Subscribed and sworn to before me this 11 day of July 2000
[Signature] Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 11 2000, authorizing the marriage of Peter Jon Pierson and Jennifer Ann Bernhardt.
I further certify that the following marriage certificate was filed in my office: I, Harold Leininger II (name), certify that on August 12 2000 (date), at Brownsburg in Hendricks County, Indiana, Peter Jon Peirson of Hendricks County, Indiana (state), and Jennifer Ann Bernhardt of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 11 2000. Signed by: /s/ Harold Leininger II Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 22 2000 (date).

Signed [Signature] Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 420
Date of Application July 11, 2000

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 7-11-00
Name of Physician Teresa Brown

MALE APPLICANT

Name First Middle Last
Donny Joe Shaffer

Date of Birth Month Day Year
2 5 74

Place of Birth (State or foreign country)
Florida

Residence Address Street or R.R. City County State
3252 W US 36 Danville Hend IN 46122

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

Last Marriage Ended By: Death Divorce Annulment Date '95

Date of Birth Verified By: Birth Certificate Other (Specify)
driver's 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 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
- List the full names of any dependent children.
NONE
- (a) Full name of applicant's father Donald Laverne Shaffer
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Virginia
(b) Full maiden name of applicant's mother Jilline Anne Russell
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) California

FEMALE APPLICANT

Name First Middle Last
Edgwenna Lynn Wilson

Date of Birth Month Day Year
September 23 1968

Place of Birth (State or foreign country)
Indiana Hendricks

Residence Address Street or R.R. City County State
3252 W US 36 Danville IN 46122

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

Last Marriage Ended By: Death Divorce Annulment Date 1996

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? 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
- List the full names of any dependent children.
Vanessa Diane Wilson, Heidi Mae Wilson, Larissa Ariel Willhite
- (a) Full name of applicant's father George Edward Wilson
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Deceased
Birthplace of father (State or foreign country) Kentucky
(b) Full maiden name of applicant's mother LISA MAE STARR
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) INDIANA
Birthplace of mother (State or foreign country) INDIANA

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Donny Shaffer Date 7-11-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Edgwenna Wilson Date 7-11-00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Donny Shaffer
New Address SAME AS ABOVE
Subscribed and sworn to before me this 11 day of July 2000
Harold Dugan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Edgwenna Wilson
New Address SAME AS ABOVE
Subscribed and sworn to before me this 11 day of July 2000
Harold Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 11 2000, authorizing the marriage of Donny Joe Shaffer and Edgwenna Lynn Wilson.
I further certify that the following marriage certificate was filed in my office: I, Susan D. Link (name), certify that on July 12 2000 (date), at Danville in Hendricks County, Indiana, Donny Joe Shaffer of Hendricks County, Indiana (state), and Edgwenna Lynn Wilson of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 11 2000. Signed by: /s/ Susan D. Link First Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 13 2000 (date).

Signed Harold Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 421
Date of Application 7-11-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 7-7-00
Name of Physician Hend. Comm. Hosp

MALE APPLICANT

Name: Jerry Joe Fisher
Date of Birth: May 5 1957
Place of Birth: Indiana
Residence Address: 9 Hilltop Dr Danville IN 46122
City: Hendricks County: Hendricks State: Indiana
Previous Marital Status: Never Married OR No. of Previous Marriages: 1
Last Marriage Ended By: Death Divorce Annulment Date: 02199
Date of Birth Verified By: Birth Certificate Other (Specify) drivers license

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

FEMALE APPLICANT

Name: Deborah Nadine Nevins
Date of Birth: June 9 1964
Place of Birth: Indiana
Residence Address: 9 Hilltop Dr Danville IN 46122
City: Hendricks County: Hendricks State: Indiana
Previous Marital Status: Never Married OR No. of Previous Marriages: 3
Last Marriage Ended By: Death Divorce Annulment Date: June 1999
Date of Birth Verified By: Birth Certificate Other (Specify) drivers license

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

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Jerry Fisher Date: 7-11-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Deborah N. Nevins Date: 7-11-00

The 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) I swear/affirm that the information given in this application is true and correct.
Signed: Jerry Fisher
New Address: SAME AS ABOVE
Subscribed and sworn to before me this July 2000 day of July 2000
Harold Dugan Clerk of the Hendricks Circuit Court

State of Indiana)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.
Signed: Debbie N. Nevins
New Address: SAME AS ABOVE
Subscribed and sworn to before me this July 2000 day of July 2000
Harold Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 11 2000, authorizing the marriage of Jerry Joe Fisher and Deborah Nadine Nevins.
I further certify that the following marriage certificate was filed in my office: I, Kenneth Smith (name), certify that on July 15 2000 (date), at Danville in Hendricks County, Indiana, Jerry Joe Fisher of Hendricks County, Indiana (state), and Deborah Nadine Nevins of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 11 2000. Signed by: /s/ Kenneth Smith Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 17 2000 (date).

Signed: Harold Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 422
Date of Application July 12 2000

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 7-11-00
Name of Physician HEND. COMM HOSP.

MALE APPLICANT

Name: Brent Allen Keesling Jr.
Date of Birth: April 28 1970
Place of Birth: Indiana
Residence Address: 309 Meadow Dr. Danville IN 46027
City: Danville County: Hendricks State: Indiana
Previous Marital Status: Never Married OR No. of Previous Marriages: 1
Last Marriage Ended By: Death Divorce Annulment Date: 8-27-98
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 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. NONE
- (a) Full name of applicant's father: Brent Allen Keesling Sr.
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) INDIANA
Birthplace of father (State or foreign country) INDIANA
(b) Full maiden name of applicant's mother: DANA SUE AUSTIN
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) INDIANA
Birthplace of mother (State or foreign country) INDIANA

FEMALE APPLICANT

Name: Amanda Lynn Powell
Date of Birth: June 10 1974
Place of Birth: Indiana
Residence Address: 309 Meadow Dr. Danville IN 46027
City: Danville County: Hendricks State: Indiana
Previous Marital Status: Never Married OR No. of Previous Marriages: 1
Last Marriage Ended By: Death Divorce Annulment Date: 9-5-97
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 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. NONE
- (a) Full name of applicant's father: Phillip Maurice Winglee
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother: Jerry Lynn Bryant
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

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

Signature of Applicant: Brent A Keesling Date: 7-12-2000

The above applicant has 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
County of Hendricks) in this application is true and correct.
Signed: Brent A Keesling
New Address: SAME AS ABOVE
Subscribed and sworn to before me this 12 day of July 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

ACKNOWLEDGEMENT

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

Signature of Applicant: Amanda Powell Date: 07-12-00

The above applicant has 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
County of Hendricks) in this application is true and correct.
Signed: Amanda Powell
New Address: same as above
Subscribed and sworn to before me this 12 day of July 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for 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 _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 12 2000, authorizing the marriage of Brent Allen Keesling Jr and Amanda Lynn Powell. I further certify that the following marriage certificate was filed in my office: I, Karen M Love (name), certify that on July 14 2000 (date), at Danville in Hendricks County, Indiana, Brent Allen Keesling Jr of Hendricks County, Indiana (state), and Amanda Lynn Powell of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 12 2000. Signed by: /s/ Karen M Love Judge (official designation) Filed and recorded in accordance with the laws of the State of Indiana on July 14 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 423
Date of Application July 12, 2000

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 7-5-00
Name of Physician Methodist Plaza

MALE APPLICANT

Name First Middle Last
Jeremy David PUGH

Date of Birth Month Day Year
May 14 1977

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
1107 A PRAIREVIEW Terrace Brownsburg Hendricks 46112

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify)
drivers license

- Are you now 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. 0
- (a) Full name of applicant's father Jack Dennis Pugh Jr.
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Susan Marie Hooke
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) FLORIDA

FEMALE APPLICANT

Name First Middle Last
Jennifer Lee Walters

Date of Birth Month Day Year
December 3 1976

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
7078 Windridge Way Brownsburg IN 46112

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify)
drivers license

- Are you now 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. 0
- (a) Full name of applicant's father Kenneth Ray Walters
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Dennie Ray Pack
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

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

Signature of Applicant Jeremy D. Pugh Date 7/12/00

ACKNOWLEDGEMENT

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

Signature of Applicant Jennifer Lee Walters Date 7/12/00

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

Signed Jeremy D. Pugh
New Address SAME AS ABOVE

Subscribed and sworn to before me this 12 day of 2000, July
Harold Dugas Clerk of the Hendricks Circuit Court

State of Indiana)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.

Signed Jennifer Lee Walters
New Address 1107 A Praireview Terrace, Brownsburg, IN 46112

Subscribed and sworn to before me this 12 day of 2000, July
Harold Dugas Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for 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 _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 12 2000, authorizing the marriage of Jeremy David Pugh and Jennifer Lee Walters.

I further certify that the following marriage certificate was filed in my office: I, Daniel L Schaffner Jr (name), certify that on July 22 (date), at Brownsburg in Hendricks County, Indiana, Jeremy David Pugh of Hendricks County, Indiana (state), and Jennifer Lee Walters of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 12 2000. Signed by: /s/ Daneil L Schaffner Jr Pastor (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on July 26 2000 (date).

Signed Harold Dugas Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 424
Date of Application July 12-2000

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 7-12-00
Name of Physician Z.G. Patrick Hu, MD

MALE APPLICANT
Name: First George, Middle Richard, Last Ruble
Date of Birth: Month 4, Day 28, Year 59
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 135 Green Acre Dr., City Burg, County Hend, State IN 46112
Previous Marital Status: Never Married OR No. of Previous Marriages 3
Last Marriage Ended By: Death Divorce Annulment Date 96
Date of Birth Verified By: Birth Certificate Other (Specify)

FEMALE APPLICANT
Name: First Karla, Middle Jean, Last Utterback
Date of Birth: Month 7, Day 12, Year 63
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 135 Green Acre Dr., City Burg, County Hend, State IN 46112
Previous Marital Status: Never Married OR No. of Previous Marriages 1
Last Marriage Ended By: Death Divorce Annulment Date 4-19-00
Date of Birth Verified By: Birth Certificate Other (Specify)

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

- 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
- 2. Are you related to the male applicant closer than second cousin? No Yes
- 3. Are you now under the influence of an alcoholic beverage? No Yes
- 4. Are you now under the influence of a narcotic drug? No Yes
- 5. List the full names of any dependent children. Chelsea Taylor
Jacob Daniel Stovall
- 6. (a) Full name of applicant's father Frankie Eugene Utterback
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) deceased
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Robbie Beatrice Capps
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) deceased
Birthplace of mother (State or foreign country) Kentucky

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant George R Ruble Date 7-12-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Karla Utterback Date 7-12-00

The 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) I swear/affirm that the information given in this application is true and correct.
Signed George R Ruble
New Address same
Subscribed and sworn to before me this 12th day of July, 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

State of Indiana)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.
Signed Karla Utterback
New Address same
Subscribed and sworn to before me this 12th day of July, 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 12 2000, authorizing the marriage of George Richard Ruble and Karla Jean Utterback. I further certify that the following marriage certificate was filed in my office: I, Susan D Link (name), certify that on July 12 2000 (date), at Danville in Hendricks County, Indiana, George Richard Ruble of Hendricks County, Indiana (state), and Karla Jean Utterback of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 12 2000. Signed by: /s/ Susan D Link, First Deputy Clerk (official designation) Filed and recorded in accordance with the laws of the State of Indiana on July 12 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 425
Date of Application 7-12-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 6-27-00
Name of Physician Rivera pediatrics

MALE APPLICANT

Name: MARK ANTHONY DOUGHERTY
 Date of Birth: MAY 01 1974
 Place of Birth: INDIANA
 Residence Address: 2129 ALLISON AVE INDRIS IN MARION
 Previous Marital Status: Never Married OR No. of Previous Marriages: _____
 Last Marriage Ended By: Death Divorce Annulment Date _____
 Date of Birth Verified By: Birth Certificate Other (Specify) _____

FEMALE APPLICANT

Name: ASHLEY ERIN WILSON
 Date of Birth: DECEMBER 17 1976
 Place of Birth: INDIANA
 Residence Address: 5038 KINGSBURY DR PITTSBURG IN 46107
 Previous Marital Status: Never Married OR No. of Previous Marriages: _____
 Last Marriage Ended By: Death Divorce Annulment Date _____
 Date of Birth Verified By: Birth Certificate Other (Specify) _____

DRIVERS LICENSE

- Are you now 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. AUSTIN ANTHONY DOUGHERTY
- (a) Full name of applicant's father GEORGE RICHARD DOUGHERTY
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) INDIANA
Birthplace of father (State or foreign country) INDIANA
(b) Full maiden name of applicant's mother YVONNE MARIE LEAVE
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) INDIANA
Birthplace of mother (State or foreign country) INDIANA

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 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
- List the full names of any dependent children. _____
- (a) Full name of applicant's father RUSSELL THOMAS WILSON
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) INDIANA
Birthplace of father (State or foreign country) INDIANA
(b) Full maiden name of applicant's mother DEBRA LYNN ROVER
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) INDIANA
Birthplace of mother (State or foreign country) INDIANA

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
 Signature of Applicant M. Dougherty Date 7/12/00

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
 Signature of Applicant Ashley Wilson Date 7/12/00

The 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) I swear/affirm that the information given
 County of Hendricks) in this application is true and correct.
 Signed M. Dougherty
 New Address Same
 Subscribed and sworn to before me this _____ day of _____
Sharon Dugan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
 County of Hendricks) in this application is true and correct.
 Signed Ashley Wilson
 New Address 2129 Allison Ave INDRIS 46224
 Subscribed and sworn to before me this _____ day of _____
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for 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 _____
 _____ Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
 State of Indiana)
 County of Hendricks)
 Father _____ ID # _____
 Mother _____ ID # _____
 Subscribed and sworn to before me this _____ day of _____
 _____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
 I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 12 2000, authorizing the marriage of Mark Anthony Dougherty and Ashley Erin Wilson.
 I further certify that the following marriage certificate was filed in my office: I, Don Moran (name), certify that on July 15 2000 (date), at Brownsburg in Hendricks County, Indiana, Mark Anthony Dougherty of Marion County, Indiana (state), and Ashley Erin Wilson of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 12 2000. Signed by: /s/ Don Moran Reverend (official designation)
 Filed and recorded in accordance with the laws of the State of Indiana on July 18 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 426
Date of Application 07-13-00

IC 31-11-11-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the
circuit court when the person applies for a marriage license under
IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 07-13-00
Name of Physician HCHD

MALE APPLICANT

Name First Middle Last
WILLIAM LEWIS WANNER

Date of Birth Month Day Year
April 23 1968

Place of Birth (State or foreign country)
INDIANA

Residence Address Street or R.R. City County State
1140 Hacienda Dr. Avon IN 46123 Hendricks

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

Last Marriage Ended By: Death Divorce Annulment Date Aug 21 1996

Date of Birth Verified By: Birth Certificate Other (Specify) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes

2. Are you related to the female applicant closer than second cousin? No Yes

3. Are you now under the influence of an alcoholic beverage? No Yes

4. Are you now under the influence of a narcotic drug? No Yes

5. List the full names of any dependent children. NONE

6. (a) Full name of applicant's father ALBERT LEWIS WANNER
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) DECEASED
Birthplace of father (State or foreign country) INDIANA

(b) Full maiden name of applicant's mother RITA MAY ARNETT
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) INDIANA
Birthplace of mother (State or foreign country) INDIANA

FEMALE APPLICANT

Name First Middle Last
Jatara Lee Zigler

Date of Birth Month Day Year
November 6 1975

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
5929 Beachview Dr. #300 Indpls IN 46024 Marion

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

Last Marriage Ended By: Death Divorce Annulment Date AUG 10 1999

Date of Birth Verified By: Birth Certificate Other (Specify) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes

2. Are you related to the male applicant closer than second cousin? No Yes

3. Are you now under the influence of an alcoholic beverage? No Yes

4. Are you now under the influence of a narcotic drug? No Yes

5. List the full names of any dependent children. AUDREY ROSE ZIGLER

6. (a) Full name of applicant's father JEFFREY DACE PADGETT
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) INDIANA
Birthplace of father (State or foreign country) INDIANA

(b) Full maiden name of applicant's mother DEANA ROSE HAMIL
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) INDIANA
Birthplace of mother (State or foreign country) INDIANA

ACKNOWLEDGEMENT

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

Signature of Applicant Will Lewis Wanner Date 7/13/00

ACKNOWLEDGEMENT

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

Signature of Applicant Jatara L. Zigler Date 7/13/00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Will Lewis Wanner
New Address same as above
Subscribed and sworn to before me this July 2000 day of July 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Jatara L. Zigler
New Address male applicants address
Subscribed and sworn to before me this July 2000 day of July 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for 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 _____

Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 13 2000, authorizing the marriage of William Lewis Wanner and Jatara Lee Zigler

I further certify that the following marriage certificate was filed in my office: I, P Michael Thornburg (name), certify that on August 26 2000 (date), at Danville in Hendricks County, Indiana, William L Wanner of Hendricks County, Indiana (state), and Jatara L Zigler of Marion County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 13 2000. Signed by: /s/ P Michael Thornburg Minister (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on August 28 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
 Indiana State Board of
 Health under Authority
 of IC 31-11-4-4

Book 63
 Page 427
 Date of Application July 13, 2000

IC 31-11-11-1. Furnishing false information upon applying for license.
 A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

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

MALE APPLICANT

Name: Robert Richard Greenfield
 Date of Birth: 12-11-32
 Place of Birth: New York
 Residence Address: 10-34 EST. CAROLINA ST. JOHN, VI
 Previous Marital Status: Never Married OR No. of Previous Marriages: 3
 Last Marriage Ended By: Death Divorce Annulment Date: 11-14-97
 Date of Birth Verified By: Birth Certificate Other (Specify) Virgin Island Police Dept ID.

- Are you now 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. _____
- (a) Full name of applicant's father: Joseph Ciffon Greenfield
 (If adopted, list adoptive parents only) _____
 Residence of father (if deceased, so state): DECEASED
 Birthplace of father (State or foreign country): IOWA
 (b) Full maiden name of applicant's mother: Rita Marie Longtin
 (If adopted, list adoptive parents only) _____
 Residence of mother (if deceased, so state): CALIFORNIA
 Birthplace of mother (State or foreign country): ILLINOIS

FEMALE APPLICANT

Name: Janice Wells Fisher
 Date of Birth: 7-24-1940
 Place of Birth: Indiana
 Residence Address: 1479 E. Co. Rd 1000 S Clayton IN 46118
 Previous Marital Status: Never Married OR No. of Previous Marriages: 3
 Last Marriage Ended By: Death Divorce Annulment Date: _____
 Date of Birth Verified By: Birth Certificate Other (Specify) Drivers 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 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
- List the full names of any dependent children. 0
- (a) Full name of applicant's father: Calvin Edgar Wells Jr.
 (If adopted, list adoptive parents only) _____
 Residence of father (if deceased, so state): deceased
 Birthplace of father (State or foreign country): Indiana
 (b) Full maiden name of applicant's mother: Alma Lena Shorer
 (If adopted, list adoptive parents only) _____
 Residence of mother (if deceased, so state): Indiana
 Birthplace of mother (State or foreign country): Colorado

ACKNOWLEDGEMENT
 I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
 Signature of Applicant: [Signature] Date: 7/13/00

ACKNOWLEDGEMENT
 I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
 Signature of Applicant: Janice Wells Fisher Date: 7/13/00

The 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: [Signature]
 New Address: 1479 E Co Rd 1000 S Clayton, IN
 Subscribed and sworn to before me this _____ day of _____
Harold Dugan Clerk of the Hendricks Circuit Court

State of Indiana)
 County of Hendricks)
 Signed: Janice Wells Fisher
 New Address: Same as above
 Subscribed and sworn to before me this _____ day of _____
Harold Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
 We, the parents of this applicant, hereby give consent for 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 _____
 _____ Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
 We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
 State of Indiana)
 County of Hendricks)
 Father _____ ID # _____
 Mother _____ ID # _____
 Subscribed and sworn to before me this _____ day of _____
 _____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
 I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 13 2000, authorizing the marriage of Robert R Greenfield and Janice W Fisher.
 I further certify that the following marriage certificate was filed in my office: I, Bryan Carter (name), certify that on August 5 2000 (date), at Indianapolis in Marion County, Indiana, Robert R Greenfield of St John County, USVI (state), and Janice W Fisher of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 13 2000. Signed by: /s/ Bryan Carter, Pastor (official designation)
 Filed and recorded in accordance with the laws of the State of Indiana on August 14 2000 (date).

Signed: Harold Dugan Clerk
 Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 428
Date of Application 7-13-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 6-19-00
Name of Physician Dr. Hamrick (Danville)

MALE APPLICANT
Name: First Cory, Middle Martin, Last Himsel
Date of Birth: Month 4, Day 28, Year 77
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 408 N Washington St, City Danville, County Hend, State IN
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____

FEMALE APPLICANT
Name: First Barbara, Middle Jahn, Last Mitchell
Date of Birth: Month 7, Day 3, Year 75
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 408 N Washington St, City Danville, County Hend, State IN
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____

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

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

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Cory M Himsel Date 7/13/00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Barbara Mitchell Date 7/13/00

The 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) I swear/affirm that the information given in this application is true and correct.
Signed Cory M Himsel
New Address same
Subscribed and sworn to before me this 13th day of July 2000
Harold Dugan Clerk of the Hendricks Circuit Court

State of Indiana)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.
Signed Barbara Mitchell
New Address _____
Subscribed and sworn to before me this 13 day of July 2000
Harold Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 13 2000, authorizing the marriage of Cory Martin Himsel and Barbara Jahn Mitchell.
I further certify that the following marriage certificate was filed in my office: I, John P Roof (name), certify that on July 29 2000 (date), at Danville in Hendricks County, Indiana, Cory Martin Himsel of Hendricks County, Indiana (state), and Barbara Jahn Mitchell of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 13 2000. Signed by: /s/ John P Roof Priest (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 1 2000 (date).

Signed Harold Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 429
Date of Application July 13, 2000

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 7-5-00
Name of Physician D. Swadger

MALE APPLICANT

Name Justin Brinton Marvel
Date of Birth July 16 1979
Place of Birth Indiana
Residence Address 283 Brixton Woods West Dr. Pittsboro IN 46067
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. 0

6. (a) Full name of applicant's father Bradley Jay Marvel
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) INDIANA
Birthplace of father (State or foreign country) INDIANA
(b) Full maiden name of applicant's mother Beverly Ann Brinton
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) INDIANA
Birthplace of mother (State or foreign country) IOWA CALIFORNIA

FEMALE APPLICANT

Name Kelly Frances Wilson
Date of Birth September 25 1981
Place of Birth Indiana
Residence Address 283 Brixton Woods West Dr. Pittsboro IN 46067
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. 0

6. (a) Full name of applicant's father Ronald Harold Wilson
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Monica Katherine Clark
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) IOWA

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Justin Marvel Date 7-13-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Kelly Wilson Date 7-13-00

The 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) I swear/affirm that the information given in this application is true and correct.
Signed Justin Marvel
New Address SAME AS ABOVE
Subscribed and sworn to before me this 13 day of JULY
Harold Dupax Clerk of the Hendricks Circuit Court

State of Indiana)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.
Signed Kelly Wilson
New Address same as above
Subscribed and sworn to before me this 13 day of JULY
Harold Dupax Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 13 2000, authorizing the marriage of Justin Brinton Marvel and Kelly Frances Wilson. I further certify that the following marriage certificate was filed in my office: I, Ronald Eskew (name), certify that on July 29 2000 (date), at Indianapolis in Marion County, Indiana, Justin Brinton Marvel of Hendricks County, Indiana (state), and Kelly Frances Wilson of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 13 2000. Signed by: /s/ Ronald Eskew Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on August 11 2000 (date).

Signed Harold Dupax Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 430
Date of Application July 13, 2000

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

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

MALE APPLICANT

Name: Charles Joseph Baldwin
Date of Birth: February 9, 1931
Place of Birth: INDIANA
Residence Address: 5227 Austin Tracy Rd. Austin KY 42123
City: Barren County: Barren State: KY
Previous Marital Status: Never Married OR No. of Previous Marriages: 4
Last Marriage Ended By: Death Divorce Annulment Date: 1-15-91
Date of Birth Verified By: Birth Certificate Other (Specify) _____
Kentucky Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. NONE
6. (a) Full name of applicant's father: William Elmer Elwood Baldwin
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): deceased
Birthplace of father (State or foreign country): Indiana
(b) Full maiden name of applicant's mother: Ruby Baldwin Noel
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): deceased
Birthplace of mother (State or foreign country): Indiana

FEMALE APPLICANT

Name: Clara Mae Turner
Date of Birth: 03 08 47
Place of Birth: Tennessee Monroe
Residence Address: 120 Hutson Rd. Hamlet KY Monroe
City: Hamlet County: Monroe State: KY
Previous Marital Status: Never Married OR No. of Previous Marriages: 2
Last Marriage Ended By: Death Divorce Annulment Date: 78
Date of Birth Verified By: Birth Certificate Other (Specify) _____
Driver's License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father: Albert Alfred Elmer Key
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): Deceased
Birthplace of father (State or foreign country): Tennessee
(b) Full maiden name of applicant's mother: Lovie Daisy Angelina Daniels
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): Tennessee
Birthplace of mother (State or foreign country): Tennessee

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Charles Joseph Baldwin Date: 7-14-2000

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Clara M Turner Date: 7-14-2000

The 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)
I swear/affirm that the information given in this application is true and correct.
Signed by: Charles Joseph Baldwin
New Address _____
Subscribed and sworn to before me this 14TH day of JULY - 2000
Harold Dugan Clerk of the Hendricks Circuit Court

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed by: Clara M Turner
New Address _____
Subscribed and sworn to before me this 14TH day of JULY - 2000
Harold Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 14 2000, authorizing the marriage of Charles Joseph Baldwin and Clara Mae Turner. I further certify that the following marriage certificate was filed in my office: I, David C Payton (name), certify that on July 15 2000 (date), at Camby in Hendricks County, Indiana, Charles Joseph Baldwin of Barren County, Kentucky (state), and Clara Mae Turner of Monroe County, Kentucky (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 14 2000. Signed by: /s/ David C Payton Ordained Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on July 19 2000 (date).

Signed Harold Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 431
Date of Application July 14, 2000

IC 31-11-1-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the
circuit court when the person applies for a marriage license under
IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated July 14, 2000
Name of Physician Dr. Trammell

MALE APPLICANT

Name: Bennie Oakley Martin Jr.
Date of Birth: September 10 1944
Place of Birth: Indiana Hendricks
Residence Address: 802 S. Tennessee Danville In 46022
Previous Marital Status: Never Married OR No. of Previous Marriages: 3
Last Marriage Ended By: Death Divorce Annulment Date: 01/99
Date of Birth Verified By: Birth Certificate Other (Specify) In 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 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
- List the full names of any dependent children. 0
- (a) Full name of applicant's father: Bennie Oakley Martin Sr.
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): deceased
Birthplace of father (State or foreign country): Kentucky
(b) Full maiden name of applicant's mother: Martha Beaman
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): Indiana

FEMALE APPLICANT

Name: Pamela June Cote
Date of Birth: February 12 1955
Place of Birth: Indiana Hendricks
Residence Address: 2303 W. CR 50 S Danville In 46022
Previous Marital Status: Never Married OR No. of Previous Marriages: 2
Last Marriage Ended By: Death Divorce Annulment Date: 2/95
Date of Birth Verified By: Birth Certificate Other (Specify) In 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 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
- List the full names of any dependent children: Lisa Michelle Cote
- (a) Full name of applicant's father: Willie J Russell
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): Alabama
Birthplace of father (State or foreign country): Kentucky
(b) Full maiden name of applicant's mother: M. Wanda Jackson
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): deceased
Birthplace of mother (State or foreign country): Missouri

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Bennie O Martin Jr Date: 7-14-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Pamela J Cote Date: 7/14/00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed: Bennie O Martin Jr
New Address: 2303 W CR 50 S
Subscribed and sworn to before me this _____ day of _____
Harold Dugan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed: Pamela J Cote
New Address: same as above
Subscribed and sworn to before me this _____ day of _____
Harold Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 14 2000, authorizing the marriage of Bennie Oakley Martin Jr and Pamela June Cote.
I further certify that the following marriage certificate was filed in my office: I, John P Roof (name), certify that on August 12 2000 (date), at Danville in Hendricks County, Indiana, Bennie O Martin Jr of Hendricks County, Indiana (state), and Pamela J Cote of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated June 14 2000. Signed by: /s/ John P Roof Priest (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 14 2000 (date).

Signed: Harold Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 432
Date of Application 7-14-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 6-30-00
Name of Physician Bruce Durell, MD

MALE APPLICANT

Name: First Kent Middle Wesley Last Meier
 Date of Birth: Month 12 Day 7 Year 75
 Place of Birth (State or foreign country) Kentucky
 Residence Address: Street or R.R. 1022 Buchanan St City Plainfield County Hend State IN 46168
 Previous Marital Status: Never Married OR No. of Previous Marriages _____
 Last Marriage Ended By: Death Divorce Annulment Date _____
 Date of Birth Verified By: Birth Certificate Other (Specify) drivers license

- Are you now 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. NA
- (a) Full name of applicant's father Sheldon Edwin Meier, Jr.
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Carla Sue Groff
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: First Sara Middle Kristeen Last Schulz
 Date of Birth: Month 7 Day 23 Year 77
 Place of Birth (State or foreign country) Indiana
 Residence Address: Street or R.R. 1022 Buchanan St City Plainfield County Hend State IN 46168
 Previous Marital Status: Never Married OR No. of Previous Marriages _____
 Last Marriage Ended By: Death Divorce Annulment Date _____
 Date of Birth Verified By: Birth Certificate Other (Specify) drivers license

- Are you now 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. NA
- (a) Full name of applicant's father Paul Jack Schulz
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) deceased
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Jeannie Kathleen Kasparzick
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Germany

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [Signature] Date 7-14-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [Signature] Date 7-14-00

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date 7-14-00

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed [Signature]
New Address same
Subscribed and sworn to before me this 14th day of July, 2000
[Signature] Clerk of the Hendricks Circuit Court

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed [Signature]
New Address same
Subscribed and sworn to before me this 14th day of July, 2000
[Signature] Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 14 2000, authorizing the marriage of Kent Wesley Meier and Sara Kristeen Schulz
I further certify that the following marriage certificate was filed in my office: I, Ronald P May (name), certify that on September 2 2000 (date), at Indianapolis in Marion County, Indiana, Kent W Meier of Hendricks County, Indiana (state), and Sara K Schulz of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 14 2000. Signed by: /s/ Ronald P May Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 7 2000 (date).

Signed [Signature] Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 433
Date of Application July 14, 2000

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated July 14 2000
Name of Physician Dr. Nichols

MALE APPLICANT

Name: First Terry Middle Lee Last Whitlow
Date of Birth: Month October Day 31 Year 1947
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1122 Hess St. City Plainfield County Ind State 46168
Previous Marital Status: Never Married OR No. of Previous Marriages 1
Last Marriage Ended By: Death Divorce Annulment Date Sept 6, 89
Date of Birth Verified By: Birth Certificate Other (Specify) _____
Indiana Commercial 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 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
- List the full names of any dependent children. none
- (a) Full name of applicant's father Joseph Elbert Whitlow
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Deceased
Birthplace of father (State or foreign country) Arkansas
(b) Full maiden name of applicant's mother Bettie Jeanne Heagy
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Deceased
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: First Pamela Middle Sue Last Heagy
Date of Birth: Month July Day 26 Year 1964
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2335 E Main St. City Plainfield County Ind State 46168
Previous Marital Status: Never Married OR No. of Previous Marriages 1
Last Marriage Ended By: Death Divorce Annulment Date March 26 1992
Date of Birth Verified By: Birth Certificate Other (Specify) _____
Indiana 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 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
- List the full names of any dependent children. Stephanie Nicole Basinger, Destiny Danielle-Kerrin, Danielle Michelle
(a) Full name of applicant's father Bill Charles Basinger
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Esther Mae O'Dell
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Terry Lee Whitlow Date 7-14-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Pamela Sue Heagy Date 7-14-00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Terry Lee Whitlow
New Address Same as above
Subscribed and sworn to before me this 14 day of July 2000
Harold Dugas Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Pamela Sue Heagy
New Address 1122 Hess St Plainfield Ind 46168
Subscribed and sworn to before me this 14 day of July 2000
Harold Dugas Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 14 2000, authorizing the marriage of Terry Lee Whitlow and Pamela Sue Heagy.
I further certify that the following marriage certificate was filed in my office: I, Hubert Greer (name), certify that on August 12 2000 (date), at Plainfield in Hendricks County, Indiana, Terry Lee Whitlow of Hendricks County, Indiana, and Pamela Sue Heagy of Hendricks County, Indiana (state), were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 14 2000. Signed by: /s/ Hubert Greer Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 21 2000 (date).

Signed Harold Dugas Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 434
Date of Application July 17, 2000

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 6-6-00
Name of Physician Dr. Wilk

MALE APPLICANT

Name First Middle Last
Matthew Ryan Burkhead

Date of Birth Month Day Year
January 14 1980

Place of Birth (State or foreign country)
Washington Lake

Residence Address Street or R.R. City County State
8018 Matherhorn Ct. Crown Point IN 46307

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify) _____

Indiana Driver's 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 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
- List the full names of any dependent children. 0
- (a) Full name of applicant's father Robert Stanley Burkhead
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Washington
Birthplace of father (State or foreign country) Washington
(b) Full maiden name of applicant's mother Debra Lynn Murphy
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Washington
Birthplace of mother (State or foreign country) Canada

FEMALE APPLICANT

Name First Middle Last
MIRANDA JOYCE KEENEY

Date of Birth Month Day Year
September 30 1980

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
1274 N. Washington St. Danville IN 46122

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify) _____

Indiana Driver's 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 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
- List the full names of any dependent children. 0
- (a) Full name of applicant's father Kenneth Wayne Keeney
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Eva Ellen Morris
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) West Virginia

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Matt Burkhead Date 7-17-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Miranda J. Keeney Date 7/19/00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Matt Burkhead
New Address SAME AS ABOVE
Subscribed and sworn to before me this _____ day of _____
Sharon Dugas Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Miranda J. Keeney
New Address 8018 Matherhorn Ct. Crown Point IN 46307
Subscribed and sworn to before me this _____ day of _____
Sharon Dugas Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 19 2000, authorizing the marriage of Matthew Ryan Burkhead and Miranda Joyce Keeney.
I further certify that the following marriage certificate was filed in my office: I, Jay N Towne (name), certify that on August 5 2000 (date), at New Winchester in Hendricks County, Indiana, Matthew Ryan Burkhead of Lake County, Indiana (state), and Miranda Joyce Keeney of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 19 2000. Signed by: /s/ Jay N Towne Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 11 2000 (date).

Signed Sharon Dugas Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 435
Date of Application July 17, 2000

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 7-5-00
Name of Physician Dr. Sedney

MALE APPLICANT

Name First Middle Last
Casey Wayne Hampton

Date of Birth Month Day Year
September 11 1974

Place of Birth (State or foreign country)
Indiana Hendricks

Residence Address Street or R.R. City County State
3259 WCR 650 South Clayton In 46118

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify)
Indiana Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes

2. Are you related to the female applicant closer than second cousin? No Yes

3. Are you now under the influence of an alcoholic beverage? No Yes

4. Are you now under the influence of a narcotic drug? No Yes

5. List the full names of any dependent children. _____

6. (a) Full name of applicant's father Jack Stephen Hampton
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Anna Sue Burtol
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name First Middle Last
Kimberly Jane Berry

Date of Birth Month Day Year
February 4 1975

Place of Birth (State or foreign country)
Indiana Hendricks

Residence Address Street or R.R. City County State
3259 WCR 650 S Clayton, In 46118

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify)
Indiana Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes

2. Are you related to the male applicant closer than second cousin? No Yes

3. Are you now under the influence of an alcoholic beverage? No Yes

4. Are you now under the influence of a narcotic drug? No Yes

5. List the full names of any dependent children. _____

6. (a) Full name of applicant's father Ralph Leon Berry
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Martha Irene Brown
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

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

Signature of Applicant Casey Wayne Hampton Date 7/17/00

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

ACKNOWLEDGEMENT

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

Signature of Applicant Kimberly J Berry Date 7-17-00

The above applicant has 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
County of Hendricks) in this application is true and correct.
Signed Casey Wayne Hampton
New Address same as above
Subscribed and sworn to before me this 17 day of July 2000
Harold Dugan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Kimberly J Berry
New Address same as above
Subscribed and sworn to before me this 17 day of July 2000
Harold Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 17 2000, authorizing the marriage of Casey Wayne Hampton and Kimberly Jane Berry. I further certify that the following marriage certificate was filed in my office: I, Kurt B Alexander (name), certify that on July 29 2000 (date), at Monrovia in Morgan County, Indiana, Casey W Hampton of Hendricks County, Indiana (state), and Kimberly Jane Berry of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 17 2000. Signed by: /s/ Kurt B Alexander, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on August 3 2000 (date).

Signed Harold Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 436
Date of Application 7-17-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 7-7-00
Name of Physician Dr Hamaker

MALE APPLICANT

Name First Middle Last
Bradley Anthony Sloan

Date of Birth Month Day Year
8 25 70

Place of Birth (State or foreign country)
Illinois

Residence Address Street or R.R. City County State
616 Harley St. Plainfield Hendricks In

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

Last Marriage Ended By: Death Divorce Annulment Date 1996

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 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. Nicolas & Hayley Sloan
- (a) Full name of applicant's father Joseph Sloan
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Shirley Jean Mays
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country)

FEMALE APPLICANT

Name First Middle Last
Heather Maria Lamb

Date of Birth Month Day Year
9 25 77

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
616 Harley St. Plainfield Hendricks In

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

Last Marriage Ended By: Death Divorce Annulment Date

Date of Birth Verified By: Birth Certificate Other (Specify)

Drivers License

- Are you now 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. Nicolas & Hayley Sloan
- (a) Full name of applicant's father Paul Raymond Martix
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Pamela Sue Lamb
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country)

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Bradley A Sloan Date 7-17-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Heather M. Lamb Date 7/17/00

The 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)
I swear/affirm that the information given in this application is true and correct.
Signed Bradley A Sloan
New Address _____
Subscribed and sworn to before me this 17 day of July 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Heather M. Lamb
New Address Same as Above
Subscribed and sworn to before me this 17 day of July 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 17 2000, authorizing the marriage of Bradley Anthony Sloan and Heather Maria Lamb.
I further certify that the following marriage certificate was filed in my office: I, J H Osborne (name), certify that on July 22 2000 (date), at Plainfield in Hendricks County, Indiana, Bradley Anthony Sloan of Hendricks County, Indiana (state), and Heather Maria Lamb of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 17 2000. Signed by: /s/ J H Osborne Pastor _____ (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 26 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 437
Date of Application July 18 2000

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated June 20, 2000
Name of Physician Patsy Weber Hunt

MALE APPLICANT

Name First Middle Last
Timothy Edgar Moore

Date of Birth Month Day Year
May 8 1960

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
8101 Woodcross Ct Auon In 46023

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

Last Marriage Ended By: Death Divorce Annulment Date 1985

Date of Birth Verified By: Birth Certificate Other (Specify)

Indiana 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 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
- List the full names of any dependent children.
Michael Tyler Moore
- (a) Full name of applicant's father William Bruce Moore
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) deceased
Birthplace of father (State or foreign country) Oklahoma
(b) Full maiden name of applicant's mother Naomi Roca Roberts
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) deceased
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name First Middle Last
Kelley Susanne Carter

Date of Birth Month Day Year
June 11 1960

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
8101 Woodcross Ct Auon In 46023

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

Last Marriage Ended By: Death Divorce Annulment Date 12/97

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? 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
- List the full names of any dependent children.
Jordan Elaine House
Jacob Michael Carter
- (a) Full name of applicant's father Charles Strange Morgan
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) California
(b) Full maiden name of applicant's mother Beverly Susanne James
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Timothy S. Moore Date 7/18/2000

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Kelley S. Carter Date 7/18/2000

The 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) I swear/affirm that the information given
County of Hendricks) Timothy S. Moore in this application is true and correct.
Signed Timothy S. Moore
New Address SAME AS ABOVE
Subscribed and sworn to before me this 18 day of July 2000
Harold Dugas Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) Kelley S. Carter in this application is true and correct.
Signed Kelley S. Carter
New Address same as above
Subscribed and sworn to before me this 18 day of July 2000
Harold Dugas Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 18 2000, authorizing the marriage of Timothy Edgar Moore and Kelley Susanne Carter. I further certify that the following marriage certificate was filed in my office: I, Phillip A Terry (name), certify that on July 22 2000 (date), at Danville in Hendricks County, Indiana, Timothy Edgar Moore of Hendricks County, Indiana (state), and Kelley Susanne Carter of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 18 2000. Signed by: /s/ Phillip A Terry, Judge Pro Tem (official designation) Filed and recorded in accordance with the laws of the State of Indiana on August 3 2000 (date).

Signed Harold Dugas Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 438
Date of Application 7-19-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 7-18-00
Name of Physician Dr. K. Beard

MALE APPLICANT

Name Raymond Thomas-Alexander Ford
Date of Birth August 29 1968
Place of Birth South Carolina
Residence Address 1086 Pinewood Dr. Plainfield In 46168
Previous Marital Status: Never Married OR No. of Previous Marriages 1
Last Marriage Ended By: Death Divorce Annulment Date July 2000
Date of Birth Verified By: Birth Certificate Other (Specify) Indiana Drivers License

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

FEMALE APPLICANT

Name Julianne Marie Clay
Date of Birth 05 22 76
Place of Birth Indiana
Residence Address 1086 Pinewood Dr. Plainfield Hendricks IN 46168
Previous Marital Status: Never Married OR No. of Previous Marriages 1
Last Marriage Ended By: Death Divorce Annulment Date 2000
Date of Birth Verified By: Birth Certificate Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. J. Kyle Clay
Ben Mcintosh
6. (a) Full name of applicant's father Michael Emmett Harriman
(If adopted, list adoptive parents only) Indiana
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Judith Anne Carnes
(If adopted, list adoptive parents only) Indiana
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [Signature] Date 7-19-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Julianne M. Clay Date 7-19-00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed [Signature]
New Address Same as above
Subscribed and sworn to before me this 19 day of July 2000
Harold Dugan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Julianne M. Clay
New Address Same as above
Subscribed and sworn to before me this 19 day of July 2000
Harold Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 19 2000, authorizing the marriage of Raymond T Ford and Julianne Marie Clay.
I further certify that the following marriage certificate was filed in my office: I, Paula Lopossa (name), certify that on July 21 2000 (date), at Indianapolis in Marion County, Indiana, Raymond Thomas Ford of Hendricks County, Indiana (state), and Julianne Marie Clay of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 19 2000. Signed by: /s/ Paula Lopossa Judge (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 31 2000 (date).

Signed Harold Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 63 Page 439 Date of Application July 21, 2000

IC 31-11-1-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No [X] Yes [] If No, Medical Examination or Report Dated July 10, 2000 Name of Physician HCHD

MALE APPLICANT Name: NORMAN DALE WILLIAMS Date of Birth: MARCH 24 1970 Place of Birth: INDIANA Residence Address: 429 E Trevor St Brownsburg IN 46112

FEMALE APPLICANT Name: Holly Neoma CHAMBERS Date of Birth: JUNE 7 1972 Place of Birth: Indiana Residence Address: 429 E Trevor St Brownsburg IN 46112

DRIVERS LICENSE 1. Are you now or have you ever been adjudged to be of unsound mind? No [X] Yes [] 2. Are you related to the female applicant closer than second cousin? No [X] Yes []

DRIVERS LICENSE 1. Are you now or have you ever been adjudged to be of unsound mind? No [X] Yes [] 2. Are you related to the male applicant closer than second cousin? No [X] Yes []

ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant [Signature] Date 7-21-00

ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant [Signature] Date 7-21-00

State of Indiana) County of Hendricks) I swear/affirm that the information given in this application is true and correct. Signed [Signature] New Address SAME

State of Indiana) County of Hendricks) I swear/affirm that the information given in this application is true and correct. Signed [Signature] New Address SAME

CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 21 2000, authorizing the marriage of Norman Dale Williams and Holly Neoma Chambers

Signed [Signature] Clerk Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 440
Date of Application July 24, 2000

IC 31-11-11-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 7-20-00
Name of Physician No

MALE APPLICANT

Name: Dennis Andrew Hornocker
Date of Birth: July 20 1975
Place of Birth: Indiana
Residence Address: 2020 Cunningham Rd Indpls IN 46224
Previous Marital Status: Never Married OR No. of Previous Marriages: _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____
Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. 0
6. (a) Full name of applicant's father _____
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) INDIANA
Birthplace of father (State or foreign country) INDIANA
(b) Full maiden name of applicant's mother TRINA MAY BANICH
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) INDIANA
Birthplace of mother (State or foreign country) INDIANA

FEMALE APPLICANT

Name: Jessica Grace Hayden
Date of Birth: DECEMBER 21 1976
Place of Birth: INDIANA
Residence Address: 191 Mills St Danville IN 46122
Previous Marital Status: Never Married OR No. of Previous Marriages: _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____
Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. 3
6. (a) Full name of applicant's father John Kenneth Hayden
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) INDIANA
Birthplace of father (State or foreign country) ILLINOIS
(b) Full maiden name of applicant's mother B. JANE Kellam
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Dennis C. Hornocker Date 7/24/00
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Jessica B. Hayden Date 7/24/00
The above applicant has objected to verifying 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 Dennis C. Hornocker in this application is true and correct.
New Address 191 W Mill St Danville, IN 46122
Subscribed and sworn to before me this _____ day of _____
Harold Dugan Clerk of the Hendricks Circuit Court

State of Indiana)
County of Hendricks)
Signed Jessica B. Hayden in this application is true and correct.
New Address same as above
Subscribed and sworn to before me this _____ day of _____
Harold Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for 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 _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 24 2000, authorizing the marriage of Dennis Andrew Hornocker and Jessica Grace Hayden.
I further certify that the following marriage certificate was filed in my office: I, Andrew P Crowley (name), certify that on July 29 2000 (date), at Speedway in Marion County, Indiana, Dennis Andrew Hornocker of Marion County, Indiana (state), and Jessica Grace Hayden of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 24 2000. Signed by: /s/ Andrew P Crowley Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on August 1 2000 (date).

Signed Harold Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 441
Date of Application July 24, 2000

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated July 17, 2000
Name of Physician Stegmoler

MALE APPLICANT

Name First Middle Last
JAMES ANDREW COX

Date of Birth Month Day Year
APRIL 29 1964

Place of Birth (State or foreign country)
INDIANA HENDRICKS

Residence Address Street or R.R. City County State
497 WINWARD LANE PLAINFIELD IN

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

Last Marriage Ended By: Death Divorce Annulment Date 11/90

Date of Birth Verified By: Birth Certificate Other (Specify)

FEMALE APPLICANT

Name First Middle Last
KIMBERLY KAYE WHITE

Date of Birth Month Day Year
MARCH 14 1966

Place of Birth (State or foreign country)
INDIANA HENDRICKS

Residence Address Street or R.R. City County State
497 WINWARD LANE PLAINFIELD IN 46108

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

Last Marriage Ended By: Death Divorce Annulment Date

Date of Birth Verified By: Birth Certificate Other (Specify)

DRIVERS LICENSE

- Are you now 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children.
BLAKE ANDREW COX
BROCK ANTHONY COX
ZACH RYAN COX
- (a) Full name of applicant's father DARRELL WILLIAM COX
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) INDIANA
Birthplace of father (State or foreign country) CALIFORNIA
(b) Full maiden name of applicant's mother DARRELL WILLIAM COX
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) DECEASED
Birthplace of mother (State or foreign country) INDIANA

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 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
- List the full names of any dependent children.
STEVEN SCOTT WHITE
- (a) Full name of applicant's father DONALD ERLAND WHITE
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) DECEASED
Birthplace of father (State or foreign country) INDIANA
(b) Full maiden name of applicant's mother DONALD ERLAND WHITE
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) INDIANA
Birthplace of mother (State or foreign country) INDIANA

ACKNOWLEDGEMENT

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

Signature of Applicant James A. Cox Date 7-24-00

ACKNOWLEDGEMENT

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

Signature of Applicant Kimberly K. White Date 7-24-00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed James A. Cox
New Address Same as Above
Subscribed and sworn to before me this 24 day of July
Harold Dugas Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Kimberly K. White
New Address Same as Above
Subscribed and sworn to before me this 24 day of July
Harold Dugas Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for 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 _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 24 2000, authorizing the marriage of James Andrew Cox and Kimberly Kaye White. I further certify that the following marriage certificate was filed in my office: I, Darrell W Cox (name), certify that on July 29 2000 (date), at Plainfield in Hendricks County, Indiana, James Andrew Cox of Plainfield County, Indiana (state), and Kimberly Kaye White of Plainfield County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 24 2000. Signed by: /s/ Darrell W "Bill" Cox Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on August 11 2000 (date).

Signed Harold Dugas Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 442
Date of Application JULY 24, 2000

IC 31-11-1-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 7-24-00
Name of Physician M. BENSON

MALE APPLICANT
Name: WALTER FRANCIS REEDER III
Date of Birth: FEBRUARY 9 1948
Place of Birth: INDIANA
Residence Address: 4873 S. ST. (PO. BOX 185) AMO HENDRICKS IN 46103-0185
Previous Marital Status: Never Married OR No. of Previous Marriages: 1
Last Marriage Ended By: Death Divorce Annulment Date: 08/98
Date of Birth Verified By: Birth Certificate Other (Specify)

FEMALE APPLICANT
Name: DEBRA KAYE SIMPSON
Date of Birth: JULY 11 1953
Place of Birth: INDIANA
Residence Address: 2920 S. ST RD 39 DANVILLE IN 46122
Previous Marital Status: Never Married OR No. of Previous Marriages: 2
Last Marriage Ended By: Death Divorce Annulment Date: 07/98
Date of Birth Verified By: Birth Certificate Other (Specify)

DRIVERS LICENSE
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. NONE
6. (a) Full name of applicant's father: WALTER FRANCIS REEDER JR
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): INDIANA
Birthplace of father (State or foreign country): KENTUCKY
(b) Full maiden name of applicant's mother: MARGARET ELOISE JOHNSON
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): INDIANA
Birthplace of mother (State or foreign country): INDIANA

INDRIVERS LICENSE
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. 0
6. (a) Full name of applicant's father: EDWARD B. ESTES
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): INDIANA
Birthplace of father (State or foreign country): KENTUCKY
(b) Full maiden name of applicant's mother: PATRICIA ANN LONGMIRE
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): INDIANA
Birthplace of mother (State or foreign country): INDIANA

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Walter F. Reeder III Date: 7/24/00

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

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

The above applicant has 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
County of Hendricks) in this application is true and correct.
Signed: Walter F. Reeder III
New Address: 2920 S. St. Rd. 39 Danville, IN 46122
Subscribed and sworn to before me this 24 day of July 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed: Debra Kaye Simpson
New Address: 2920 S. State Road 39 Danville, IN 46122
Subscribed and sworn to before me this 24 day of July 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father: _____ ID #: _____
Mother: _____ ID #: _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 24 2000, authorizing the marriage of Walter Francis Reeder III and Debra Kaye Simpson.
I further certify that the following marriage certificate was filed in my office: I, Stevan W Ranson (name), certify that on August 12 2000 (date), at Clayton in Hendricks County, Indiana, Walter F Reeder III of Hendricks County, Indiana (state), and Debra K Simpson of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 24 2000. Signed by: /s/ Stevan W Ranson Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 15 2000 (date).

Signed: Sharon Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 443
Date of Application 7-24-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 7-20-00
Name of Physician Dr. Feeney

MALE APPLICANT

Name: Richard Dean Wathen
Date of Birth: 10/3/71
Place of Birth: Indiana
Residence Address: 11 Fairfield Dr. Brownsburg Hendricks Co. Indiana
Previous Marital Status: Never Married OR No. of Previous Marriages: 1
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____
Drivers License

- Are you now 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. Hayden Wathen
Ciera Wathen
- (a) Full name of applicant's father Thomas Lee Wathen
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Kara Joyce Parsons
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: Julie Ann Craft
Date of Birth: 6/30/75
Place of Birth: Missouri
Residence Address: 11 Fairfield Dr. Brownsburg Hendricks Co. Indiana
Previous Marital Status: Never Married OR No. of Previous Marriages: 1
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____
Drivers License

- Are you now 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. Ashley Craft
Breanna Craft
Ciera Wathen
- (a) Full name of applicant's father John Charles Poppel
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Missouri
(b) Full maiden name of applicant's mother Sheryl Ann Coffland
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Kansas

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
* Signature of Applicant Richard D. Wathen Date 7-24-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
* Signature of Applicant Julie Ann Craft Date 7-24-00

The 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)
I swear/affirm that the information given in this application is true and correct.
* Signed Richard D. Wathen
New Address Same as Above
Subscribed and sworn to before me this 23 day of July 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
* Signed Julie Ann Craft
New Address Same as Above
Subscribed and sworn to before me this 23 day of July 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 24 2000, authorizing the marriage of Richard Dean Wathen and Julie Ann Craft.
I further certify that the following marriage certificate was filed in my office: I, Rodger Ward (name), certify that on August 19 2000 (date), at Plainfield in Hendricks County, Indiana, Richard Dean Wathen of Hendricks County, Indiana (state), and Julie Ann Craft of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 24 2000. Signed by: /s/ Rodger Ward, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 24 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 444
Date of Application JULY 24, 2000

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 6-23-00
Name of Physician PARTNERS IN CARE

MALE APPLICANT
Name: RAIF PAUL SZCZEPANSKI
Date of Birth: OCTOBER 6 1966
Place of Birth: MICHIGAN
Residence Address: 14 LAKE DR. BROWNSBURG IN 46112
City: BROWNSBURG County: HENDRICKS State: INDIANA
Previous Marital Status: Never Married OR No. of Previous Marriages: 1
Last Marriage Ended By: Death Divorce Annulment Date: 2-95
Date of Birth Verified By: Birth Certificate Other (Specify)

FEMALE APPLICANT
Name: Renee Michele PRYOR
Date of Birth: October 26 1962
Place of Birth: Indiana
Residence Address: 14 LAKE DR N. BROWNSBURG IN 46112
City: BROWNSBURG County: HENDRICKS State: INDIANA
Previous Marital Status: Never Married OR No. of Previous Marriages: 1
Last Marriage Ended By: Death Divorce Annulment Date: 11-11-97
Date of Birth Verified By: Birth Certificate Other (Specify)

IN DRIVERS LICENSE
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children:
THEA DORA SZCZEPANSKI
ELANA MARIE SZCZEPANSKI
6. (a) Full name of applicant's father: RALPH JAMES SZCZEPANSKI
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): INDIANA
Birthplace of father (State or foreign country): INDIANA
(b) Full maiden name of applicant's mother: CAMILLE DIANE BERRY
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): INDIANA
Birthplace of mother (State or foreign country): OREGON

DRIVERS License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children:
KIRSTEN RENEE PRYOR, EVAN JAMES PRYOR
6. (a) Full name of applicant's father: Shellie Ray Shonk
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): TEXAS
Birthplace of father (State or foreign country): INDIANA
(b) Full maiden name of applicant's mother: SUE ELLEN HODGES
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): INDIANA
Birthplace of mother (State or foreign country): INDIANA

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Raf Szepanski Date: 7-24-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Renee M. Pryor Date: 7/24/00

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____
State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed: Raf Szepanski
New Address: Same as above
Subscribed and sworn to before me this _____ day of _____
Sharon Dugan Clerk of the 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 _____ Date _____
State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed: Renee M. Pryor
New Address: SAME AS ABOVE
Subscribed and sworn to before me this _____ day of _____
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

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

Signed Sharon Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 445
Date of Application JULY 26, 2000

IC 31-11-1-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination of Report Dated 7-11-00
Name of Physician DR. HOSTETLER

MALE APPLICANT
Name First Middle Last
DONALD BRUCE MCCOLLUM
Date of Birth Month Day Year
DECEMBER 16 1960
Place of Birth (State or foreign country)
INDIANA HENDRICKS
Residence Address Street or R.R. City County State
9520 N CR 550 E PITTSBORO IN 46167
Previous Marital Status: Never Married OR No. of Previous Marriages 3
Last Marriage Ended By: Death Divorce Annulment Date 1995
Date of Birth Verified By: Birth Certificate Other (Specify)

FEMALE APPLICANT
Name First Middle Last
MARTHA JANE WARREN
Date of Birth Month Day Year
FEBRUARY 19 1965
Place of Birth (State or foreign country)
INDIANA HENDRICKS
Residence Address Street or R.R. City County State
9520 N CR 550 E PITTSBORO IN 46167
Previous Marital Status: Never Married OR No. of Previous Marriages 2
Last Marriage Ended By: Death Divorce Annulment Date 11-99
Date of Birth Verified By: Birth Certificate Other (Specify)

DRIVERS LICENSE
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.
MAX DANIEL MCCOLLUM
6. (a) Full name of applicant's father WALLACE DEAN MCCOLLUM
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) DECEASED
Birthplace of father (State or foreign country) INDIANA
(b) Full maiden name of applicant's mother NANCY LOUISE STEVENS
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) INDIANA
Birthplace of mother (State or foreign country) INDIANA

DRIVERS LICENSE
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.
NONE
6. (a) Full name of applicant's father LANDO JAY WARREN
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) INDIANA
Birthplace of father (State or foreign country) INDIANA
(b) Full maiden name of applicant's mother HELEN LOUISE POLAND
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) INDIANA
Birthplace of mother (State or foreign country) INDIANA

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Donald B. McCollum Date 7-26-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Martha Jane Warren Date 7-26-00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Donald B. McCollum
New Address SAME AS ABOVE
Subscribed and sworn to before me this _____ day of _____
Harold Dugas Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Martha Jane Warren
New Address SAME AS ABOVE
Subscribed and sworn to before me this _____ day of _____
Harold Dugas Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 26 2000, authorizing the marriage of Donald Bruce McCollum and Martha Jane Warren. I further certify that the following marriage certificate was filed in my office: I, Susan D Link (name), certify that on July 26 2000 (date), at Danville in Hendricks County, Indiana, Donald B McCollum of Hendricks County, Indiana (state), and Martha Jane Warren of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 26 2000. Signed by: /s/ Susan D Link First Deputy Clerk (official designation) Filed and recorded in accordance with the laws of the State of Indiana on July 26 2000 (date).

Signed Harold Dugas Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4.4

Book 63
Page 446
Date of Application July 26, 2000

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4.4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated July 25, 2000
Name of Physician _____

MALE APPLICANT

Name: Edward McReese Modglin
Date of Birth: August 3, 1965
Place of Birth (State or foreign country): Indiana
Residence Address: 2947N ST RD 75 N Salem In 46165
Previous Marital Status: Never Married OR No. of Previous Marriages: 2
Last Marriage Ended By: Death Divorce Annulment Date: 2/1999
Date of Birth Verified By: Birth Certificate Other (Specify) _____

FEMALE APPLICANT

Name: Tonya Kay Modglin
Date of Birth: November 28, 1966
Place of Birth (State or foreign country): Indiana
Residence Address: 2947N ST RD 75 N Salem In 46165
Previous Marital Status: Never Married OR No. of Previous Marriages: 2
Last Marriage Ended By: Death Divorce Annulment Date: 5/2000
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 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children.
ADAM MCREESE MODGLIN
- (a) Full name of applicant's father: EDWARD MCREESE MODGLIN
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) IN
Birthplace of father (State or foreign country) INDIANA
(b) Full maiden name of applicant's mother: DAWN ELAINE OSBORN
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) IN
Birthplace of mother (State or foreign country) IN

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 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
- List the full names of any dependent children.
ADAM MCREESE MODGLIN
- (a) Full name of applicant's father: MARLIN CECIL SUMMERLOT
(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: WANDALINE MCDONOV
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) IN
Birthplace of mother (State or foreign country) IN

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Edward M. Modglin Date: 7-26-00

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Tonya K. Modglin Date: 7-26-2000

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed: Edward M. Modglin
New Address: SAME AS ABOVE
Subscribed and sworn to before me this _____ day of _____
Harold Dugas Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed: Tonya K. Modglin
New Address: SAME AS ABOVE
Subscribed and sworn to before me this _____ day of _____
Harold Dugas Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 26 2000, authorizing the marriage of Edward McReese Modglin and Tonya Kay Modglin.
I further certify that the following marriage certificate was filed in my office: I, Susan D Link (name), certify that on July 26 2000 (date), at Danville in Hendricks County, Indiana, Edward McReese Modglin of Hendricks County, Indiana (state), and Tonya Kay Modglin of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 26 2000. Signed by: /s/ Susan D Link, First Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 26 2000 (date).

Signed: Harold Dugas Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 447
Date of Application 7-26-00

IC 31-11-1-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

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

MALE APPLICANT
Name: JAMES ERIC VAUGHN
Date of Birth: AUGUST 12 1947
Place of Birth: INDIANA
Residence Address: RR1 P.O. BOX 260 STILESVILLE IN
City: Hendricks County: 40180 State: IN
Previous Marital Status: Never Married OR No. of Previous Marriages: 1
Last Marriage Ended By: Death Divorce Annulment Date: 1984
Date of Birth Verified By: Birth Certificate Other (Specify)

FEMALE APPLICANT
Name: SHIRLEY JUNE ROUSE
Date of Birth: JULY 21 1947
Place of Birth: INDIANA
Residence Address: 305 GREENFIELD WAY COVINGTON GA 30016
City: NEWTON County: GA State: 30016
Previous Marital Status: Never Married OR No. of Previous Marriages: 1
Last Marriage Ended By: Death Divorce Annulment Date: 2000
Date of Birth Verified By: Birth Certificate Other (Specify)

DRIVERS LICENSE
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. NONE
6. (a) Full name of applicant's father: JAMES WATSON VAUGHN
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): DECEASED
Birthplace of father (State or foreign country): INDIANA
(b) Full maiden name of applicant's mother: FLORENCE ELIZABETH SPOON
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): DECEASED
Birthplace of mother (State or foreign country): INDIANA

DRIVERS LICENSE
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. NONE
6. (a) Full name of applicant's father: ROGER LEE PHILLIPS
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): DECEASED
Birthplace of father (State or foreign country): INDIANA
(b) Full maiden name of applicant's mother: PAULINE MARIE STIERWALT
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): DECEASED
Birthplace of mother (State or foreign country): INDIANA

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: [Signature] Date: 7/26/00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: [Signature] Date: 7/26/00

The 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) I swear/affirm that the information given in this application is true and correct.
Signed: [Signature]
New Address: 305 GREENFIELD WAY COVINGTON GA 30016
Subscribed and sworn to before me this _____ day of _____
[Signature] Clerk of the Hendricks Circuit Court

State of Indiana)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.
Signed: [Signature]
New Address: Same as above
Subscribed and sworn to before me this _____ day of _____
[Signature] Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 26 2000, authorizing the marriage of James Eric Vaughn and Shirley June Rouse.
I further certify that the following marriage certificate was filed in my office: I, Susan D Link (name), certify that on July 26 2000 (date), at Danville in Hendricks County, Indiana, James Eric Vaughn of Hendricks County, Indiana (state), and Shirley June Rouse of Newton County, Georgia (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 26 2000. Signed by: /s/ Susan D Link First Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 26 2000 (date).

Signed [Signature] Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 448
Date of Application July 26, 2000

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 6/13/00
Name of Physician Dr. Johns

MALE APPLICANT

Name: Donald Edward Jordan
Date of Birth: December 8 1970
Place of Birth: Indiana
Residence Address: 22 Roselawn Ave Brownsburg In
City: Brownsburg County: Ind State: In
Previous Marital Status: Never Married OR No. of Previous Marriages: _____
Last Marriage Ended By: Death Divorce Annulment Date: _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____
drivers license

- Are you now 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. none
- (a) Full name of applicant's father: William Edward Jordan
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): Indiana
Birthplace of father (State or foreign country): Indiana
(b) Full maiden name of applicant's mother: Alada Louise Thompson
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): Indiana

FEMALE APPLICANT

Name: Stephanie Lisa Jones
Date of Birth: March 8 1972
Place of Birth: Indiana
Residence Address: 10 Garfield Dr Brownsburg In
City: Brownsburg County: Ind State: In
Previous Marital Status: Never Married OR No. of Previous Marriages: _____
Last Marriage Ended By: Death Divorce Annulment Date: _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____
drivers license

- Are you now 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. none
- (a) Full name of applicant's father: David Carl Jones
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): Indiana
Birthplace of father (State or foreign country): Indiana
(b) Full maiden name of applicant's mother: Varen Jean Seaus
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Donald E. Jordan Date: 7/26/00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Stephanie Lisa Jones Date: 7/26/00

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____
State of Indiana)
County of Hendricks) Don E J I swear/affirm that the information given in this application is true and correct.
Signed _____
New Address SAME AS ABOVE
Subscribed and sworn to before me this _____ day of _____
Sharon Degan Clerk of the 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 _____ Date _____
State of Indiana)
County of Hendricks) Stephanie Lisa Jones I swear/affirm that the information given in this application is true and correct.
Signed _____
New Address 22 Roselawn Ave Brownsburg In 46112
Subscribed and sworn to before me this _____ day of _____
Sharon Degan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 26 2000, authorizing the marriage of Donald Edward Jordan and Stephanie Lisa Jones. I further certify that the following marriage certificate was filed in my office: I, Steven T Reeves (name), certify that on July 29 2000 (date), at Brownsburg in Hendricks County, Indiana, Donald Edward Jordan of Hendricks County, Indiana (state), and Stephanie Lisa 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 July 26 2000. Signed by: /s/ Steven T Reeves Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on August 1 2000 (date).

Signed Sharon Degan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 449
Date of Application 7-26-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 1-19-98
Name of Physician Barbara Koehler, MD

MALE APPLICANT
Name First Middle Last
JOSHUA BRANDON THARP
Date of Birth Month Day Year
APRIL 14 1980
Place of Birth (State or foreign country)
INDIANA HEND.
Residence Address Street or R.R. City County State
6649 Gadsden Ct Plainfield IN 46168
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____

FEMALE APPLICANT
Name First Middle Last
KATRINA SARAH SANDERS
Date of Birth Month Day Year
2 25 80
Place of Birth (State or foreign country)
Indiana
Residence Address Street or R.R. City County State
6649 Gadsden Ct Plainfield Hend IN 46168
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____

DRIVERS LICENSE
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.
MADISON ELIZABETH SANDERS
6. (a) Full name of applicant's father JOHN ROY THARP
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) INDIANA
Birthplace of father (State or foreign country) INDIANA
(b) Full maiden name of applicant's mother TRUDY BETH OGLES
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) INDIANA
Birthplace of mother (State or foreign country) INDIANA

DRIVERS LICENSE
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.
MADISON ELIZABETH SANDERS
6. (a) Full name of applicant's father JOHNNY RAY SANDER
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) INDIANA
Birthplace of father (State or foreign country) ARKANSAS
(b) Full maiden name of applicant's mother DOROTHY ELIZABETH WORKMAN
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) INDIANA
Birthplace of mother (State or foreign country) INDIANA

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [Signature] Date 7-26-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant KATRINA SANDERS Date 7-26-00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed [Signature]
New Address SAME
Subscribed and sworn to before me this _____ day of _____
[Signature] Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed KATRINA SANDERS
New Address SAME
Subscribed and sworn to before me this _____ day of _____
[Signature] Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 26 2000, authorizing the marriage of Joshua Brandon Tharp and KATRINA SARAH SANDERS. I further certify that the following marriage certificate was filed in my office: I, Stevan W Ranson (name), certify that on August 5 2000 (date), at Clayton in Hendricks County, Indiana, Joshua Brandon Tharp of Hendricks County, Indiana (state), and KATRINA SARAH SANDERS of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 26 2000. Signed by: /s/ Stevan W Ranson, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on August 11 2000 (date).

Signed [Signature] Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 450
Date of Application July 27, 2000

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 6-21-00
Name of Physician New Life Associates PC

MALE APPLICANT
Name First Middle Last
Thomas Graham Meggenhofen II
Date of Birth Month Day Year
April 23 1944
Place of Birth (State or foreign country)
Indiana
Residence Address Street or R.R. City County State
6072 Debra Ct Plainfield IN 46168
Previous Marital Status: Never Married OR No. of Previous Marriages 2
Last Marriage Ended By: Death Divorce Annulment Date 3/95
Date of Birth Verified By: Birth Certificate Other (Specify)

FEMALE APPLICANT
Name First Middle Last
LINDA JEAN SPOON
Date of Birth Month Day Year
JANUARY 14 1952
Place of Birth (State or foreign country)
Michigan
Residence Address Street or R.R. City County State
6072 Debra Ct Plainfield IN 46168
Previous Marital Status: Never Married OR No. of Previous Marriages 1
Last Marriage Ended By: Death Divorce Annulment Date 11-94
Date of Birth Verified By: Birth Certificate Other (Specify)

Driver's License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. NONE
6. (a) Full name of applicant's father Thomas Graham Meggenhofen
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) DECEASED
Birthplace of father (State or foreign country) INDIANA
(b) Full maiden name of applicant's mother MARY JANE EBLE
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Deceased
Birthplace of mother (State or foreign country) INDIANA

drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. NONE
6. (a) Full name of applicant's father Raymond Otto Bastien
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Deceased
Birthplace of father (State or foreign country) ILLINOIS
(b) Full maiden name of applicant's mother ELSIE Katherine Wiedeman
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) FLORIDA
Birthplace of mother (State or foreign country) INDIANA

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [Signature] Date 7/27/2000

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [Signature] Date 7/27/00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed [Signature]
New Address Same as above
Subscribed and sworn to before me this _____ day of _____
[Signature] Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed [Signature]
New Address same as above
Subscribed and sworn to before me this _____ day of _____
[Signature] Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 27 2000, authorizing the marriage of Thomas Graham Meggenhofen II and Linda Jean Spoon.
I further certify that the following marriage certificate was filed in my office: I, Myron Barnard (name), certify that on Sept 16 2000 (date), at Plainfield in Hendricks County, Indiana, Thomas G Meggenhofen II of Hendricks County, Indiana (state), and Linda J Spoon of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 27 2000. Signed by: /s/ Myron Barnard, Judge (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 28 2000 (date).

Signed [Signature] Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
 Indiana State Board of
 Health under Authority
 of IC 31-11-4-4

Book 63
 Page 451
 Date of Application July 27, 2000

IC 31-11-11-1. Furnishing false information upon applying for license.
 A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
 If No, Medical Examination or Report Dated 7-27-00
 Name of Physician Kurtz

MALE APPLICANT

Name Kevin Martin Lemenager
 Date of Birth September 25 1975
 Place of Birth Oklahoma
 Residence Address 7735N 75 East W. Lafayette In
 Previous Marital Status: Never Married OR No. of Previous Marriages _____
 Last Marriage Ended By: Death Divorce Annulment Date _____
 Date of Birth Verified By: Birth Certificate Other (Specify) drivers license

- Are you now 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. none
- (a) Full name of applicant's father Forrest Paul Lemenager
 (If adopted, list adoptive parents only) _____
 Residence of father (if deceased, so state) Indiana
 Birthplace of father (State or foreign country) Illinois
 (b) Full maiden name of applicant's mother Glenda Kathleen Carter
 (If adopted, list adoptive parents only) _____
 Residence of mother (if deceased, so state) Indiana
 Birthplace of mother (State or foreign country) Illinois

FEMALE APPLICANT

Name Debra Lynn Martin
 Date of Birth April 5 1977
 Place of Birth Indiana
 Residence Address 2408 Judon Rd Clayton In 40118
 Previous Marital Status: Never Married OR No. of Previous Marriages _____
 Last Marriage Ended By: Death Divorce Annulment Date _____
 Date of Birth Verified By: Birth Certificate Other (Specify) drivers license

- Are you now 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. none
- (a) Full name of applicant's father Merlin Eugene Martin
 (If adopted, list adoptive parents only) _____
 Residence of father (if deceased, so state) Indiana
 Birthplace of father (State or foreign country) Indiana
 (b) Full maiden name of applicant's mother Sandra Kay Bremenman
 (If adopted, list adoptive parents only) _____
 Residence of mother (if deceased, so state) Indiana
 Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
 Signature of Applicant Kevin M. Lemenager Date 7/27/00

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
 Signature of Applicant Debra Martin Date 7/27/00

The 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)
 I swear/affirm that the information given in this application is true and correct.
 Signed Kevin M. Lemenager
 New Address Other State
 Subscribed and sworn to before me this _____ day of _____
Sharon Dugas Clerk of the Hendricks Circuit Court

State of Indiana)
 County of Hendricks)
 I swear/affirm that the information given in this application is true and correct.
 Signed Debra Martin
 New Address ABOVE
 Subscribed and sworn to before me this _____ day of _____
Sharon Dugas Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for 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 _____
 _____ Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
 County of Hendricks)
 Father _____ ID # _____
 Mother _____ ID # _____
 Subscribed and sworn to before me this _____ day of _____
 _____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 27 2000, authorizing the marriage of Kevin Martin Lemenager and Debra Lynn Martin.
 I further certify that the following marriage certificate was filed in my office: I, Kevin Morris (name), certify that on August 26 2000 (date), at Plainfield in Hendricks County, Indiana, Deevin M Lemenager of Tippecanoe County, Indiana (state), and Debra L Martin of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 27 2000. Signed by: /s/ Kevin Morris Pastor (official designation)
 Filed and recorded in accordance with the laws of the State of Indiana on August 29 2000 (date).

Signed Sharon Dugas Clerk
 Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 452
Date of Application July 27, 2000

IC 31-11-11-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the
circuit court when the person applies for a marriage license under
IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 7-20-00
Name of Physician D. Johns

MALE APPLICANT
Name First Middle Last
Matthew Jason Bosworth
Date of Birth Month Day Year
January 5 1971
Place of Birth (State or foreign country)
Chile
Residence Address Street or R.R. City County State
10869 Glenayr Dr. Camby In 46113
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____

FEMALE APPLICANT
Name First Middle Last
Jennifer Lynn Jacobs
Date of Birth Month Day Year
November 21 1977
Place of Birth (State or foreign country)
Indiana
Residence Address Street or R.R. City County State
10869 Glenayr Dr. Camby In 46113
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.
NONE
6. (a) Full name of applicant's father Brian Reynold Bosworth
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Massachusetts
Birthplace of father (State or foreign country) Michigan
(b) Full maiden name of applicant's mother Sally Jay Plamondon
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) New Hampshire

DRIVERS LICENSE
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.
NONE
6. (a) Full name of applicant's father Earl Paul Jacobs
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Pamela Kay Webb
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Florida
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that
are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).
Signature of Applicant Matthew Bosworth Date 7/27/00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that
are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).
Signature of Applicant Jennifer Jacobs Date 7-27-00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Matthew Bosworth
New Address same as above
Subscribed and sworn to before me this _____ day of _____
Harold Dugan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Jennifer Jacobs
New Address same as above
Subscribed and sworn to before me this _____ day of _____
Harold Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 27 2000, authorizing the marriage of Matthew Jason Bosworth and Jennifer Lynn Jacobs.
I further certify that the following marriage certificate was filed in my office: I, John P Roof (name),
certify that on August 5 2000 (date), at Danville in Hendricks
County, Indiana, Matthew Jason Bosworth of Hendricks County, Indiana
(state), and Jennifer Lynn Jacobs of Hendricks County, Indiana (state)
were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated
July 27 2000. Signed by: /s/ Joh P Roof, Priest (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 11 2000 (date).

Signed Harold Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 453
Date of Application July 28, 2000

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 7-20-00
Name of Physician D. Wright

MALE APPLICANT

Name: Christopher Allen Sinclair
 Date of Birth: November 2, 1974
 Place of Birth: West Virginia, Herd In
 Residence Address: 6158 Yellow Birch Ct Plainfield
 Previous Marital Status: Never Married OR No. of Previous Marriages: 4/108
 Last Marriage Ended By: Death Divorce Annulment Date _____
 Date of Birth Verified By: Birth Certificate Other (Specify) drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
 If answer is "yes", has the adjudication been removed? No Yes
 2. Are you related to the female applicant closer than second cousin? No Yes
 3. Are you now under the influence of an alcoholic beverage? No Yes
 4. Are you now under the influence of a narcotic drug? No Yes
 5. List the full names of any dependent children. 0
 6. (a) Full name of applicant's father: John David Sinclair
 (If adopted, list adoptive parents only) _____
 Residence of father (if deceased, so state): Indiana
 Birthplace of father (State or foreign country): West Virginia
 (b) Full maiden name of applicant's mother: Phyllis Zella Adams
 (If adopted, list adoptive parents only) _____
 Residence of mother (if deceased, so state): Indiana
 Birthplace of mother (State or foreign country): West Virginia

FEMALE APPLICANT

Name: Julie Michelle Hill
 Date of Birth: January 27, 1976
 Place of Birth: Illinois, Mendon Hills
 Residence Address: 37 Carnaby Dr Brownsburg In
 Previous Marital Status: Never Married OR No. of Previous Marriages: _____
 Last Marriage Ended By: Death Divorce Annulment Date _____
 Date of Birth Verified By: Birth Certificate Other (Specify) drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
 If answer is "yes", has the adjudication been removed? No Yes
 2. Are you related to the male applicant closer than second cousin? No Yes
 3. Are you now under the influence of an alcoholic beverage? No Yes
 4. Are you now under the influence of a narcotic drug? No Yes
 5. List the full names of any dependent children. 0
 6. (a) Full name of applicant's father: James Ernest Hill
 (If adopted, list adoptive parents only) _____
 Residence of father (if deceased, so state): Indiana
 Birthplace of father (State or foreign country): Indiana
 (b) Full maiden name of applicant's mother: Carrie Jeanne Stapp
 (If adopted, list adoptive parents only) _____
 Residence of mother (if deceased, so state): Illiana
 Birthplace of mother (State or foreign country): Illinois

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Chris Sinclair Date: 7/28/00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Julie Hill Date: 7/28/00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed: Chris Sinclair
New Address: 6650 Bear Creek #1312 Indpls IN 46254
Subscribed and sworn to before me this 28 day of July 2000
Harold Dugas Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed: Julie Hill
New Address: 6650 Bear Creek #1312 Indpls IN 46254
Subscribed and sworn to before me this 28 day of July 2000
Harold Dugas Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 28 2000, authorizing the marriage of Christopher Allen Sinclair and Julie Michelle Hill.
I further certify that the following marriage certificate was filed in my office: 1. Joseph L Villa (name), certify that on August 5 2000 (date), at Indianapolis in Marion County, Indiana. Christopher Sinclair of Hendricks County, Indiana (state), and Julie Michelle Hill of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 28 2000. Signed by: /s/ Joseph L Villa Priest (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 11 2000 (date).

Signed: Harold Dugas Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 454
Date of Application 7-28-00

IC 31-11-11-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 7-28-00
Name of Physician Dr. Gaddy, MD

MALE APPLICANT

Name First Middle Last
Chad Stephen Buckles

Date of Birth Month Day Year
1 24 77

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
PRI Box 47 Wingate Montg. IN 47992

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify)
driver's license

- Are you now 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. _____
- (a) Full name of applicant's father Stephen Ray Buckles
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) deceased
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Nancy Darlene DeFur
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name First Middle Last
Courtney Michelle Rush

Date of Birth Month Day Year
3 26 77

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
1130 Windhaven Circle #E Brownsburg Ind IN 46112

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify)
drivers license

- Are you now 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
- Are you now under the influence of a narcotic drug? No Yes
NA
- List the full names of any dependent children. _____
- (a) Full name of applicant's father Wayne David Rush
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Vicki Ann Barker
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

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

Signature of Applicant Chad S. Buckles Date 7-28-00

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

ACKNOWLEDGEMENT

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

Signature of Applicant Courtney M. Rush Date 7/28/00

The above applicant has 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
County of Hendricks) in this application is true and correct.
Signed Chad S. Buckles
New Address 1130 Windhaven Circle #E Bburg IN 46112
Subscribed and sworn to before me this _____ day of _____
Harold Dugas Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Courtney M. Rush
New Address same as above
Subscribed and sworn to before me this 28 day of July 2000
Harold Dugas Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 28 2000, authorizing the marriage of Chad Stephen Buckles and Courtney Michelle Rush. I further certify that the following marriage certificate was filed in my office: I, David J Buckles (name), certify that on August 12 2000 (date), at Lafayette in Tippecanoe County, Indiana, Chad Stephen Buckles of Montgomery County, Indiana (state), and Courtney Michelle Rush of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 28 2000. Signed by: /s/ David J Buckles Priest (official designation) Filed and recorded in accordance with the laws of the State of Indiana on August 17 2000 (date).

Signed Harold Dugas Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
 Indiana State Board of
 Health under Authority
 of IC 31-11-4-4

Book 63
 Page 455
 Date of Application July 28 2000

IC 31-11-1. Furnishing false information upon applying for license.
 A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
 If No, Medical Examination of Report Dated July 25, 2000
 Name of Physician Dr. Hill

MALE APPLICANT

Name: Randall Ray Hackworth
 Date of Birth: May 12 1976
 Place of Birth: Indiana
 Residence Address: 7 Nelson Arde B' Burg In 46112
 Previous Marital Status: Never Married OR No. of Previous Marriages: _____
 Last Marriage Ended By: Death Divorce Annulment Date _____
 Date of Birth Verified By: Birth Certificate Other (Specify) _____

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

FEMALE APPLICANT

Name: Cherie Renee Dunlap
 Date of Birth: June 1 1975
 Place of Birth: Indiana
 Residence Address: 7 Nelson Arde B' Burg In 46112
 Previous Marital Status: Never Married OR No. of Previous Marriages: _____
 Last Marriage Ended By: Death Divorce Annulment Date _____
 Date of Birth Verified By: Birth Certificate Other (Specify) _____

1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
 If answer is "yes", has the adjudication been removed? No Yes
 2. Are you related to the male applicant closer than second cousin? No Yes
 3. Are you now under the influence of an alcoholic beverage? No Yes
 4. Are you now under the influence of a narcotic drug? No Yes
 5. List the full names of any dependent children. none
 6. (a) Full name of applicant's father: Robert Eugene Dunlap
 (If adopted, list adoptive parents only) _____
 Residence of father (if deceased, so state) Indiana
 Birthplace of father (State or foreign country) Ohio
 (b) Full maiden name of applicant's mother: Suzanne Joyce Demschen
 (If adopted, list adoptive parents only) _____
 Residence of mother (if deceased, so state) Indiana
 Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
 Signature of Applicant: Randall R. Hackworth Date: 7/28/00

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
 Signature of Applicant: Cherie R. Dunlap Date: 7/28/00

The above applicant has objected to verifying 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: Randall R. Hackworth
 New Address: SAME AS ABOVE
 Subscribed and sworn to before me this _____ day of _____
Harold Dugan Clerk of the Hendricks Circuit Court

State of Indiana)
 County of Hendricks)
 Signed: Cherie R. Dunlap
 New Address: SAME AS ABOVE
 Subscribed and sworn to before me this 28 day of July, 2000
Harold Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for 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 _____
 _____ Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
 County of Hendricks)
 Father _____ ID # _____
 Mother _____ ID # _____
 Subscribed and sworn to before me this _____ day of _____
 _____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 28 2000, authorizing the marriage of Randall Ray Hackworth and Cherie Renee Dunlap. I further certify that the following marriage certificate was filed in my office: I, Michael R Harris (name), certify that on Sept 23 2000 (date), at Fort Wayne in Allen County, Indiana, Randall R Hackworth of Hendricks County, Indiana (state), and Cherie R Dunlap of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 28 2000. Signed by: /s/ Michael R Harris Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on September 29 2000 (date).

Signed Harold Dugan Clerk
 Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 456
Date of Application July 31, 2000

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated July 14, 2000
Name of Physician Dr. Gortchikov

MALE APPLICANT

Name: Aaron Scott Conger
 Date of Birth: January 15 1980
 Place of Birth: Indiana
 Residence Address: 7137 E. CO RD 150 S. Ellettsville, IN 46123
 Previous Marital Status: Never Married OR No. of Previous Marriages: _____
 Last Marriage Ended By: Death Divorce Annulment Date _____
 Date of Birth Verified By: Birth Certificate Other (Specify) driver's license

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

FEMALE APPLICANT

Name: Heidi Lynne Bates
 Date of Birth: September 6 1979
 Place of Birth: Indiana
 Residence Address: 22041 St 119, Ellettsville, IN 46126
 Previous Marital Status: Never Married OR No. of Previous Marriages: _____
 Last Marriage Ended By: Death Divorce Annulment Date _____
 Date of Birth Verified By: Birth Certificate Other (Specify) driver's license

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
 Signature of Applicant: Aaron Conger Date: 7/31/00

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
 Signature of Applicant: Heidi L. Bates Date: 7-31-00

The above applicant has 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
 County of Hendricks) in this application is true and correct.
 Signed: Aaron Conger
 New Address: 810 Ridgewood Dr Apt 102D Plainfield, IN 46168
 Subscribed and sworn to before me this 31 day of July 2000
Sharon Degan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
 County of Hendricks) in this application is true and correct.
 Signed: Heidi L. Bates
 New Address: 810 Ridgewood Dr, Apt 102D Plainfield IN 46168
 Subscribed and sworn to before me this 31 day of July 2000
Sharon Degan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for 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 _____
 _____ Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
 County of Hendricks)
 Father _____ ID # _____
 Mother _____ ID # _____
 Subscribed and sworn to before me this _____ day of _____
 _____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 31 2000, authorizing the marriage of Aaron Scott Conger and Heidi Lynne Bates.
 I further certify that the following marriage certificate was filed in my office: I, Tim Gephart (name), certify that on August 5 2000 (date), at Plainfield in Hendricks County, Indiana, Aaron Scott Conger of Hendricks County, Indiana (state), and Heidi Lynne Bates of Elkart County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 31 2000. Signed by: /s/ Tim Gephart Minister (official designation)
 Filed and recorded in accordance with the laws of the State of Indiana on August 11 2000 (date).

Signed Sharon Degan Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 457
Date of Application July 31 2000

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated June 5, 2000
Name of Physician Dr. Munjapara

MALE APPLICANT

Name First Middle Last
James Richard Chetnik

Date of Birth Month Day Year
October 24 1959

Place of Birth (State or foreign country)
Ohio

Residence Address Street or R.R. City County State
5957 Wysteria Ct. Burg In 46112

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

Last Marriage Ended By: Death Divorce Annulment Date 1-98

Date of Birth Verified By: Birth Certificate Other (Specify)
Indiana driver 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 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
- List the full names of any dependent children.
none
- (a) Full name of applicant's father Edward Francis Chetnik
(If adopted, list adoptive parents only) deceased
Residence of father (if deceased, so state) deceased
Birthplace of father (State or foreign country) Ohio
(b) Full maiden name of applicant's mother Daine Dege Lamborn
(If adopted, list adoptive parents only) Ohio
Residence of mother (if deceased, so state) Ohio
Birthplace of mother (State or foreign country) Ohio

FEMALE APPLICANT

Name First Middle Last
Pam Ellen Sperber

Date of Birth Month Day Year
June 18 1966

Place of Birth (State or foreign country)
Ohio

Residence Address Street or R.R. City County State
5957 Wysteria Ct. Brownsburg In 46112

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify)
Ohio driver 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 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
- List the full names of any dependent children.
none
- (a) Full name of applicant's father James Henry Sperber
(If adopted, list adoptive parents only) deceased
Residence of father (if deceased, so state) deceased
Birthplace of father (State or foreign country) Ohio
(b) Full maiden name of applicant's mother Carol Catherine Hubble
(If adopted, list adoptive parents only) Ohio
Residence of mother (if deceased, so state) Ohio
Birthplace of mother (State or foreign country) Ohio

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant James R Chetnik Date 7-31-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Pam Sperber Date 7-31-00

The above applicant has 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
County of Hendricks) in this application is true and correct.
Signed James R Chetnik
New Address SAME AS ABOVE
Subscribed and sworn to before me this _____ day of _____
Sharon Dugan Clerk of the 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 _____ Date _____

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Pam Sperber
New Address same as above
Subscribed and sworn to before me this _____ day of _____
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk

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

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 31 2000, authorizing the marriage of James Richard Chetnik and Pam Ellen Sperber.
I further certify that the following marriage certificate was filed in my office: I, Susan D Link (name), certify that on July 31 2000 (date), at Danville in Hendricks County, Indiana, James Richard Chetnik of Hendricks County, Indiana (state), and Pam Ellen Sperber of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 31 2000. Signed by: /s/ Susan D Link First Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 31 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

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Page 458
Date of Application July 31, 2000

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated July 21, 2000
Name of Physician Dr. Haak

MALE APPLICANT
Name: Elvin Jr. Collis
Date of Birth: 10-5-69
Place of Birth: Indiana
Residence Address: 847 N Mill Rd Dr #B Plainfield In
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____

FEMALE APPLICANT
Name: Amy Jo Satterly
Date of Birth: 2-19-74
Place of Birth: Indiana
Residence Address: 247 Mill Run Dr #B Plainfield In
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) _____

drivers license
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.
Justin Satterly + Nicholas Satterly
6. (a) Full name of applicant's father: Elvin Jr. Collis
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): deceased
Birthplace of father (State or foreign country): Indiana
(b) Full maiden name of applicant's mother: Judy Skinner
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): deceased
Birthplace of mother (State or foreign country): Kentucky

drivers license
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.
Justin Satterly, Nicholas Satterly, Satterly Satterly
6. (a) Full name of applicant's father: Estue Satterly
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): Indiana
Birthplace of father (State or foreign country): Kentucky
(b) Full maiden name of applicant's mother: Diana Ward
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Elvin Collis Date: 7/31/00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Amy Satterly Date: 7/31/00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed: Elvin J Collis
New Address: same
Subscribed and sworn to before me this 31 day of July 2000
Harold Dugan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed: Amy Jo Satterly
New Address: same as above
Subscribed and sworn to before me this 31 day of July 2000
Harold Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 31 2000, authorizing the marriage of Elvin Jr Collis and Amy Jo Satterly
I further certify that the following marriage certificate was filed in my office: I, Susan D Link (name), certify that on July 31 2000 (date), at Danville in Hendricks County, Indiana, Elvin Jr Collis of Hendricks County, Indiana (state), and Amy Jo Satterly of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 31 2000. Signed by: /s/ Susan D Link First Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on July 31 2000 (date).

Signed Harold Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 459
Date of Application July 31, 2000

IC 31-11-11-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the
circuit court when the person applies for a marriage license under
IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated July 17, 2000
Name of Physician Dr. Star

MALE APPLICANT

Name: Robert Paul Harris III
Date of Birth: May 6 1978
Place of Birth: Indiana
Residence Address: 222 N Grant St. B. burg In 46112
City: Hendricks County: Hendricks State: Indiana
Previous Marital Status: Never Married OR No. of Previous Marriages: 4
Last Marriage Ended By: Death Divorce Annulment Date: _____
Date of Birth Verified By: Birth Certificate Other (Specify) drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children: Robert Paul Harris III
6. (a) Full name of applicant's father: Robert Paul Harris II
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother: Linda Colleen Kest
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Colorado

FEMALE APPLICANT

Name: Melanie Victoria Taylor
Date of Birth: November 27 1977
Place of Birth: Washington
Residence Address: 222 N Grant St. B. burg In 46112
City: Hendricks County: Hendricks State: Indiana
Previous Marital Status: Never Married OR No. of Previous Marriages: _____
Last Marriage Ended By: Death Divorce Annulment Date: _____
Date of Birth Verified By: Birth Certificate Other (Specify) drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes
2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children: Robert Paul Harris III
6. (a) Full name of applicant's father: David Michael Taylor
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Ohio
(b) Full maiden name of applicant's mother: Jodi Michele Hamilton
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Virginia

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases 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 Paul Harris III Date 7/31/2000

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that
are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).
Signature of Applicant Melanie Taylor Date 7/31/00

The 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) I swear/affirm that the information given
County of Hendricks) Robert Paul Harris III in this application is true and correct.
Signed _____
New Address same as above
Subscribed and sworn to before me this 31 day of July 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) Melanie Taylor in this application is true and correct.
Signed _____
New Address same as above
Subscribed and sworn to before me this 31 day of July 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated
July 31 2000, authorizing the marriage of Robert Paul Harris III and Melanie Victoria Taylor.
I further certify that the following marriage certificate was filed in my office: I, William Dougherty (name),
certify that on August 12 2000 (date), at Plainfield in Hendricks
County, Indiana, Robert P Harris III of Hendricks County, Indiana
(state), and Melanie V Taylor of Hendricks County, Indiana (state)
were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated
July 31 2000. Signed by: /s/ Willima Dougherty, Elder (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on Sept 12 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 460
Date of Application 7-31-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 6-14-00
Name of Physician 8244 EUS 36 Avon, IN 46123

MALE APPLICANT

Name: First Aaron Middle James Last Hendry
Date of Birth: Month 4 Day 19 Year 79
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 250 N EAST ST Apt. 209 City Placid County Hend State IN 46169
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) drivers license

- Are you now 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. Kylie Savanna-Rose Hendry
- (a) Full name of applicant's father James Michael Hendry
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Tennessee
(b) Full maiden name of applicant's mother Alexann Martinez
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) California

FEMALE APPLICANT

Name: First Gabrielle Middle Annette Last Thompson
Date of Birth: Month 5 Day 31 Year 78
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 5746 N SR 39 City Lizton County Hend State IN 46149
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) 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 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
- List the full names of any dependent children. NA
- (a) Full name of applicant's father Gregory Arlin Thompson Sr.
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Suzanne Annette Leak
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

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

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

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed [Signature]
New Address Same as above
Subscribed and sworn to before me this 31 day of July, 2000
[Signature] Clerk of the Hendricks Circuit Court

ACKNOWLEDGEMENT

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

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

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed [Signature]
New Address 250 N EAST Apt 209 Placid IN
Subscribed and sworn to before me this 31 day of July, 2000
[Signature] Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 31 2000, authorizing the marriage of Aaron James Hendry and Gabrielle Annette Thompson.
I further certify that the following marriage certificate was filed in my office: I, Richard A Alstott (name), certify that on September 17 2000 (date), at Lizton in Hendricks County, Indiana, Aaron J Hendry of Hendricks County, Indiana (state), and Gabrielle A Thompson of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 31 2000, signed by: /s/ Richard A Alstott, Clergy (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 18 2000 (date).

Signed [Signature] Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 461
Date of Application 8-1-00

IC 31-11-11-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 7-28-00
Name of Physician David Gaddy MD

MALE APPLICANT

Name: Matthew Scott Hamstra
Date of Birth: May 9 1974
Place of Birth: Indiana
Residence Address: 46 W Vermont St B'burg In 46112
City: B'burg County: Hendricks State: IN
Previous Marital Status: Never Married OR No. of Previous Marriages: _____
Last Marriage Ended By: Death Divorce Annulment Date: _____
Date of Birth Verified By: Birth Certificate Other (Specify) 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 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
- List the full names of any dependent children. none
- (a) Full name of applicant's father: Dennis Hamstra
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother: Wendy Ann York
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: Nealy Rashae Deck
Date of Birth: 6 8 76
Place of Birth: Indiana
Residence Address: 46 W Vermont St B'burg Hend IN 46112
City: B'burg County: Hendricks State: IN
Previous Marital Status: Never Married OR No. of Previous Marriages: _____
Last Marriage Ended By: Death Divorce Annulment Date: _____
Date of Birth Verified By: Birth Certificate Other (Specify) 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 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
- List the full names of any dependent children. NA
- (a) Full name of applicant's father: Ronald Jay Deck
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) deceased
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother: Dianna Lynn Morrison
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Matthew Hamstra Date 8/1/00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Nealy R. Deck Date 8-1-00

The 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) I swear/affirm that the information given in this application is true and correct.
Signed Matthew Hamstra
New Address Same
Subscribed and sworn to before me this August 2000 day of _____
Harold Dugan Clerk of the Hendricks Circuit Court

State of Indiana)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.
Signed Nealy R. Deck
New Address Same
Subscribed and sworn to before me this August 2000 day of _____
Harold Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 1 2000, authorizing the marriage of Matthew Scott Hamstra and Nealy Rashae Deck.
I further certify that the following marriage certificate was filed in my office: I, Harold L Leininger II (name), certify that on Sept 2 2000 (date), at Brownsburg in Hendricks County, Indiana, Matthew S Hamstra of Hendricks County, Indiana (state), and Nealy Rashae Deck of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 1 2000. Signed by: /s/ Harold L Leininger II Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 2 2000 (date).

Signed Harold Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 462
Date of Application 7-31-00

IC 31-11-11-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the
circuit court when the person applies for a marriage license under
IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 7-31-00
Name of Physician Teresa Brown, MD

MALE APPLICANT

Name: Daniel Ray Brown
Date of Birth: July 25 1978
Place of Birth: Indiana
Residence Address: 3940 E. Ce. 700 S. Clayton In 46118
City: Hendricks State: Indiana
Previous Marital Status: Never Married OR No. of Previous Marriages: _____
Last Marriage Ended By: Death Divorce Annulment Date: _____
Date of Birth Verified By: Birth Certificate Other (Specify) 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 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
- List the full names of any dependent children. none
- (a) Full name of applicant's father: Carl Ray Brown
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Kentucky
(b) Full maiden name of applicant's mother: Carol Frankel Stalme
(If adopted, list adoptive parents only) Scott
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: Angela Sue Brown
Date of Birth: 8 10 80
Place of Birth: Indiana
Residence Address: 3146 S Roena St Indpls City: Marion State: IN 46241
Previous Marital Status: Never Married OR No. of Previous Marriages: _____
Last Marriage Ended By: Death Divorce Annulment Date: _____
Date of Birth Verified By: Birth Certificate Other (Specify) 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 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
- List the full names of any dependent children. Sierra Nicole Perdue
- (a) Full name of applicant's father: Gary Lee Brown
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother: Carolyn Sue West
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases 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 Ray Brown Date: 7/31/00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Angela Brown Date: 7/31/00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed: Daniel Ray Brown
New Address: 3940 E. Ce. 700 S. Clayton In 46118
Subscribed and sworn to before me this 31 day of July 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed: Angela Brown
New Address: 3940 E Ce 700 S. Clayton In 46118
Subscribed and sworn to before me this 31 day of July 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 31 2000, authorizing the marriage of Daniel Ray Brown and Angela Sue Brown.
I further certify that the following marriage certificate was filed in my office: I, Damon W Finley (name), certify that on Sept 16 2000 (date), at Indianapolis in Marion County, Indiana, Daniel R Brown of Hendricks County, Indiana (state), and Angela S Brown of Marion County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated July 31 2000. Signed by: /s/ Damon W Finley, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 20 2000 (date).

Signed: Sharon Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 463
Date of Application August 1, 2000

IC 31-11-11-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the
circuit court when the person applies for a marriage license under
IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated July 20, 2000
Name of Physician Dr. Willemont

MALE APPLICANT

Name: Robin Wayne Chatam
Date of Birth: August 24 1952
Place of Birth: Indiana
Residence Address: 627 Parker Lakes Way Brownsburg
Previous Marital Status: Never Married OR No. of Previous Marriages: 2
Last Marriage Ended By: Death Divorce Annulment Date: 5/00
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 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. none
- (a) Full name of applicant's father: Roy Ray Chatam
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): deceased
Birthplace of father (State or foreign country): Indiana
(b) Full maiden name of applicant's mother: Mary Jane Dickman
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): deceased
Birthplace of mother (State or foreign country): Indiana

FEMALE APPLICANT

Name: Dawn Michele Wagner
Date of Birth: February 11 1973
Place of Birth: Indiana
Residence Address: 2530 Moller Rd Indianapolis
Previous Marital Status: Never Married OR No. of Previous Marriages: _____
Last Marriage Ended By: Death Divorce Annulment Date: _____
Date of Birth Verified By: Birth Certificate Other (Specify) drivers license

- Are you now 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children: Madison Paige Wagner
- (a) Full name of applicant's father: Ira Austin Smith
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): deceased
Birthplace of father (State or foreign country): Indiana
(b) Full maiden name of applicant's mother: Sharon Louise Wagner
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Robin Chatam Date: 8-1-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Dawn M. Wagner Date: 5-1-00

The 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 _____ I swear/affirm that the information given in this application is true and correct.
Signed: Sharon Dugas
New Address: 627 PARKER LAKES WAY
Subscribed and sworn to before me this 1 day of AUG 2000
Sharon Dugas Clerk of the Hendricks Circuit Court

State of Indiana _____ I swear/affirm that the information given in this application is true and correct.
Signed: Dawn M. Wagner
New Address: 627 Parker Lakes Way
Subscribed and sworn to before me this 1 day of AUG 2000
Sharon Dugas Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____)
Clerk _____)

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana _____)
County of Hendricks _____)
Father _____ ID # _____)
Mother _____ ID # _____)
Subscribed and sworn to before me this _____ day of _____)
Clerk _____)

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 1 2000, authorizing the marriage of Robin Wayne Chatam and Dawn Michele Wagner.
I further certify that the following marriage certificate was filed in my office: I, Susan D Link (name), certify that on August 9 2000 (date), at Danville in Hendricks County, Indiana, Robin Wayne Chatam of Brownsburg County, Indiana (state), and Dawn Michele Wagner of Indianapolis County, Marion (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 1 2000. Signed by: /s/ Susan D Link First Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 9 2000 (date).

Signed: Sharon Dugas Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 464
Date of Application 8-1-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 8-1-00
Name of Physician Ludmila Trammell

MALE APPLICANT

Name: Larry Gene Deaton Jr.
Date of Birth: October 24 1907
Place of Birth: Indiana
Residence Address: 1157 N Pinewood Dr Plainfield IN 46168
Previous Marital Status: Never Married OR No. of Previous Marriages: 1
Last Marriage Ended By: Death Divorce Annulment Date: 12-31-96
Date of Birth Verified By: Birth Certificate Other (Specify) Indiana Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes

2. Are you related to the female applicant closer than second cousin? No Yes

3. Are you now under the influence of an alcoholic beverage? No Yes

4. Are you now under the influence of a narcotic drug? No Yes

5. List the full names of any dependent children.
Cyberka Christine Deaton
Kara Ashley Deaton

6. (a) Full name of applicant's father: Larry Gene Deaton Sr.
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): Indiana
Birthplace of father (State or foreign country): Kentucky
(b) Full maiden name of applicant's mother: Alma Jane McTalb
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): Indiana

FEMALE APPLICANT

Name: Leann Kristina Selmier
Date of Birth: 10 6 70
Place of Birth: Indiana
Residence Address: 1157D Pinewood Dr P-field Hend IN 46168
Previous Marital Status: Never Married OR No. of Previous Marriages: _____
Last Marriage Ended By: Death Divorce Annulment Date: _____
Date of Birth Verified By: Birth Certificate Other (Specify) drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes

2. Are you related to the male applicant closer than second cousin? No Yes

3. Are you now under the influence of an alcoholic beverage? No Yes

4. Are you now under the influence of a narcotic drug? No Yes

5. List the full names of any dependent children. NA

6. (a) Full name of applicant's father: Kevin Eiton Selmier
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): Indiana
Birthplace of father (State or foreign country): Indiana
(b) Full maiden name of applicant's mother: Margaret Ruth Johnson
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Larry G. Deaton Jr Date: 8-1-00

The above applicant has 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
County of Hendricks) in this application is true and correct.
Signed: Larry G. Deaton Jr
New Address: SAME
Subscribed and sworn to before me this 1 day of August 2000
Harold Dugas Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Leann K. Selmier Date: 8/1/00

The above applicant has 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
County of Hendricks) in this application is true and correct.
Signed: Leann K. Selmier
New Address: SAME
Subscribed and sworn to before me this 1 day of August 2000
Harold Dugas Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 1 2000, authorizing the marriage of Larry Gene Deaton Jr and Leann Kristina Selmier. I further certify that the following marriage certificate was filed in my office: I, Chester A Mayflower (name), certify that on August 26 2000 (date), at Speedway in Marion County, Indiana, Larry G Deaton Jr of Hendricks County, Indiana (state), and Leann K Selmier of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 1 2000. Signed by: /s/ Chester A Mayflower, Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on August 28 2000 (date).

Signed Harold Dugas Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 465
Date of Application 8-2-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 8-1-00
Name of Physician Lab Corp of America
321 Northfield Dr. B-burg, IN 46112

MALE APPLICANT
Name: Marvin Dale Ballard
Date of Birth: 6/2/58
Place of Birth: Illinois
Residence Address: 9834 Eastway #38 B-burg Hend IN
Previous Marital Status: Never Married OR No. of Previous Marriages 3
Last Marriage Ended By: Death Divorce Annulment Date 1997
Date of Birth Verified By: Birth Certificate Other (Specify) Illinois drivers license
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 a narcotic drug? No Yes
5. List the full names of any dependent children. John Richard Ballard
6. (a) Full name of applicant's father John Monroe Ballard
(b) Full maiden name of applicant's mother Bessie Irene Kirchoff

FEMALE APPLICANT
Name: Michelle Kay Claybaugh
Date of Birth: 9/25/69
Place of Birth: Illinois
Residence Address: 9834 Eastway #38 B-burg Hend IN 46112
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) Illinois driver's license
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. NA
6. (a) Full name of applicant's father Daniel Gawthrop
(b) Full maiden name of applicant's mother Barbara Elen Price

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Marvin Ballard Date 8-2-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Michelle Cleff Date 8-2-00

The 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)
I swear/affirm that the information given in this application is true and correct.
Signed Marvin Ballard
New Address same as above
Subscribed and sworn to before me this 2 day of August 2000
Harold Dugan Clerk of the Hendricks Circuit Court

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Michelle Cleff
New Address same as above
Subscribed and sworn to before me this 2 day of August 2000
Harold Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 2 2000, authorizing the marriage of Marvin Dale Ballard and Michelle Kay Claybaugh. I further certify that the following marriage certificate was filed in my office: I, Kenneth Smith (name), certify that on August 4 2000 (date), at Pittsboro in Hendricks County, Indiana, Marvin Dale Ballard of Hendricks County, Indiana (state), and Michelle Kay Claybaugh of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 2 2000. Signed by: /s/ Kenneth Smith Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on August 11 2000 (date).

Signed Harold Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 466
Date of Application 8-2-00

IC 31-11-11-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the
circuit court when the person applies for a marriage license under
IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated Aug 2, 2000
Name of Physician Dr. Kenderman

MALE APPLICANT

Name Bradley Wayne Tearman
Date of Birth 8/12/76
Place of Birth (State or foreign country) Texas
Residence Address 198 N. Tennessee St. Danville Hendricks In
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) drivers license

- Are you now 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. none
- (a) Full name of applicant's father Michael J. Tearman
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Delva Louise Lovel
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name Rebecca Mary Reklis
Date of Birth January 9 1973
Place of Birth (State or foreign country) Montana
Residence Address 198 Tennessee St. Danville Hendricks In
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) drivers license

- Are you now 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. none
- (a) Full name of applicant's father Robert Peter Reklis
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) California
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Deane Marie Roman
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) California
Birthplace of mother (State or foreign country) New Jersey

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Bradley W Tearman Date 8-2-00

The above applicant has 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
County of Hendricks) in this application is true and correct.
Signed Bradley W Tearman
New Address same as above
Subscribed and sworn to before me this _____ day of _____
Harold Dugan Clerk of the Hendricks Circuit Court

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Rebecca M Reklis Date 8/2/00

The above applicant has 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
County of Hendricks) in this application is true and correct.
Signed Rebecca M Reklis
New Address same as above
Subscribed and sworn to before me this _____ day of _____
Harold Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for 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 _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 2 2000, authorizing the marriage of Bradley Wayne Tearman and Rebecca Mary Reklis.
I further certify that the following marriage certificate was filed in my office: I, Billy Strother (name), certify that on August 26 2000 (date), at Danville in Hendricks County, Indiana, Bradley W Tearman of Hendricks County, Indiana (state), and Rebecca M Reklis of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 2 2000. Signed by: /s/ Billy Strother Preacher (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 29 2000 (date).

Signed Harold Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 467
Date of Application August 3, 2000

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated Aug. 2, 2000
Name of Physician HCHD

MALE APPLICANT

Name: Richard Phillip Raymond
Date of Birth: December 22 1966
Place of Birth: Illinois
Residence Address: 408 Duffey Plainfield In 46068
Previous Marital Status: Never Married OR No. of Previous Marriages: 1
Last Marriage Ended By: Death Divorce Annulment Date: Oct. 98
Date of Birth Verified By: Birth Certificate Other (Specify) drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes

2. Are you related to the female applicant closer than second cousin? No Yes

3. Are you now under the influence of an alcoholic beverage? No Yes

4. Are you now under the influence of a narcotic drug? No Yes

5. List the full names of any dependent children: Josiah Nicole Raymond

6. (a) Full name of applicant's father: Roger Lee Raymond
Residence of father (if deceased, so state): Illinois
Birthplace of father (State or foreign country): Illinois
(b) Full maiden name of applicant's mother: Helen Bernice Decker
Residence of mother (if deceased, so state): Illinois
Birthplace of mother (State or foreign country): Illinois

FEMALE APPLICANT

Name: Connie Jo Asher
Date of Birth: June 2 1975
Place of Birth: Ohio
Residence Address: 408 Duffey St Plainfield In 46068
Previous Marital Status: Never Married OR No. of Previous Marriages: 1
Last Marriage Ended By: Death Divorce Annulment Date: July 99
Date of Birth Verified By: Birth Certificate Other (Specify) drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes

2. Are you related to the male applicant closer than second cousin? No Yes

3. Are you now under the influence of an alcoholic beverage? No Yes

4. Are you now under the influence of a narcotic drug? No Yes

5. List the full names of any dependent children: Joshua Dale Asher, Nathaniel Lee Asher, Jessica Nicole Raymond

6. (a) Full name of applicant's father: Moncy Dallas Fairchild III
Residence of father (if deceased, so state): Ohio
Birthplace of father (State or foreign country): Ohio
(b) Full maiden name of applicant's mother: Joy Geraldine Grimes
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): Ohio

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Richard Raymond Date: 8/3/00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Connie Jo Asher Date: 8-3-00

The 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)
I swear/affirm that the information given in this application is true and correct.
Signed: Richard Raymond
New Address: 408 Duffey St Plainfield IN 46068
Subscribed and sworn to before me this 3 day of Aug. 2000
Harold Dugas Clerk of the Hendricks Circuit Court

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed: Connie Jo Asher
New Address: 408 Duffey St. Plainfield
Subscribed and sworn to before me this 3 day of August 2000
Harold Dugas Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 3 2000, authorizing the marriage of Richard Phillip Raymond and Connie Jo Asher. I further certify that the following marriage certificate was filed in my office: I, Terry Hursh (name), certify that on August 6 2000 (date), at Indianapolis in Marion County, Indiana, Richard Phillip Raymond of Hendricks County, Indiana (state), and Connie Jo Asher of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 3 2000. Signed by: /s/ Terry Hursh, Judge Marion County (official designation) Filed and recorded in accordance with the laws of the State of Indiana on August 11 2000 (date).

Signed: Harold Dugas Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 468
Date of Application August 3, 2000

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

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

MALE APPLICANT

Name: Albert R. Miller Jr.
Date of Birth: June 16, 1948
Place of Birth: Ohio
Residence Address: 11281 US 127 Sherwood OH 43550
Previous Marital Status: Never Married OR No. of Previous Marriages: 2
Last Marriage Ended By: Death Divorce Annulment Date: 12-85
Date of Birth Verified By: Birth Certificate Other (Specify) _____
Ohio 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 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
- List the full names of any dependent children. _____
- (a) Full name of applicant's father: Albert R. Miller
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): Ohio
Birthplace of father (State or foreign country): Ohio
(b) Full maiden name of applicant's mother: Betty Ann Miller
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): Ohio

FEMALE APPLICANT

Name: Jane Hootman
Date of Birth: March 9, 1945
Place of Birth: Texas
Residence Address: 11281 SR 127 P.O. Box 206 Sherwood OH
Previous Marital Status: Never Married OR No. of Previous Marriages: 1
Last Marriage Ended By: Death Divorce Annulment Date: 11-1978
Date of Birth Verified By: Birth Certificate Other (Specify) _____
Ohio 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 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
- List the full names of any dependent children. none
- (a) Full name of applicant's father: Quard A. Sarceby
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): deceased
Birthplace of father (State or foreign country): Texas
(b) Full maiden name of applicant's mother: Romo, Martha
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): Ohio
Birthplace of mother (State or foreign country): Texas

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Albert R. Miller Jr. Date: 8-3-2000

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Jane Hootman Date: 8-3-00

The 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)
I swear/affirm that the information given in this application is true and correct.
Signed: Albert R. Miller Jr.
New Address: same
Subscribed and sworn to before me this 3 day of August 2000
Harold Dugas Clerk of the Hendricks Circuit Court

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed: Jane Hootman
New Address: same
Subscribed and sworn to before me this 3 day of August 2000
Harold Dugas Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 3 2000, authorizing the marriage of Albert R Miller Jr and Jane Hootman. I further certify that the following marriage certificate was filed in my office: I, Charles E Hostetter (name), certify that on August 4 2000 (date), at Brownsburg in Hendricks County, Indiana, Albert R Miller Jr of Defiance County, Ohio (state), and Jane Hootman of Defiance County, Ohio (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 3 2000. Signed by: /s/ Charles E Hostetter (official designation) Filed and recorded in accordance with the laws of the State of Indiana on August 11 2000 (date).

Signed Harold Dugas Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 469
Date of Application August 3, 2000

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated July 28, 2000
Name of Physician Partner In care

MALE APPLICANT

Name First Middle Last Melissa LeeAnne Rotolo
Date of Birth Month Day Year January 10 1968
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. City County State 4584 Gordon Lane Plainfield In Hendricks
Previous Marital Status: Never Married OR No. of Previous Marriages 3
Last Marriage Ended By: Death Divorce Annulment Date Aug 98
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 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. none
- (a) Full name of applicant's father Anthony Andrew Rotolo
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Louisiana
Birthplace of father (State or foreign country) Louisiana
(b) Full maiden name of applicant's mother Margaret Anne Allen
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Louisiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name First Middle Last Carl Dean Shirels
Date of Birth Month Day Year March 14 1974
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. City County State 4584 Gordon Lane Plainfield In Hendricks 40168
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) drivers license

- Are you now 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. none
- (a) Full name of applicant's father Donald E. Shirels
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Carla Joyce Shipe
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Melissa LeeAnne Rotolo Date 8/3/00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Carl Shirels Date 8/3/00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Melissa LeeAnne Rotolo
New Address same as above
Subscribed and sworn to before me this _____ day of _____
Harold Dugas Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Carl Shirels
New Address same as above
Subscribed and sworn to before me this _____ day of _____
Harold Dugas Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 3 2000, authorizing the marriage of Carl Dean Shirels and Melissa LeeAnne Rotolo. I further certify that the following marriage certificate was filed in my office: I, James D Cain (name), certify that on Sept 16 2000 (date), at Avon in Hendricks County, Indiana, Carl D Shirels of Hendricks County, Indiana (state), and Melissa L Rotolo of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 3 2000. Signed by: /s/ James D Cain Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on September 27 2000 (date).

Signed Harold Dugas Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 470
Date of Application August 4, 2000

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 8-4-00
Name of Physician Dr. Hawk

MALE APPLICANT

Name First Middle Last
Ronald Eugene Stinnett

Date of Birth Month Day Year
October 5 1953

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
10435 4th St Indpls, In 46234

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

Last Marriage Ended By: Death Divorce Annulment Date 8-1985

Date of Birth Verified By: Birth Certificate Other (Specify) drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes

2. Are you related to the female applicant closer than second cousin? No Yes

3. Are you now under the influence of an alcoholic beverage? No Yes

4. Are you now under the influence of a narcotic drug? No Yes

5. List the full names of any dependent children
Stacy Janna Stinnett

6. (a) Full name of applicant's father John Stinnett
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) deceased
Birthplace of father (State or foreign country) Kentucky

(b) Full maiden name of applicant's mother Juanita Fabrice
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Florida
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name First Middle Last
Martha Ellen Schueller

Date of Birth Month Day Year
July 8 1974

Place of Birth (State or foreign country)
Germany

Residence Address Street or R.R. City County State
10435 4th St Indpls In 46234

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

Last Marriage Ended By: Death Divorce Annulment Date 5/2000

Date of Birth Verified By: Birth Certificate Other (Specify) drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes", has the adjudication been removed? No Yes

2. Are you related to the male applicant closer than second cousin? No Yes

3. Are you now under the influence of an alcoholic beverage? No Yes

4. Are you now under the influence of a narcotic drug? No Yes

5. List the full names of any dependent children
Travis Mitchell Schueller

6. (a) Full name of applicant's father Robert Joseph Collins
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana

(b) Full maiden name of applicant's mother Sherley May Garlock
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Ronald E. Stinnett Date 8-4-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Martha Schueller Date 8-4-00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Ronald E. Stinnett
New Address same as above
Subscribed and sworn to before me this _____ day of _____
Harold Dugas Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Martha Schueller
New Address same
Subscribed and sworn to before me this _____ day of _____
Harold Dugas Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 4 2000, authorizing the marriage of Ronald Eugene Stinnett and Martha Ellen Schueller. I further certify that the following marriage certificate was filed in my office: I, Philip L Gundlach (name), certify that on August 19 2000 (date), at Avon in Hendricks County, Indiana, Ronald Eugene Stinnett of Hendricks County, Indiana (state), and Martha Ellen Schueller of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 4 2000. Signed by: /s/ Philip L Gundlach, Judge ProTem (official designation) Filed and recorded in accordance with the laws of the State of Indiana on August 22 2000 (date).

Signed Harold Dugas Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 471
Date of Application 8-4-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 3-14-00
Name of Physician Womens Health Lab

MALE APPLICANT

Name: Jonathan David Sherrill
Date of Birth: 5/18/78
Place of Birth: Georgia
Residence Address: 2935 E 96th St. Indpls Marion IN 46240
Previous Marital Status: Never Married OR No. of Previous Marriages: 1
Last Marriage Ended By: Death Divorce Annulment Date: 1996
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 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. NA
- (a) Full name of applicant's father: Richard Eugene Sherrill
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) North Carolina
(b) Full maiden name of applicant's mother: Cynthia Regal
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Arizona

FEMALE APPLICANT

Name: Angela Anne Robbins
Date of Birth: 9/13/77
Place of Birth: Indiana
Residence Address: 385 Wildrose Ln Avon Hendricks IN
Previous Marital Status: Never Married OR No. of Previous Marriages: 1
Last Marriage Ended By: Death Divorce Annulment Date: 1996
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 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. NA
- (a) Full name of applicant's father: Jack A Robbins Jr.
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother: Frances A Custer
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) New York

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: [Signature] Date: 8-4-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: [Signature] Date: 8-4-00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed: [Signature]
New Address: 4301 E. CRISON AVON, IN 46123
Subscribed and sworn to before me this 4th day of Aug 2000
[Signature] Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed: [Signature]
New Address: 4301 E. CRISON AVON IN 46123
Subscribed and sworn to before me this 4th day of Aug 2000
[Signature] Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 4 2000, authorizing the marriage of Jonathan David Sherrill and Angela Anne Robbins. I further certify that the following marriage certificate was filed in my office: I, Jeff Krajewski (name), certify that on August 12 2000 (date), at Indianapolis in Marion County, Indiana, Jonathan D Sherrill of Marion County, Indiana (state), and Angela A Robbins of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 4 2000. Signed by: /s/ Jeff Krajewski Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on August 16 2000 (date).

Signed [Signature] Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 472
Date of Application August 4, 2000

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated Aug 3, 00
Name of Physician _____

MALE APPLICANT

Name: Eric Martin Whitaker
Date of Birth: November 8, 1980
Place of Birth: Illinois
Residence Address: 5962 Redcliff N Lane Plainfield
City: Hendricks County: Hendricks State: Indiana
Previous Marital Status: Never Married OR No. of Previous Marriages: _____
Last Marriage Ended By: Death Divorce Annulment Date: _____
Date of Birth Verified By: Birth Certificate Other (Specify) 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 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
- List the full names of any dependent children: Sarah Beth Whitaker
- (a) Full name of applicant's father: Martin Van Whitaker
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): Indiana
Birthplace of father (State or foreign country): Indiana
(b) Full maiden name of applicant's mother: Elizabeth Ann Taugh
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): Kentucky

FEMALE APPLICANT

Name: Kristen Helen Carter
Date of Birth: July 8, 1982
Place of Birth: Indiana
Residence Address: 5962 Redcliff N Lane Plainfield
City: Hendricks County: Hendricks State: Indiana
Previous Marital Status: Never Married OR No. of Previous Marriages: _____
Last Marriage Ended By: Death Divorce Annulment Date: _____
Date of Birth Verified By: Birth Certificate Other (Specify) 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 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
- List the full names of any dependent children: Sarah Beth Whitaker
- (a) Full name of applicant's father: Michael Eugene Carter
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state): Indiana
Birthplace of father (State or foreign country): Indiana
(b) Full maiden name of applicant's mother: Melinda Sue Kitchel
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): Indiana

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: [Signature] Date: 8-4-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Kristen H. Carter Date: 8-4-00

The 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)
I swear/affirm that the information given in this application is true and correct.
Signed: [Signature]
New Address: Same as Above
Subscribed and sworn to before me this 5th day of August 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed: Kristen H. Carter
New Address: Same as Above
Subscribed and sworn to before me this 5th day of August 2000
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 4 2000, authorizing the marriage of Eric Martin Whitaker and Kristen Helen Carter. I further certify that the following marriage certificate was filed in my office: I, Opal J. Sutherlin (name), certify that on August 4 2000 (date), at Greencastle in Putnam County, Indiana, Eric Martin Whitaker of Hendricks County, Indiana (state), and Kristen Helen Carter of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 4 2000. Signed by: /s/ Opal J. Sutherlin, Clerk of Circuit Court (official designation) Filed and recorded in accordance with the laws of the State of Indiana on August 11 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 473
Date of Application 8-4-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated July 27, 2000
Name of Physician Dr. Sakcas

MALE APPLICANT

Name: Dane Alan Dickerson
Date of Birth: March 23 1972
Place of Birth: Indiana
Residence Address: 10717 N. 300 W Jamestown In 46147
City: Hendricks County: Hendricks State: Indiana
Previous Marital Status: Never Married OR No. of Previous Marriages: _____
Last Marriage Ended By: Death Divorce Annulment Date: _____
Date of Birth Verified By: Birth Certificate Other (Specify) 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 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
- List the full names of any dependent children. none
- (a) Full name of applicant's father: Kenneth Clayton Dickerson
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother: Julia Mae Canado
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: Stacy Lynn Hall
Date of Birth: January 29 1975
Place of Birth: Indiana
Residence Address: 10717 N. CO Rd 200 W Jamestown In
City: Hendricks County: Hendricks State: Indiana
Previous Marital Status: Never Married OR No. of Previous Marriages: _____
Last Marriage Ended By: Death Divorce Annulment Date: _____
Date of Birth Verified By: Birth Certificate Other (Specify) 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 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
- List the full names of any dependent children. none
- (a) Full name of applicant's father: Richard William Hall
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother: Pamela Sue Barber
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Dane Dickerson Date: 8-4-00

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Stacy Hall Date: 8-4-00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed: Dane Dickerson
New Address: Same as above
Subscribed and sworn to before me this 4 day of August 2000
Harold Dugan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed: Stacy Hall
New Address: Same as above
Subscribed and sworn to before me this 4 day of August 2000
Harold Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 4 2000, authorizing the marriage of Dane Alan Dickerson and Stacy Lynn Hall.
I further certify that the following marriage certificate was filed in my office: I, Donald R Thie (name), certify that on August 26 2000 (date), at Jamestown in Hendricks County, Indiana, Dane A Dickerson of Hendricks County, Indiana (state), and Stacy L Hall of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 4 2000. Signed by: /s/ Donald R Thie Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 12 2000 (date).

Signed: Harold Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 474
Date of Application August 4, 2000

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated Aug 14, 2000
Name of Physician Dr. Heuba

MALE APPLICANT

Name First Middle Last
Jeremy Edward Grossman

Date of Birth Month Day Year
December 4 1976

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
4407 Aspen Dr B'burg In 46112

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify) drivers license

- Are you now 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
- Are you now under the influence of an alcoholic beverage? No Yes
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children.
none
- (a) Full name of applicant's father Jay Edward Grossman
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Ruth Ann Barber
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name First Middle Last
Amanda Catherine Jenkins

Date of Birth Month Day Year
February 14 1978

Place of Birth (State or foreign country)
Indiana

Residence Address Street or R.R. City County State
3605 F St Thomas Lane Indpls

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

Last Marriage Ended By: Death Divorce Annulment Date _____

Date of Birth Verified By: Birth Certificate Other (Specify) drivers license

- Are you now 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children.
none
- (a) Full name of applicant's father Lloyd Thomas Jenkins Jr.
(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Barbara June Sigler
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Mississippi

ACKNOWLEDGEMENT

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

Signature of Applicant Jeremy E. Grossman Date 8/4/00

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

ACKNOWLEDGEMENT

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

Signature of Applicant Amanda C. Jenkins Date 8/4/00

The above applicant has 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
County of Hendricks) in this application is true and correct.
Signed Jeremy E. Grossman
New Address 6112 E. St. Louis St, Knox, IN 46534
Subscribed and sworn to before me this _____ day of _____
Sharon Dugax Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Amanda C. Jenkins
New Address 6112 E. St. Louis St, Knox, IN 46534
Subscribed and sworn to before me this _____ day of _____
Sharon Dugax Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for 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 _____
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 4 2000, authorizing the marriage of Jeremy Edward Grossman and Amanda Catherine Jenkins. I further certify that the following marriage certificate was filed in my office: I, Carl D Ewick (name), certify that on September 2 2000 (date), at Plainfield in Hendricks County, Indiana, Jeremy E Grossman of Hendricks County, Indiana (state), and Amanda C Jenkins of Marion County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 4 2000. Signed by: /s/ Carl D Ewick Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on September 7 2000 (date).

Signed Sharon Dugax Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 63 Page 475 Date of Application 8-4-00

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No [X] Yes [] If No, Medical Examination or Report Dated 5-23-00 Name of Physician Dr. Hobbs

MALE APPLICANT Philip Anthony Sicuso, Date of Birth 2/19/77, Residence Address 33 Seren Rd Hopedinton Middlesex MA, Drivers License, Acknowledgement, Consent of Parents, etc.

FEMALE APPLICANT Colleen Elizabeth Whalen, Date of Birth 7/21/78, Residence Address 116 Westbourne Dr. Brownsburg Hendricks In, Drivers License, Acknowledgement, Consent of Parents, etc.

ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted...

ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted...

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.

I swear/affirm that the information given in this application is true and correct. Signed Philip A. Sicuso, New Address 1524 N Oakhill Dr South Bend In 46637

I swear/affirm that the information given in this application is true and correct. Signed Colleen E Whalen, New Address 1524 N Oakhill Dr South Bend In 46637

CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 4 2000, authorizing the marriage of Philip Anthony Sicuso and Colleen Elizabeth Whalen...

Signed Sharon Dugan Clerk Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 476
Date of Application August 4, 2000

IC 31-11-11-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the
circuit court when the person applies for a marriage license under
IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated 8-14-00
Name of Physician J. Cooper

MALE APPLICANT

Name: Tommy Lee Boother
Date of Birth: July 9, 1964
Place of Birth: Florida
Residence Address: 77 Wyndham Lane B'burg In
City: Hendricks State: Indiana
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) 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 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
- List the full names of any dependent children. none
- (a) Full name of applicant's father: Sammy Lee Boother
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Florida
Birthplace of father (State or foreign country) Mississippi
(b) Full maiden name of applicant's mother: Patsy Bell Grace
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Florida
Birthplace of mother (State or foreign country) Mississippi

FEMALE APPLICANT

Name: Nancy Jean Williams
Date of Birth: January 27, 1954
Place of Birth: Ohio
Residence Address: 77 Wyndham Lane B'burg In
City: Hendricks State: Indiana
Previous Marital Status: Never Married OR No. of Previous Marriages 2
Last Marriage Ended By: Death Divorce Annulment Date 1999
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 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
- Are you now under the influence of a narcotic drug? No Yes
- List the full names of any dependent children. none
- (a) Full name of applicant's father: William Lloyd Curtin
(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) deceased
Birthplace of father (State or foreign country) Ohio
(b) Full maiden name of applicant's mother: Ruth E. Kahly
(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Florida
Birthplace of mother (State or foreign country) Ohio

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Boother, Tommy Lee Date 8-4-00

ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Nancy Williams Date 8-4-00

The 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) I swear/affirm that the information given
County of Hendricks) Boother, Tommy Lee in this application is true and correct.
Signed _____
New Address Same as Above
Subscribed and sworn to before me this _____ day of _____
Sharon Dugan Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) Nancy Williams in this application is true and correct.
Signed _____
New Address Same as Above
Subscribed and sworn to before me this _____ day of _____
Sharon Dugan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 4 2000, authorizing the marriage of Tommy Lee Boother and Nancy Jean Williams. I further certify that the following marriage certificate was filed in my office: I, Sharon Dugan (name), certify that on August 16 2000 (date), at Danville in Hendricks County, Indiana, Tommy Lee Boother of Hendricks County, Indiana (state), and Nancy Jean Williams of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 4 2000. Signed by: /s/ Sharon Dugan, Hendricks County Clerk (official designation) Filed and recorded in accordance with the laws of the State of Indiana on August 16 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 63
Page 477

Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No Yes
If No, Medical Examination or Report Dated Aug 1, 2000
Name of Physician Hisby

MALE APPLICANT

Name: James H. Finney
Date of Birth: June 2 1972
Place of Birth: Indiana
Residence Address: 4101 Patricia St. Indianapolis In 46222
Previous Marital Status: Never Married OR No. of Previous Marriages _____
Last Marriage Ended By: Death Divorce Annulment Date _____
Date of Birth Verified By: Birth Certificate Other (Specify) drivers license

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

FEMALE APPLICANT

Name: Holly Constance Quigley
Date of Birth: September 22 1974
Place of Birth: Indiana
Residence Address: 709 Kingston Ct B'burg In 46112
Previous Marital Status: Never Married OR No. of Previous Marriages 1
Last Marriage Ended By: Death Divorce Annulment Date April 2000
Date of Birth Verified By: Birth Certificate Other (Specify) _____

drivers license

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant James H. Finney Date 8-4-00

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Holly Quigley Date 8/4/00

The 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) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed James H. Finney
New Address 709 KINGSTON CIRCLE BROWNSBURG IN 46112
Subscribed and sworn to before me this _____ day of _____
Harold Dugas Clerk of the Hendricks Circuit Court

State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.
Signed Holly Quigley
New Address same as above
Subscribed and sworn to before me this _____ day of _____
Harold Dugas Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for 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 _____
Clerk _____

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 4 2000, authorizing the marriage of James H Finney and Holly Constance Quigley. I further certify that the following marriage certificate was filed in my office: I, M Victor Sedinger (name), certify that on September 2 2000 (date), at Indianapolis in Marion County, Indiana, James H Finney of Hendricks County, Indiana (state), and Holly C Quigley of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 4 2000. Signed by: /s/ M Victor Sedinger, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on September 12 2000 (date).

Signed Harold Dugas Clerk
Hendricks Circuit Court