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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 478
August 4, 2000
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 July 24, 2000
Name of Physician Dr. Cain

MALE APPLICANT

Name First Steve Middle Arden Last Ramsey
Date of Birth Month October Day 9 Year 1962
Place of Birth (State or foreign country) Minnesota
Residence Address 9 Andscott Circle Street or R.R. B'burg City Hendricks County In State 46112
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date Aug 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. Nicholas Steven Ramsey; Nathaniel Joseph Ramsey
6. (a) Full name of applicant's father Arden Leland Ramsey
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Minnesota
   (b) Full maiden name of applicant's mother Esther Leota Knight
   (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 First Marla Middle Jo Last Mathews
Date of Birth Month April Day 29 Year 1959
Place of Birth (State or foreign country) Indiana
Residence Address 6734 Windward Ct. Street or R.R. B'burg City Hendricks County In State 46112
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date Aug 96
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Evan Vincent Mathews; Tyler Vincent Mathews
6. (a) Full name of applicant's father Joe Allen Lain
   (If adopted, list adoptive parents only)
   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 Jo Werry
   (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 Arden Ramsey 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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Steven Arden Ramsey
New Address 6734 Windward Ct
Subscribed and sworn to before me this 4 day of 8-00
Marcia 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 Marla J. Mathews 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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Marla J. Mathews
New Address [illegible]
Subscribed and sworn to before me this 4 day of 8-00
Marcia 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 August 4, 2000, authorizing the marriage of Steven Arden Ramsey and Marla Jo Mathews.
I further certify that the following marriage certificate was filed in my office: I, Steven Reeves (name), certify that on September 23, 2000 (date), at Brownsburg in Hendricks County, Indiana, Steven A. Ramsey of Hendricks County, Indiana (state), and Marla J. Mathews of Hendricks County, Indiana (state) were 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/ Steven T. Reeves, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 3, 2000 (date).

Signed Marcia Dugan Clerk
Hendricks Circuit Court

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2

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 479
August 4, 2000
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. 3, 2000
Name of Physician St. Frances

MALE APPLICANT

Name First: Barry Middle: Gene Last: Stoots
Date of Birth Month: 6 Day: 7 Year: 61
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 8054 Tilly Lane City: Plainfield County: Hendricks State: In 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages: 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date: July 96
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify): D.L. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children: Allison Danielle Stoots
6. (a) Full name of applicant's father: Bob Gene Stoots
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state): Florida
   Birthplace of father (State or foreign country): Virginia
   (b) Full maiden name of applicant's mother: Barbara Joyce Averette
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state): 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: Barry Stoots 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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed: Barry Stoots
New Address: SAME AS ABOVE
Subscribed and sworn to before me this 4th day of Aug
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

FEMALE APPLICANT

Name First: Sharon Middle: Lynn Last: Croxton
Date of Birth Month: 4 Day: 8 Year: 62
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 8054 Tilly Lane City: Plainfield County: Hendricks State: In. 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages: 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date: 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 male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children: Nathan Daniel Croxton
6. (a) Full name of applicant's father: Don Lee Borton
   (If adopted, list adoptive parents only)
   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 Souders
   (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: Sharon L. Croxton 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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed: Sharon L Croxton
New Address: same as above
Subscribed and sworn to before me this 4th day of August
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 August 4, 2000, authorizing the marriage of Barry Gene Stoots and Sharon Lynn Croxton.
I further certify that the following marriage certificate was filed in my office: I, Jack William Elliott, Jr. (name), certify that on August 19, 2000 (date), at Mooresville in Morgan County, Indiana, Barry Gene Stoots of Hendricks County, Indiana (state), and Sharon Lynn Croxton of Hendricks County, Indiana (state) were 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: Jack William Elliott, Jr., Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 28, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 480
August 7, 2000
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 July 31, 2000
Name of Physician Dr. Osbersen

MALE APPLICANT

Name First Middle Last
Kenneth Darren Boston
Date of Birth Month Day Year
June 4 1971
Place of Birth (State or foreign country)
Jefferson Ky
Residence Address Street or R.R. City County State
Kentucky 4700 Oakpointe Dr. L'ville
Previous Marital Status: Never Married ☒ 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 Roger Dale Boston
   (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 Cynthia Ann Page
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Kentucky
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name First Middle Last
Jennifer Noel Caldwell
Date of Birth Month Day Year
October 7 2000
Place of Birth (State or foreign country)
Indiana Hendricks
Residence Address Street or R.R. City County State
6508 English Dr. Avon 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 male applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 William Caldwell
   (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 Janis Thelma Stenzinger
   (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 Kenneth Darren Boston Date 8-7-00

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)
I swear/affirm that the information given in this application is true and correct.
Signed Kenneth Darren Boston
New Address 4700 Oak Pointe Dr. Lou. KY 40245
Subscribed and sworn to before me this 7 day of 8-00
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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Noel Caldwell Date 8-7-00

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)
I swear/affirm that the information given in this application is true and correct.
Signed Jennifer Noel Caldwell
New Address 4700 OAK POINTE DR LOUISVILLE, KY 40245
Subscribed and sworn to before me this 7 day of 8-00
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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 7 2000, authorizing the marriage of Kenneth D Boston and Jennifer N Caldwell.
I further certify that the following marriage certificate was filed in my office: I, John Caldwell (name), certify that on Sept 16 2000 (date), at Avon in Hendricks County, Indiana, Kenneth D Boston of Jefferson County, Indiana (state), and Jennifer N Caldwell of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 16 2000. Signed by: /s/ John Caldwell, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on Sept 27 2000 (date).

Signed Sharon Degan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 481
8-7-00
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: First Michael Middle Allan Last Usrey
Date of Birth: Month 10 Day 6 Year 65
Place of Birth (State or foreign country) California
Residence Address: Street or R.R. 10227 E CR 700N City B-burg County Hend State IN 46112
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. NA
6. (a) Full name of applicant's father Thomas Lane Usrey
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) California
   (b) Full maiden name of applicant's mother Bonita Jasmine Thomas
   (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 Dale Last Duke
Date of Birth: Month 1 Day 18 Year 71
Place of Birth (State or foreign country) California
Residence Address: Street or R.R. 10227 E CR 700N City B-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 4-20-98
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. Loren Preston Powers Jr. Kelsey Renee Louise Pierce Daniel Kevin Pierce
6. (a) Full name of applicant's father Garland Dale Duke
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) Missouri
   (b) Full maiden name of applicant's mother Gwen Fay Tucker
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) California
   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 Michael Allen Usrey Date 8-7-00

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)
I swear/affirm that the information given in this application is true and correct.
Signed Michael Allen Usrey
New Address same
Subscribed and sworn to before me this 7 day of 8-00
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 Lisa Dale Duke Date 8-7-00

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)
I swear/affirm that the information given in this application is true and correct.
Signed Lisa Dale Duke
New Address same
Subscribed and sworn to before me this 7 day of 8-00
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 August 7 2000, authorizing the marriage of Michael Allan Usrey and Lisa Dale Duke.
I further certify that the following marriage certificate was filed in my office: I, Sharon Dugan (name), certify that on August 7 2000 (date), at Danville in Hendricks County, Indiana, Michael Allan Usrey of Hendricks County, Indiana (state), and Lisa Dale 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 August 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 August 11 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 482
8-7-00
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 7-19-00
Name of Physician KERLEN

MALE APPLICANT

Name: First DANIEL Middle DUKE Last MCGIFFEN
Date of Birth: Month 08 Day 02 Year 76
Place of Birth (State or foreign country) INDIANA
Residence Address: Street or R.R. 2552 S. HART ST RD City VINCENNES County KNOX State IN
Previous Marital Status: Never Married ☑ 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 DAVID ALLEN MCGIFFEN
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) DECEASED
   Birthplace of father (State or foreign country) INDIANA
   (b) Full maiden name of applicant's mother MARGARET LYNN BERRY
   (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 RICHELLE Middle JEAN Last THOMAS
Date of Birth: Month 05 Day 16 Year 76
Place of Birth (State or foreign country) INDIANA
Residence Address: Street or R.R. 4368 W 350 N City DANVILLE County HNDRKS State IN
Previous Marital Status: 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 LICENSE

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

ACKNOWLEDGEMENT

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

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed X Richelle McGiffen
New Address 2552 S. Hart St. Rd.
Subscribed and sworn to before me this 7 day of 8-00
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

ACKNOWLEDGEMENT

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

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed X Richelle Thomas
New Address 2552 South Hart Sts Rd Vnnnes IN 47591
Subscribed and sworn to before me this 7 day of 8-00
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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 7, 2000, authorizing the marriage of Daniel Duke McGiffen and Richelle Jean Thomas.
I further certify that the following marriage certificate was filed in my office: I, Sheldon L. George (name), certify that on August 12, 2000 (date), at Danville in Hendricks County, Indiana, Daniel McGiffen of Knox County, Indiana (state), and Richelle J. Thomas of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 12, 2000. Signed by: /s/ Sheldon L. George, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 30, 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 483
8-7-00
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: First William Middle Omer Last McClain Sr.
Date of Birth: Month 4 Day 24 Year 27
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2340 Lake of Lantern Dr. City Indianapolis County Hendricks State 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. _____
6. (a) Full name of applicant's father William Cyrcias McClain
   (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 Elizabeth Robbins
   (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 O McClain Sr Date 8-7-00

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)
I swear/affirm that the information given in this application is true and correct.
Signed William O McClain Sr
New Address 801 S. Irvin Indianapolis 46219
Subscribed and sworn to before me this 7 day of August 2000
Clerk of the Hendricks Circuit Court Thora 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

FEMALE APPLICANT

Name: First Nova Middle Ellen Last Priest
Date of Birth: Month 5 Day 10 Year 27
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 801 S. Irvin City Indianapolis County Marion State In 46219
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 male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Charles Meyer
   (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 Daisy Belle Bell
   (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 Nova E. Priest Date 8-7-00

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)
I swear/affirm that the information given in this application is true and correct.
Signed Nova E. Priest
New Address Same As Above
Subscribed and sworn to before me this 7 day of August 2000
Clerk of the Hendricks Circuit Court Thora 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 7 2000, authorizing the marriage of William Omer McClain Sr and Nova Ellen Priest.
I further certify that the following marriage certificate was filed in my office: I, Susan D Link (name), certify that on August 7 2000 (date), at Danville in Hendricks County, Indiana, William Omer McClain Sr of Hendricks County, Indiana (state), and Nova Ellen Priest 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 7 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 11 2000 (date).

Signed Thora Dugan Clerk
Hendricks Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 484
August 8, 2000
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 July 6, 2000
Name of Physician Leedy

MALE APPLICANT

Name: First Jason Middle Edward Last Church
Date of Birth: Month August Day 16 Year 1974
Place of Birth (State or foreign country) Indiana Hendricks
Residence Address: Street or R.R. 1621 Forrest Dr. City Plainfield County Hendricks State In 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Christopher James Mathew Church
6. (a) Full name of applicant's father Edward Lewis Church
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Unknown
   Birthplace of father (State or foreign country) California
   (b) Full maiden name of applicant's mother Sonia Louise Mills
   (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 Jason E. Church Date 8-8-00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Jason E. Church
New Address same as above
Subscribed and sworn to before me this 8 day of august
Sharon Duggan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Erica Middle Denise Last Smith
Date of Birth: Month February Day 22 Year 1974
Place of Birth (State or foreign country) Indiana Hendricks
Residence Address: Street or R.R. 1621 Forrest Dr. City Plainfield County Hendricks State In 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Kristen Brooke, Joseph Grant, Megan Elizabeth, Modesitt
6. (a) Full name of applicant's father William Jeff Smith 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 Teresa Darlene Dugger
   (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 Erica Smith Date 8-8-00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Erica Smith
New Address same as above
Subscribed and sworn to before me this 8 day of August
Sharon Duggan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 8 2000, authorizing the marriage of Jason Edward Church and Erica Denise Smith.
I further certify that the following marriage certificate was filed in my office: I, Jonathan D Harness (name), certify that on August 19 2000 (date), at Plainfield in Hendricks County, Indiana, Jason Edward Church of Hendricks County, Indiana (state), and Erica Denise 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 August 8 2000. Signed by: /s/ Jonathan D Harness, Reverend (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 25 2000 (date).

Signed Sharon Duggan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book - 64 -
Page 485
8-8-00
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 8-2-00
Name of Physician Dr. Bain

MALE APPLICANT

Name First: Mark Middle: Edward Last: Thurman
Date of Birth Month: 4 Day: 12 Year: 63
Place of Birth (State or foreign country): Wisconsin
Residence Address Street or R.R.: 1339 Brittany Circle City: Brownsburg County: Hendricks State: In
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages: ____
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date: ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)
Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Cole Matthew Thurman
6. (a) Full name of applicant's father William Herbert Thurman
   (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 Dorothy Ann Harrington
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   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 Mark E Thurman Date 8-8-00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
☒ Signed Mark E Thurman
New Address Same As Above
Subscribed and sworn to before me this 8 day of Aug. 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

FEMALE APPLICANT

Name First: Kelly Middle: Sue Last: Martis
Date of Birth Month: 8 Day: 30 Year: 63
Place of Birth (State or foreign country): Texas
Residence Address Street or R.R.: 517 S. Jefferson 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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Martis
   Kyle Martis
6. (a) Full name of applicant's father Carl David Classin
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Joyce Hope DeWitt
   (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 Kelly S. Martis Date 8/8/00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
☒ Signed Kelly S. Martis
New Address 1339 Brittany Circle Brownsburg
Subscribed and sworn to before me this 8 day of Aug. 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 8 2000, authorizing the marriage of Mark E Thurman and Kelly Sue Martis.
I further certify that the following marriage certificate was filed in my office: I, Richard H Huston (name), certify that on August 19 2000 (date), at Avon in Hendricks County, Indiana, Mark E Thurman of Hendricks County, Indiana (state), and Kelly S Martis of Hendricks County, Indiana (state) were 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 8 2000. Signed by: /s/ Richard H Huston, Judge (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 28 2000 (date).

Signed Sharon Degan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 486
August 8, 2000
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. 4, 2000
Name of Physician HCHD

MALE APPLICANT

Name: First David Middle Todd Last Fox
Date of Birth: Month September Day 10 Year 1969
Place of Birth (State or foreign country) Hendricks
Residence Address: Street or R.R. 11248 Township Line Rd City Plainfield County Hendricks State Indiana
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) 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. Jaxson Fox
6. (a) Full name of applicant's father
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state)
   Birthplace of father (State or foreign country)
   (b) Full maiden name of applicant's mother Susan Elaine Fox
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Pennsylvania
   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 David T Fox Date

The above applicant has objected to verifying 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 David T Fox
New Address SAME AS ABOVE
Subscribed and sworn to before me this 8 day of 8-00
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

FEMALE APPLICANT

Name: First Yvette Middle Joann Last Venable
Date of Birth: Month April Day 3 Year 1970
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 11248 Township Line Rd City Plainfield County Hendricks State In
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Jaxson Fox
6. (a) Full name of applicant's father Timothy Allen Venable
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Laura Yvette Phillips
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Pennsylvania
   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 Yvette Venable Date 8/8/00

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)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.
Signed Yvette Venable
New Address Same as above
Subscribed and sworn to before me this 8 day of 8-00
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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 8 2000, authorizing the marriage of David Todd Fox and Yvette Joann Venable.
I further certify that the following marriage certificate was filed in my office: I, Carolynn Mclaughlin (name), certify that on August 25 2000 (date), at Indianapolis in Marion County, Indiana, David T Fox of Hendricks County, Indiana (state), and Yvette J Venable of Hendricks County, Indiana (state) were 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 8 2000. Signed by: /s/ Carolynn Mclaughlin, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 7 2000 (date).

Sharon Degan
Signed Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 487
August 8, 2000
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. 8, 2000
Name of Physician Dr. Tripple

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last: Jeremy D Ottinger	Name First Middle Last: Heather Jo Hayden
Date of Birth Month Day Year: July 5 1971	Date of Birth Month Day Year: March 12 1979
Place of Birth (State or foreign country): Indiana Hendricks	Place of Birth (State or foreign country): Indiana Hendricks
Residence Address Street or R.R. City County State: 4683 Pearl St. Amo In 46103	Residence Address Street or R.R. City County State: 4683 Pearl St Amo In 46103
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1	Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 6-00	Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1-99
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) drivers license	Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) drivers license
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐	1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐	If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐	2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐	4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Brady Alexander Ottinger, Tray Allen Ottinger, Haylee Jean Ottinger	5. List the full names of any dependent children. none
6. (a) Full name of applicant's father Linden Lee Ottinger	6. (a) Full name of applicant's father Eddie Wayne Greeson
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Indiana	Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana	Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Donna Joann Branson	(b) Full maiden name of applicant's mother Glenna Joan Franklin
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Wisconsin	Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) 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. Ottinger Date 8-8-00

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)
County of Hendricks)

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

Signed Jeremy D Ottinger
New Address SAME

Subscribed and sworn to before me this 8 day of 8-00

Thora 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 Heather Jo Hayden Date 8-8-00

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)
County of Hendricks)

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

Signed Heather Jo Hayden
New Address Same as above

Subscribed and sworn to before me this 8 day of 8-00

Thora 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 August 8 2000, authorizing the marriage of Jeremy D Ottinger and Heather Jo Hayden.

I further certify that the following marriage certificate was filed in my office: I, Ted A Miller (name), certify that on Sept 9 2000 (date), at Amo in Hendricks County, Indiana, Jeremy D Ottinger of Hendricks County, Indiana (state), and Heather J 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 August 8 2000. Signed by: /s/ Ted A Miller, Pastor (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on September 12 2000 (date).

Thora Dugan

Signed _____ Clerk
Hendricks Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 64
Page 488
August 9 2000
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 July 6, 2000
Name of Physician Mernitz

MALE APPLICANT

Name: First Nelson Middle Larry Last Calligan
Date of Birth: Month April Day 12 Year 1954
Place of Birth (State or foreign country) Michigan
Residence Address: Street or R.R. 1142 Windhaven Cir. Apt C City B'burg County Hendricks State In
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2-1900
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Rev James Calligan
   (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 Anna Laura Start
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Michigan
   Birthplace of mother (State or foreign country) Michigan

FEMALE APPLICANT

Name: First JoAnne Middle Marie Last James
Date of Birth: Month August Day 2 Year 1952
Place of Birth (State or foreign country) Michigan
Residence Address: Street or R.R. 1142 Windhaven Circle Apt C City B'burg County Hendricks State In
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date Jan 1990
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Emmett E. James
   (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 Anna Louise Muller
   (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 Nelson Calligan Date 8-9-00

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 _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Nelson Calligan
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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant JoAnne James Date 8-9-2000

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed JoAnne James
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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 9 2000, authorizing the marriage of Nelson Larry Calligan and JoAnne Marie James.
I further certify that the following marriage certificate was filed in my office: I, Sharon Dugan (name), certify that on August 9 2000 (date), at Danville in Hendricks County, Indiana, Nelson L Calligan of Hendricks County, Indiana (state), and JoAnne M James of Hendricks County, Indiana (state) were 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 9 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 Augst 9 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 64
Page 489
August 9, 2000
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. 8, 2000
Name of Physician Lisby

MALE APPLICANT

Name: First Richey Middle Lynn Last Knight
Date of Birth: Month September Day 3 Year 1953
Place of Birth (State or foreign country): Indiana Hendricks
Residence Address: Street or R.R. 7745 E Apt C City Avon County Hendricks State In 46123
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 6-17-99
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.
6. (a) Full name of applicant's father Jerry Edward Knight
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Marjorie Joann Copeland
   (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 Richey L. Knight Date 8-9-00

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 _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Richey L. Knight
New Address 825 Winding Brook E. DR INDPLS 46234
Subscribed and sworn to before me this 9 day of 8-00
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Carol Middle May Last Hammerle
Date of Birth: Month September Day 8 Year 1957
Place of Birth (State or foreign country): Indiana Hendricks
Residence Address: Street or R.R. 2255 E Main St City Danville County Hendricks State In 46122
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 3-6-00
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 male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Rebecca Lynn Hammerle
6. (a) Full name of applicant's father Clifford Milton Woods
   (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 Marjorie Jane Shaw
   (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 Carol M. Hammerle Date 8-9-00

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 _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Carol M. Hammerle
New Address 825 Winding Brook E. DR
Subscribed and sworn to before me this 9 day of 8-00
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 9 2000, authorizing the marriage of Richey Lynn Knight and Carol May Hammerle.
I further certify that the following marriage certificate was filed in my office: I, Susan D Link (name), certify that on August 21 2000 (date), at Danville in Hendricks County, Indiana, Richey Lynn Knight of Avon County, Indiana (state), and Carol May Hammerle of Danville County, Indiana (state) were 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 9 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 21 2000 (date).

Signed _____ Clerk
Hendricks Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 490
8-9-00
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 8-7-00
Name of Physician Dr. Johnston

MALE APPLICANT

Name First: Cyrus Middle: Lemonte Last: Brickert
Date of Birth Month: 2 Day: 7 Year: 63
Place of Birth (State or foreign country): Indiana
Residence Address: 7748 S State Rd 39 Street or R.R. Clayton City Hendricks County In State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Brickert
6. (a) Full name of applicant's father Charles L Brickert 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 Betty Lou Brickert
   (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 Cyrus L. Brickert Date 8/9/00

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 _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Cyrus L. Brickert
New Address 1217 E CR 1000 S Clayton In 46118
Subscribed and sworn to before me this 9 day of Aug. 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

FEMALE APPLICANT

Name First: Amber Middle: Lynne Last: Stanley
Date of Birth Month: 11 Day: 19 Year: 63
Place of Birth (State or foreign country): Indiana
Residence Address: 1217 E. CR 1000 S. Street or R.R. Clayton City Hendricks County In State
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 male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Stanley Courtney Stanley Robert Riderer
6. (a) Full name of applicant's father Kenneth Lee Fisher
   (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 Janice Wells
   (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 Amber L. Stanley Date 8/9/00

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 _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Amber Lynne Stanley
New Address 1217 E CR 1000 S Clayton In 46118
Subscribed and sworn to before me this 9 day of Aug. 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 9 2000, authorizing the marriage of Cyrus Lemonte Brickert and Amber Lynne Stanley.
I further certify that the following marriage certificate was filed in my office: I, Anna R Rutoskey (name), certify that on August 12 2000 (date), at Hazelwood in Hendricks County, Indiana, Cyrus L Brickert of Hendricks County, Indiana (state), and Amber L Stanley of Hendricks County, Indiana (state) were 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 9 2000. Signed by: /s/ Anna R Rutoskey, 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

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 64
Page 491
August 9, 2000
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. 8, 2000
Name of Physician HCHD

MALE APPLICANT

Name: First Kevin Middle Scriff Last
Date of Birth: Month April Day 9 Year 1967
Place of Birth (State or foreign country) New Jersey
Residence Address: Street or R.R. 4853 E Main St City Avon County Hendricks State 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. Kara Gene Scriff
6. (a) Full name of applicant's father William Scriff
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) New Jersey
   (b) Full maiden name of applicant's mother Thelma Maxine Wilson
   (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 Connie Middle Elizabeth Last Broyles
Date of Birth: Month October Day 15 Year 1967
Place of Birth (State or foreign country) Illinois
Residence Address: Street or R.R. 4853 E. Main St. City Avon County Hendricks State In 46123
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 5/99
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. Elizabeth Rebecca Broyles, James Dayton Broyles
6. (a) Full name of applicant's father Dayton Maurice Veach
   (If adopted, list adoptive parents only)
   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 Gertrude Liggett
   (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 Scriff Date 8-9-2000

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Kevin Scriff
New Address Same as above
Subscribed and sworn to before me this 9 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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 C. Broyles Date 8-9-00

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 _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Connie C. Broyles
New Address SAME AS ABOVE
Subscribed and sworn to before me this 9 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 9 2000, authorizing the marriage of Kevin Scriff and Connie Elizabeth Broyles.
I further certify that the following marriage certificate was filed in my office: I, Sharon Dugan (name), certify that on August 9 2000 (date), at Danville in Hendricks County, Indiana, Kevin Scriff of Avon County, Indiana (state), and Connie Elizabeth Broyles of Avon County, Indiana (state) were 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 9 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 9 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 64
Page 492
Aug 8, 2000
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 7 200
Name of Physician Graham

FEMALE APPLICANT

Name: First Jennifer Middle Lynn Last Epple
Date of Birth: Month Sept. Day 28 Year 1974
Place of Birth (State or foreign country) Indiana Hendricks
Residence Address: Street or R.R. 9024 Sunset Lane City B'burg County Hendricks State In 46112
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Robert Epple
   (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 Kathlynn Sue Kieffer
   (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 Jennifer L. Epple Date 8/9/00

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 _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Jennifer Epple
New Address same as above
Subscribed and sworn to before me this 9 day of AUG 2000
Thora 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

MALE APPLICANT

Name: First Buck Middle Edward Last Stanford
Date of Birth: Month January Day 21 Year 1974
Place of Birth (State or foreign country) Illinois Hendricks
Residence Address: Street or R.R. 9024 Sunset Lane City B'burg County Hendricks State In 46112
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. None
6. (a) Full name of applicant's father Stephen Alan Stanford
   (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 Betty Jean Gray
   (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 Buck Stanford Date 8/9/00

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 _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Buck Stanford
New Address same as above
Subscribed and sworn to before me this 9 day of AUG 2000
Thora 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 August 9 2000, authorizing the marriage of Buck Edward Stanford and Jennifer Lynn Epple.
I further certify that the following marriage certificate was filed in my office: I, Richard L Artis (name), certify that on September 2 2000 (date), at Brownsburg in Hendricks County, Indiana, Jennifer L Epple of Hendricks County, Indiana (state), and Buck E Stanford of Hendricks County, Indiana (state) were 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 9 2000. Signed by: /s/ Richard L Artis, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 12 2000 (date).

Signed Thora Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 493
8-10-00
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 8-9-00
Name of Physician 1001 Hadley Rd Mooresville 46158

MALE APPLICANT

Name: First Daniel Middle Marshall Last Morris
Date of Birth: Month 6 Day 15 Year 74
Place of Birth (State or foreign country) West Virginia
Residence Address: Street or R.R. PO BOX 32 City Grantsville County Calhoun State WV
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)
WV drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Richard Jay Morris
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) W Virginia
   Birthplace of father (State or foreign country) W. Virginia
   (b) Full maiden name of applicant's mother Jennifer Linn Yoke
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) W Virginia
   Birthplace of mother (State or foreign country) W 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 Daniel M. Morris Date 8-10-00

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)
I swear/affirm that the information given in this application is true and correct.
Signed Daniel M. Morris
New Address Same as above
Subscribed and sworn to before me this 10 day of August 2000
Honor 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

FEMALE APPLICANT

Name: First Amanda Middle Lee Last Kurkowski
Date of Birth: Month 6 Day 11 Year 78
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 742 Dan Jones Rd 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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Jackie Lee Kurkowski
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Laura mae Root
   (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 Amanda Lee Kurkowski Date 8-10-00

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)
I swear/affirm that the information given in this application is true and correct.
Signed Amanda L Kurkowski
New Address PO Box 32, Grantsville, WV 26147
Subscribed and sworn to before me this 10 day of August 2000
Honor 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 August 10 2000, authorizing the marriage of Daniel Marshall Morris and Amanda Lee Kurkowski.
I further certify that the following marriage certificate was filed in my office: I, Charles Elston (name), certify that on August 12 2000 (date), at Plainfield in Hendricks County, Indiana, Daniel Marshall Morris of Calhoun County, West Virginia (state), and Amanda Lee Kurkowski of Hendricks County, Indiana (state) were 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 10 2000. Signed by: /s/ Charles Elston, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 15 2000 (date).

Signed Honor Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 64
Page 494
August 10, 2000
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 William Middle Reeves Last Rice
Date of Birth: Month March Day 14 Year 1923
Place of Birth (State or foreign country) Kentucky
Residence Address: Street or R.R. 1903 SW 34th Court City Ocala County Marion State Fl 34478
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) Florida 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 Amos Harvey Rice
   (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 Edna Mae Reeves
   (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 Virginia Middle Lee Last Hillier
Date of Birth: Month August Day 16 Year 1925
Place of Birth (State or foreign country) Massachuttes
Residence Address: Street or R.R. 7765 NW 118th Court City Ocala County Marion Co. State Fl. 32675
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) Florida Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Rice Date 8/10/00

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)
I swear/affirm that the information given in this application is true and correct.
Signed William R Rice
New Address 1765 N.W 118 court
Subscribed and sworn to before me this 10 day of August 2000
Thora 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 Virginia L. Hillier Date 8/10/2000

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Virginia L. Hillier
New Address Same as above
Subscribed and sworn to before me this 10 day of August 2000
Thora 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 August 10 2000, authorizing the marriage of William Reeves Rice and Virginia Lee Hillier.
I further certify that the following marriage certificate was filed in my office: I, John L Ross (name), certify that on August 12 2000 (date), at Plainfield in Hendricks County, Indiana, William Reeves Rice of Marion County, Florida (state), and Virgina Lee Hillier of Marion County, Florida (state) were 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 10 2000. Signed by: /s/ John L Ross, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 15 2000 (date).

Signed Thora Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 495
8-9-00
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 8-3-00
Name of Physician Dr. Hoyt

MALE APPLICANT

Name: First Craig Middle Alan Last Stoll
Date of Birth: Month 3 Day 28 Year 74
Place of Birth (State or foreign country)
Residence Address: Street or R.R. 431 Lewis St. City Plainfield 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)
Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Devan Stoll
6. (a) Full name of applicant's father Dennis Dean Stoll
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Charlene Ann Merrick
   (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 A. Stoll Date 8/9/00

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 _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Craig A. Stoll
New Address Same as Above
Subscribed and sworn to before me this 9 day of Aug. 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

FEMALE APPLICANT

Name: First Karmen Middle Lee Last Swihart
Date of Birth: Month 7 Day 1 Year 72
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 431 Lewis St City Plainfield County Hendricks State In
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)
Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Devan Stoll
6. (a) Full name of applicant's father Hermit Lee Swihart
   (If adopted, list adoptive parents only)
   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 Yoder
   (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 Karmen K Swihart Date 8/9/00

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 _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Karmen K Swihart
New Address Same as Above
Subscribed and sworn to before me this 9 day of Aug 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 9 2000, authorizing the marriage of Craig Alan Stoll and Karmen Lee Swihart.
I further certify that the following marriage certificate was filed in my office: I, Thomas Beers (name), certify that on August 12 2000 (date), at Columbia City in Whitley County, Indiana, Craig Alan Stoll of Hendricks County, Indiana (state), and Karmen Lee Swihart of Hendricks County, Indiana (state) were 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 9 2000. Signed by: /s/ Thomas Beers, 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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 4796
8-10-00
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	FEMALE APPLICANT
Name: First James Middle Eugene Last Warner Sr.	Name: First Bonnie Middle Eileen Last Powell
Date of Birth: Month 8 Day 6 Year 49	Date of Birth: Month 3 Day 30 Year 51
Place of Birth (State or foreign country): Pennsylvania	Place of Birth (State or foreign country): Maryland
Residence Address: Street or R.R. 10908 Delphi Dr. City Camby County Hendricks State In. 46113	Residence Address: Street or R.R. 10908 Delphi Dr. City Camby County Hendricks State In 46113
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1	Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date _____	Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License	Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐	1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐	If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐	2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐	4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. _____	5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father Donald Baker Warner	6. (a) Full name of applicant's father Samuel Lewis Powell
(If adopted, list adoptive parents only) _____	(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Pennsylvania	Residence of father (if deceased, so state) Deceased
Birthplace of father (State or foreign country) Pennsylvania	Birthplace of father (State or foreign country) Pennsylvania
(b) Full maiden name of applicant's mother Helen Delight Kellogg	(b) Full maiden name of applicant's mother Doris Ella Fasnacht
(If adopted, list adoptive parents only) _____	(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Deceased	Residence of mother (if deceased, so state) Colorado
Birthplace of mother (State or foreign country) California	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).

X Signature of Applicant James E. Warner Sr. Date 8/10/00

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)

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

X Signed James E. Warner Sr.
New Address Same As Above

Subscribed and sworn to before me this 10 day of Aug., 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).

X Signature of Applicant Bonnie Eileen Powell Date 8/10/00

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)

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

X Signed Bonnie Eileen Powell
New Address Same As Above

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

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

RE[illegible]AGE CERTIFICATE

I certify that there was filed in my office a n[illegible] Court of Hendricks County, Indiana, dated _____, ____ _____, authorizing the ma[illegible] ____ and _____.

I further certify that the following marriage [illegible] _____ (name), certify that on _____ in _____ County, Indiana, _____ County, _____ (state), and _____ County, _____ (state) were married by me as authorized under [illegible] k of the Circuit Court of Hendricks County, Indiana, dated _____. Signed by: _____ (official designation) Filed and recorded in accordance with the la[illegible] _____ (date).

Marriage application voided did not use in 60 day time frame.

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 64
Page 497
August 10, 2000
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 July 27, 2000
Name of Physician Heath Sachs-D Kirkley

MALE APPLICANT

Name: First Jack Middle Dean Last Gwaltney
Date of Birth: Month February Day 20 Year 1944
Place of Birth (State or foreign country) Indiana Hendricks
Residence Address: Street or R.R. 234 Sassafras Dr. City D'ville County In State 46122
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 6/95
Date of Birth Verified By: ☐ Birth Certificate ☐ Other (Specify) 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. none
6. (a) Full name of applicant's father Edwin Clarence Gwaltney
   (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 Carrie Waneta Atkins
   (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 Jack D. Gwaltney Date 8-10-00

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)
I swear/affirm that the information given in this application is true and correct.
Signed Jack D. Gwaltney
New Address SAME
Subscribed and sworn to before me this 10 day of August 2000
Honor 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

FEMALE APPLICANT

Name: First Penny Middle Ann Last Gwaltney
Date of Birth: Month March Day 23 Year 1952
Place of Birth (State or foreign country) Indiana Hendricks
Residence Address: Street or R.R. 5732 Station Hill Dr. City Plainfield County In State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 6/95
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. none
6. (a) Full name of applicant's father Eugene Venable
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Opal Smith
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) deceased
   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 Penny A. Gwaltney Date 8-10-00

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)
I swear/affirm that the information given in this application is true and correct.
Signed Penny A. Gwaltney
New Address 234 Sassafras Dr Danville, IN 46122
Subscribed and sworn to before me this 10 day of August 2000
Honor 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 August 10 2000, authorizing the marriage of Jack Dean Gwaltney and Penny Ann Gwaltney.
I further certify that the following marriage certificate was filed in my office: I, Marc G Monte (name), certify that on September 2 2000 (date), at Avon in Hendricks County, Indiana, Jack D Gwaltney of Hendricks County, Indiana (state), and Penny A Gwaltney of Hendricks County, Indiana (state) were 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 10 2000. Signed by: /s/ Marc G Monte, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 7 2000 (date).

Signed Honor Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 604
Page 498
August 11, 2000
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 3, 2000
Name of Physician Dr. Lubaschutz

MALE APPLICANT

Name First Middle Last: Ronald Eugene Shoemaker
Date of Birth Month Day Year: July 24 1964
Place of Birth (State or foreign country): Indiana Hendricks
Residence Address Street or R.R. City County State: 7699 Sheila Dr. B'Burg In 46112
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 12-9-99
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. Abigail Lauren Shoemaker
6. (a) Full name of applicant's father Harvey E. Shoemaker
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of applicant's mother Barbara Joann Suddeth
   (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: Melissa Beth Hobson
Date of Birth Month Day Year: February 18 1971
Place of Birth (State or foreign country): Indiana Hendricks
Residence Address Street or R.R. City County State: 303 S Green St. 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)
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 Melvin Joe Hobson
   (If adopted, list adoptive parents only)
   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 Louise Lindsey
   (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 Ronald Eugene Shoemaker Date 8-11-00

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 _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Ronald Eugene Shoemaker
New Address 303 S. Green Str. Brownsburg IN 46112
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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 B Hobson Date 8-11-00

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 _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Melissa B. Hobson
New Address 303 S. Green, Brownsburg IN 46112
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 August 11 2000, authorizing the marriage of Ronald Eugene Shoemaker and Melissa Beth Hobson.
I further certify that the following marriage certificate was filed in my office: I, J Franklin Dennis (name), certify that on September 1 2000 (date), at New Albany in Floyd County, Indiana, Ronald E Shoemaker of Hendricks County, Indiana (state), and Melissa B Hobson of Hendricks County, Indiana (state) were 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 11 2000. Signed by: /s/ J Franklin Dennis, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 11 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 64
Page 499
Aug. 11, 2000
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 11, 2000
Name of Physician Hendricks Co. Health Dept.

MALE APPLICANT

Name First: Tyler Middle: Dale Last: Phelps
Date of Birth Month: October Day: 29 Year: 1976
Place of Birth (State or foreign country): Indiana County: Hendricks
Residence Address Street or R.R.: 5828 Glen Eagles Ct. City: Avon County: Hendricks State: 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) 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 Michael Dale Phelps
   (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 Constance Elizabeth Park
   (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 Tyler D. Phelps Date 8/11/00

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 ____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Tyler D. Phelps 8/11/00
New Address 6970 PARK SQUARE DR. # B AVON, IN 46123
Subscribed and sworn to before me this 11 day of August 2000
Thora 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

FEMALE APPLICANT

Name First: Amanda Middle: Leigh Last: Riddle
Date of Birth Month: March Day: 20 Year: 1979
Place of Birth (State or foreign country): Indiana County: Hendricks
Residence Address Street or R.R.: 6048 E County Rd 700 S City: P'field County: Hendricks State: In 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) 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 John Kevin Riddle
   (If adopted, list adoptive parents only) ____
   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 Charlene Dye
   (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 Amanda L Riddle Date 8/11/00

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 ____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Amanda L Riddle
New Address 6970 Park Square Dr #B Avon, IN 46123
Subscribed and sworn to before me this 11 day of August 2000
Thora 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 August 11 2000, authorizing the marriage of Tyler Dale Phelps and Amanda Leigh Riddle.
I further certify that the following marriage certificate was filed in my office: I, Danny Smith (name), certify that on August 26 2000 (date), at Indianapolis in Marion County, Indiana, Tyler Dale Phelps of Hendricks County, Indiana (state), and Amanda Leigh Riddle of Hendricks County, Indiana (state) were 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 11 2000. Signed by: /s/ Danny Smith, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 29 2000 (date).

Signed Thora Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 500
August 11, 2000
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 July 25, 2000
Name of Physician Dr. Floyd

MALE APPLICANT

Name First Middle Last: Darrin Wayne Steuerwald
Date of Birth Month Day Year: March 1 1965
Place of Birth (State or foreign country): Indiana Hendricks
Residence Address Street or R.R. City County State: 9675 E. CR 400 N 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)
Indiana Commercial Drivers Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. None
6. (a) Full name of applicant's father Forrest Lee Steuerwald
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Jeanne Claudette Allen
   (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 Lea Boger
Date of Birth Month Day Year: September 5 1966
Place of Birth (State or foreign country): Arkansas Hendricks
Residence Address Street or R.R. City County State: 4442 Charles Dr. B'burg In 46112
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 7/98
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)
Indiana Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Emily Jean Boger
6. (a) Full name of applicant's father Archie Wade Atkins
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Arkansas
   Birthplace of father (State or foreign country) Tennessee
   (b) Full maiden name of applicant's mother Rita Sally Bridges
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Arkansas
   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 Darrin Wayne Steuerwald Date 8-11-00

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 ____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Darrin Wayne Steuerwald
New Address 4442 CHARLES DR. BROWNSBURG, IN 46112
Subscribed and sworn to before me this ____ day of ____
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 Karen Lea Boger Date 8-11-00

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 ____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Karen Lea Boger
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 11 2000 authorizing the marriage of Darrin Wayne Steuerwald and Karen Lea Boger.
I further certify that the following marriage certificate was filed in my office: I, Karen M Love (name), certify that on September 2 2000 (date), at Plainfield in Hendricks County, Indiana, Darrin W Steuerwald of Hendricks County, Indiana (state), and Karen L Boger of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated September 2 2000 Signed by: /s/ Karen M Love, Judge (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 7 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 501
Aug. 14 2000
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. 14 2000
Name of Physician HCHD

MALE APPLICANT

Name: First Dale Middle Eugene Last White
Date of Birth: Month August Day 22 Year 1975
Place of Birth (State or foreign country) Indiana Hendricks
Residence Address: Street or R.R. 410 Rodney St. City B'burg County Hendricks State In 46112
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)
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 David Lee White
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Rita Callen Coy
   (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 8/11/00

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 ____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed [signature]
New Address 410 Rodney St. Brownsburg IN 46112
Subscribed and sworn to before me this 11 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

FEMALE APPLICANT

Name: First Robin Middle Lynn Last Reardon
Date of Birth: Month March Day 22 Year 1976
Place of Birth (State or foreign country) Illinois Hendricks
Residence Address: Street or R.R. 410 Rodney St. City B'burg. County Hendricks State In 46112
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)
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 James Leroy Reardon
   (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 Judith Ann Probst
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Oklahoma
   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 Robin L Reardon Date 8/14/00

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 Robin L Reardon
New Address 410 E. Rodney St Brownsburg IN 46112
Subscribed and sworn to before me this 14 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 14 2000, authorizing the marriage of Dale Eugene White and Robin Lynn Reardon.
I further certify that the following marriage certificate was filed in my office: I, Theodore E Cutrell (name), certify that on August 26 2000 (date), at Greenwood in Johnson County, Indiana, Dale E White of Hendricks County, Indiana (state), and Robin Lynn Reardon of Hendricks County, Indiana (state) were 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 14 2000. Signed by: /s/ Theodore E Cutrell, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 7 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 502
8-11-00
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 6-28-00
Name of Physician Dr. Johnston

MALE APPLICANT

Name First Craig Middle Richard Last Ryland
Date of Birth Month 6 Day 27 Year 78
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. 1007 Buffalo Pass City Danville County Hendricks State In
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

The above applicant has objected to verifying 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 R. Ryland
New Address Same as Above
Subscribed and sworn to before me this 11 day of Aug. 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

FEMALE APPLICANT

Name First Carrie Middle Nicole Last Hicks
Date of Birth Month 1 Day 4 Year 77
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. 1007 Buffalo Pass City Danville County Hendricks State In
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Hannah Nicole Peterson
6. (a) Full name of applicant's father Randall Raymond Hicks
   (If adopted, list adoptive parents only) ____
   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 Mae Payne
   (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 Carrie Hicks Date ____

The above applicant has objected to verifying 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 Carrie Hicks
New Address Same as Above
Subscribed and sworn to before me this 11 day of Aug. 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 11 2000 authorizing the marriage of Craig Richard Ryland and Carrie Nicole Hicks.
I further certify that the following marriage certificate was filed in my office: I, Sharon Dugan (name), certify that on August 11 2000 (date), at Danville in Hendricks County, Indiana, Craig Richard Ryland of Hendricks County, Indiana (state), and Carrie Nicole Hicks of Hendricks County, Indiana (state) were 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 11 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 11 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 64
Page 503
Aug. 14, 2000
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 July 31, 2000
Name of Physician Dr. King

MALE APPLICANT

Name First: Oscar Middle: Keith Last: Hamm
Date of Birth Month: September Day: 12 Year: 1952
Place of Birth (State or foreign country): Mississippi
Residence Address Street or R.R.: 7447 Glendale Dr. 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) 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 Oscar Clint Hamm
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Mississippi
   Birthplace of father (State or foreign country) Mississippi
   (b) Full maiden name of applicant's mother Eura Pearl Deaton
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Mississippi
   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 K. Hamm Date 8-14-00

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 K. Hamm
New Address -SAME-
Subscribed and sworn to before me this 14 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

FEMALE APPLICANT

Name First: Astrid Middle: Ursula Last: MClean
Date of Birth Month: August Day: 31 Year: 1958
Place of Birth (State or foreign country): Hamburg Germany Hendricks
Residence Address Street or R.R.: 7447 Glendale Dr. City: P'field County: In State: 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) 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 Olfa Kless-Böker
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Germany
   Birthplace of father (State or foreign country) Germany
   (b) Full maiden name of applicant's mother Becker, Ursula
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Germany
   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 Astrid M Date 8-17-00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Astrid M
New Address SAME
Subscribed and sworn to before me this 14 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 14 2000, authorizing the marriage of Oscar Keith Hamm and Astrid Ursula Mclean.
I further certify that the following marriage certificate was filed in my office: I, Susan D Link (name), certify that on August 14 2000 (date), at Danville in Hendricks County, Indiana, Oscar Keith Hamm of Avon County, Indiana (state), and Astrid Ursula Mclean of Avon County, Indiana (state) were 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 14 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 14 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 504
August 14, 2000
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. 11, 2000
Name of Physician Dr. Tripple

MALE APPLICANT

Name: First James Middle Edward Last Robinson II
Date of Birth: Month May Day 11 Year 1970
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 10193 Osceola Circle City Indpls, County Hendricks State In 46234
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1998
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Commercial Driver's License - Class A

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Francis Robinson
6. (a) Full name of applicant's father James Arthur Robinson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Arkansas
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Susan Kay Booker
   (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 Janet Middle Marie Last Bailey
Date of Birth: Month October Day 4 Year 1964
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 10193 Osceola Circle City Indpls, County Hendricks State In 46234
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 11-1998
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Indiana Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Michelle Repal Mackison
   Jessica Marie Bailey
6. (a) Full name of applicant's father John DeLane Carpenter
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Rosemary Starkweather
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Oklahoma
   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 E Robinson II Date 8-14-00

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 James E Robinson II
New Address SAME AS ABOVE
Subscribed and sworn to before me this 14 day of 8-2000
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 Janet Bailey Date 8-14-00

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 Same as above
New Address _____
Subscribed and sworn to before me this 14 day of 8-2000
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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 14 2000, authorizing the marriage of James Edward Robinson II and Janet Marie Bailey.
I further certify that the following marriage certificate was filed in my office: I, Sharon Dugan (name), certify that on August 14 2000 (date), at Danville in Hendricks County, Indiana, James E Robinson II of Indianapolis County, Indiana (state), and Janet Marie Bailey of Indianapolis County, Indiana (state) were 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 14 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 14 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 505
August 14, 2000
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 July 10, 2000
Name of Physician Dr. Rea

MALE APPLICANT

Name First: Charles Middle: E. Last: Bowman III
Date of Birth Month Day Year: 6-21-78
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 1830 E. Fork Dr. 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) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. none
6. (a) Full name of applicant's father: Charles E. Bowman 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: Pamela Myers
   (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 8/25/00

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 [signature]
New Address Same as above
Subscribed and sworn to before me this 25 day of August
[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

FEMALE APPLICANT

Name First: Andrea Middle: Lee Last: Hansen
Date of Birth Month Day Year: January 25 1978
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 1830 E Fork Dr. 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) 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: James Kenneth Ray
   (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: Marilyn Jane Hollingsworth
   (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 Andrea Hansen Date 8/14/00

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 Andrea Hansen
New Address 1830 East Fork Drive Brownsburg IN 46112
Subscribed and sworn to before me this 14 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 14 2000, authorizing the marriage of Charles E Bowman III and Andrea Lee Hansen.
I further certify that the following marriage certificate was filed in my office: I, Bob G Smith (name), certify that on September 2 2000 (date), at Indianapolis in Marion County, Indiana, Charles E Bowman III of Hendricks County, Indiana (state), and Andrea L Hansen of Hendricks County, Indiana (state) were 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 14 2000. Signed by: /s/ Bob G Smith, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 12 2000 (date).

Signed [signature] Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 64
Page 586
August 15, 2000
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 3-3-00
Name of Physician The Medical Laboratory

MALE APPLICANT

Name: First Marko Middle Matthew Last Ivic
Date of Birth: Month May Day 14 Year 1976
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 10155 Steeplechase Dr. #B City Avon County Hendricks State 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) 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 Angelo Ivic
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Croatia
   (b) Full maiden name of applicant's mother Sandra Putman
   (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 Marko Ivic Date 8-15-00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Marko Ivic
New Address Same as above
Subscribed and sworn to before me this 15 day of AUG 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

FEMALE APPLICANT

Name: First Kelly Middle Christina Last Edwards
Date of Birth: Month December Day 30 Year 1979
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 10155 Steeplechase Dr #B City Avon County Hendricks State 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) 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 William Brooks Edwards
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Margie Lorraine Justice
   (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 Kelly Edwards Date 8-15-00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Kelly Edwards
New Address same as above
Subscribed and sworn to before me this 15 day of AUG 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 15 2000 authorizing the marriage of Marko Matthew Ivic and Kelly Christina Edwards.
I further certify that the following marriage certificate was filed in my office: I, Jerry L Williams (name), certify that on October 8 2000 (date), at Indianapolis in Marion County, Indiana, Mark M Ivic of Hendricks County, Indiana (state), and Kelly C Edwards of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 15 2000 Signed by: /s/ Jerry L Williams, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 17 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 307
8-16-00
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 8-16-00
Name of Physician 321 E Northfield Dr Ste 100 Brownsburg

MALE APPLICANT

Name: First Roger Middle Ray Last Hinshaw
Date of Birth: Month 4 Day 21 Year 72
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 80 S SR 267 City Avon County Hend State IN 46123
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 97
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Michael Ray Hinshaw Jesse Wyndell Hinshaw Kayla Anne Hinshaw
6. (a) Full name of applicant's father Harold Wyndell Hinshaw
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Louise Wallace
   (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 8-16-00

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 [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

FEMALE APPLICANT

Name: First Amber Middle Leigh Last Snellenberger
Date of Birth: Month 9 Day 2 Year 79
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 80 S SR 267 City Avon County Hend. State 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 male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Lewis Snellenberger
   (If adopted, list adoptive parents only)
   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 Lee Snellenberger
   (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 8-16-00

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 [signature]
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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 16, 2000, authorizing the marriage of Roger Ray Hinshaw and Amber Leigh Snellenberger.
I further certify that the following marriage certificate was filed in my office: I, Chris Page (name), certify that on September 23, 2000 (date), at Martinsville in Morgan County, Indiana, Roger R. Hinshaw of Hendricks County, Indiana (state), and Amber L. Snellenberger of Hendricks County, Indiana (state) were 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 16, 2000. Signed by: /s/ Christopher B. Page, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 3, 2000 (date).

Signed [signature] Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 508
August 18 2000
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 17, 2000
Name of Physician Dr Thomasen

MALE APPLICANT

Name First Middle Last: Michael Arlyn Dickerson
Date of Birth Month Day Year: September 21 1978
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R. City County State: 9310 E. CR 300 N 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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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: Brian Lee 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: Rebecca Artman
   (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 Michael Dickerson Date 8/18/00

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 Michael Dickerson
New Address 103 Mackey Rd Danville IN
Subscribed and sworn to before me this 18 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

FEMALE APPLICANT

Name First Middle Last: Michelle Lynn Chappell
Date of Birth Month Day Year: February 9 1981
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R. City County State: 9310 E CR 300 N 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) 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. Ø
6. (a) Full name of applicant's father: Darrell Scott Chappell
   (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: Shirley Ann Bust
   (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 Michelle Chappell Date 8-18-00

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 Michelle Chappell
New Address 103 Mackey Rd. Danville, IN 46122
Subscribed and sworn to before me this 18 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 18, 2000, authorizing the marriage of Michael Arlyn Dickerson and Michelle Lynn Chappell.
I further certify that the following marriage certificate was filed in my office: I, Danny D. Thomas (name), certify that on August 26, 2000 (date), at Sullivan in Sullivan County, Indiana, Michael A. Dickerson of Hendricks County, Indiana (state), and Michelle L. Chappell of Hendricks County, Indiana (state) were 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 18, 2000. Signed by: /s/ Danny Thomas, Licensed Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 3, 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 509
8-17-00
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 8-17-00
Name of Physician Dr. Tripple

MALE APPLICANT

Name: First Christopher Middle Michael Last Tate
Date of Birth: Month 3 Day 11 Year 81
Place of Birth (State or foreign country) Germany
Residence Address: Street or R.R. 1294 Sycamore Ln City Danville County Hendricks State In
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Derek Robert Tate
6. (a) Full name of applicant's father Michael Glen Tate
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Nicole Denise Ketrow
   (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 Tate Date 8-17-00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Christopher Tate
New Address Same as Above
Subscribed and sworn to before me this 28 day of AUG 2000
Eleanor 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

FEMALE APPLICANT

Name: First Michelle Middle Kay Last Bowman
Date of Birth: Month 4 Day 19 Year 81
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1294 Sycamore Ln. City Danville County Hendricks State In
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Derek Robert Tate
6. (a) Full name of applicant's father Robert Dale Bowman 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 Kay Morris
   (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 Michelle K. Bowman Date 8-17-00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Michelle K. Bowman
New Address Same as Above
Subscribed and sworn to before me this 18 day of AUG 2000
Eleanor 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 August 17 2000 authorizing the marriage of Christopher M Tate and Michelle K Bowman.
I further certify that the following marriage certificate was filed in my office: I, Douglas A Litsey (name), certify that on Sept 16 2000 (date), at Avon in Hendricks County, Indiana, Christopher M Tate of Hendricks County, Indiana (state), and Michelle K Bowman of Hendricks County, Indiana (state) were 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 17 2000. Signed by: /s/ Douglas A Litsey, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 27 2000 (date).

Signed Eleanor Dugan Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 64
Page 510
8-17-00
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 8-15-00
Name of Physician Dr. Bair

MALE APPLICANT	FEMALE APPLICANT
Name: First Zachary Middle Dane Last Penrod	Name: First Janice Middle Yvonne Last Thielfoldt
Date of Birth: Month 6 Day 2 Year 79	Date of Birth: Month 2 Day 7 Year 78
Place of Birth (State or foreign country): Indiana	Place of Birth (State or foreign country): California
Residence Address: 721 Ironwood Dr. Plainfield Hendricks In	Residence Address: 721 Ironwood Dr. Plainfield Hendricks In
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages	Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date	Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License	Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐	1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐	If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐	2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐	4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Dane Earl Penrod	6. (a) Full name of applicant's father Rafferie Doberienes
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Indiana	Residence of father (if deceased, so state) California
Birthplace of father (State or foreign country) Indiana	Birthplace of father (State or foreign country) ?
(b) Full maiden name of applicant's mother Deborah Susan Chastain	(b) Full maiden name of applicant's mother Deborah Mae Showers
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Indiana	Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana	Birthplace of mother (State or foreign country) Washington

ACKNOWLEDGEMENT

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

Signature of Applicant Zachary Penrod Date 8-17-00

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)
County of Hendricks)

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

Signed Zachary Penrod
New Address Same as above

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 8-17-00

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)
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 _____

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 17 2000 authorizing the marriage of Zachary Dane Penrod and Janice Yvonne Thielfoldt.

I further certify that the following marriage certificate was filed in my office: I, Jack R Showers (name), certify that on August 17 2000 (date), at _____ in Hendricks County, Indiana, Zachary Dane Penrod of Hendricks County, Indiana (state), and Janice Yvonne Thielfoldt of Hendricks County, Indiana (state) were 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 17 2000 Signed by: /s/ Jack R Showers, Minister (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on August 25 2000 (date).

Signed Sharon Degan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 64
Page 511
August 17, 2000
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 10, 2000
Name of Physician Dr. Johnson

MALE APPLICANT

Name: First Donald Middle Alan Last Webster
Date of Birth: Month March Day 30 Year 1971
Place of Birth (State or foreign country) Indiana Hendricks
Residence Address: Street or R.R. 500 S P.O. Box 62 City Amo County Hendricks State In 46103
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 4/96
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)
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. Ø
6. (a) Full name of applicant's father Doyle Ray Webster
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Barbara Ann Arnold
   (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 Alan Webster Date 8-17-00

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
County of Hendricks
Signed Donald Alan Webster 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 17 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

FEMALE APPLICANT

Name: First Kimberly Middle Lea Last Littell
Date of Birth: Month February Day 26 Year 1976
Place of Birth (State or foreign country) Indiana Hendricks
Residence Address: Street or R.R. 500 S P.O. Box 62 City Amo County Hendricks State In 46103
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☐ Other (Specify)
Indiana Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Ø
6. (a) Full name of applicant's father Michael Ray Littell
   (If adopted, list adoptive parents only)
   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 Fields
   (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 Kimberly Littell Date 8/17/00

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)
County of Hendricks)
Signed Kimberly Littell 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 17 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 17 2000, authorizing the marriage of Donald Alan Webster and Kimberly Lea Littell.
I further certify that the following marriage certificate was filed in my office: I, Gary L Wood (name), certify that on August 19 2000 (date), at Castesville in Putnam County, Indiana, Doandl Alan Webster of Putnam County, Indiana (state), and Kimberly Lea Littell 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 August 17 2000. Signed by: /s/ Gary L Wood, Judge ProTem (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 22 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 512
Aug. 18, 2000
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 18, 2000
Name of Physician National Health Lab.

MALE APPLICANT	FEMALE APPLICANT
Name First Kenneth Middle Robert Last Moore	Name First Karen Middle Jean Last Voiles
Date of Birth Month July Day 9 Year 1963	Date of Birth Month February Day 6 Year 1964
Place of Birth (State or foreign country) Indiana	Place of Birth (State or foreign country) Indiana
Residence Address 520 W Franklin St. Street or R.R. Boone City Thorntown County In State 46071	Residence Address 73 Carriage Lake Dr. Street or R.R. Hendricks City B'burg County In State
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages	Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date	Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Indiana Driver License	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 ☐	1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐	If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐	2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐	4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Ø	5. List the full names of any dependent children. Matthew Dalsey Voiles, Andrew Mills Voiles
6. (a) Full name of applicant's father Richard Moore	6. (a) Full name of applicant's father Harold Shaffner
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Indiana	Residence of father (if deceased, so state) unknown
Birthplace of father (State or foreign country) Indiana	Birthplace of father (State or foreign country) unknown
(b) Full maiden name of applicant's mother Mary Pearl Davis	(b) Full maiden name of applicant's mother Barbara Jean Mills
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Indiana	Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Kentucky	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. Moore Date 8/18/00

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 Kenneth R. Moore
New Address 73 Carriage Lake Dr. Brownsburg IN 46112
Subscribed and sworn to before me this 18 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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Karen J. Voiles Date 8-18-00

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 Karen J. Voiles
New Address same as above
Subscribed and sworn to before me this 18 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 18 2000 authorizing the marriage of Kenneth Robert Moore and Karen Jean Voiles.
I further certify that the following marriage certificate was filed in my office: I, William A Sampen (name), certify that on September 1 2000 (date), at Brownsburg in Hendricks County, Indiana, Kenneth R Moore of Boone County, Indiana (state), and Karen J Voiles of Hendricks County, Indiana (state) were 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 18 2000 Signed by: /s/ William A Sampen, Reverend (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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 513
August 18, 2000
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 August 14 00
Name of Physician Dr. Trammell

MALE APPLICANT

Name First Timothy Middle Neil Last Shipley
Date of Birth Month October Day 1 Year 1958
Place of Birth (State or foreign country) Indiana Hendricks In
Residence Address Street or R.R. 1009 Buchanan 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
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. Megan Renee Shipley
6. (a) Full name of applicant's father Eddie Lee Shipley
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Ruby Joy Fruks
   (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 N. Shipley Date 8-18-00

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 Timothy N. Shipley
New Address 2847 S. City Rd. 625 E. Plainfield, IN 46168
Subscribed and sworn to before me this 18 day of AUG-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

FEMALE APPLICANT

Name First Gail Middle Lorraine Last Trueblood
Date of Birth Month April Day 19 Year 1954
Place of Birth (State or foreign country) Indiana Hendricks In
Residence Address Street or R.R. 2847 S. County Road 625 E City Plainfield County Hendricks State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 9-94
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) 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. Lindsey Ann Trueblood
   Cory Edward Trueblood
6. (a) Full name of applicant's father Charles Edward Duncan
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Delores Mae Clark
   (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 Gail L. Trueblood Date 8/18/00

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 Gail L. Trueblood
New Address Same as above
Subscribed and sworn to before me this 18 day of AUG 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 18 2000, authorizing the marriage of Timothy Neil Shipley and Gail Lorraine Trueblood.
I further certify that the following marriage certificate was filed in my office: I, Stephen White (name), certify that on September 23 2000 (date), at Plainfield in Hendricks County, Indiana, Timothy N Shipley of Hendricks County, Indiana (state), and Gail L Trueblood of Hendricks County, Indiana (state) were 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 18 2000. Signed by: /s/ Stephen White, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 17 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 64
Page 514
August 18, 2000
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 July 14 '00
Name of Physician Dr. Matakderich

MALE APPLICANT

Name First Scott Middle Edward Last Timmons
Date of Birth Month February Day 16 Year 1974
Place of Birth (State or foreign country) Indiana Hendricks
Residence Address Street or R.R. 10240 Buell Drive City Avon County Hendricks State In 46123
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 3-97
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 James Edward Timmons
   (If adopted, list adoptive parents only)
   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 Yvonne Arterburn
   (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 Rae Last Laroe
Date of Birth Month December Day 30 Year 1974
Place of Birth (State or foreign country) Illinois Hendricks
Residence Address Street or R.R. 10240 Buell Drive City Avon County Hendricks State 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)
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 Danny Laroe
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Illinois
   Birthplace of father (State or foreign country) Texas
   (b) Full maiden name of applicant's mother Linda K Rhodes
   (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 Scott E Timmons Date 8/18/00

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 Scott E Timmons
New Address same as above
Subscribed and sworn to before me this _____ day of _____
Sharon Duggar
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 R. Laroe Date 8/18/00

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 Jennifer R. Laroe
New Address same as above.
Subscribed and sworn to before me this _____ day of _____
Sharon Duggar
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 18 2000, authorizing the marriage of Scott Edward Timmons and Jennifer Rae Laroe.
I further certify that the following marriage certificate was filed in my office: I, John D Wrightsman (name), certify that on September 16 2000 (date), at Indianapolis in Marion County, Indiana, Scott E Timmons of Hendricks County, Indiana (state), and Jennifer R Laroe of Hendricks County, Indiana (state) were 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 18 2000. Signed by: /s/ John D Wrightsman, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 16 2000 (date).

Signed Sharon Duggar Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 515
8-18-00
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: First Joseph Middle Paul Last Vanet

Date of Birth: Month 8 Day 3 Year 69

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 4739 Ohio St City Clayton County Hend State IN 46118

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

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

Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Richard Charles Vanet
   (If adopted, list adoptive parents only) _____
   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 Lee Palmer
   (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 Toby Middle Gean Last Miller

Date of Birth: Month 11 Day 19 Year 71

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 9472 S CR 100W City Clayton County Hend State IN 46118

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 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 male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Charles Justin Miller
6. (a) Full name of applicant's father Joseph Edward Snell
   (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 Charlene Ann 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 Joseph P. Vanet Date 8-18-00

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 Joseph P. Vanet
New Address 9472 S CR 100 W Clayton, IN 46118
Subscribed and sworn to before me this 18 day of Aug. 2000
Sharon Degase Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Toby Gean Miller Date 8-18-00

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 Toby Miller
New Address Same as Above
Subscribed and sworn to before me this 18 day of Aug. 2000
Sharon Degase Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 18 2000, authorizing the marriage of Joseph Paul Vanet and Toby Gean Miller.
I further certify that the following marriage certificate was filed in my office: I, Jessica J Haltom (name), certify that on October 6 2000 (date), at Danville in Hendricks County, Indiana, Joseph P Vanet of Hendricks County, Indiana (state), and Toby G 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 August 6 2000. Signed by: /s/ Jessica J Haltom, Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 6 2000 (date).

Signed Sharon Degase Clerk
Hendricks Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 576
8-18-00
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 ☒ 8-17-00
If No, Medical Examination or Report Dated
Name of Physician James S Brillhart, MD

MALE APPLICANT

Name: First David Middle Wade Last Raybeck
Date of Birth: Month 8 Day 11 Year 67
Place of Birth (State or foreign country) Florida
Residence Address: Street or R.R. 84 N CR 450 W City Danville County Hend State 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) drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Chance Bradley James Raybeck - Christopher Wade Raybeck
   Mark Edward Raybeck - Jolene Mindy Raybeck
6. (a) Full name of applicant's father James David Raybeck
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) New York
   Birthplace of father (State or foreign country) Connecticut
   (b) Full maiden name of applicant's mother Sharon Jean Naber
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) New York
   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 David Raybeck Date 8/18/00

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 David Raybeck
New Address 129 N Kentucky St Danville
Subscribed and sworn to before me this 18 day of Aug 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

FEMALE APPLICANT

Name: First Danita Middle Rae Last Hackney
Date of Birth: Month 2 Day 19 Year 65
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 84 N CR 450 W City Danville County Hend State IN 46122
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 97
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Lynn Hackney
   Heather Michelle Hackney
6. (a) Full name of applicant's father Raymond Hackney Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) New Jersey
   (b) Full maiden name of applicant's mother Sharla Lynn Crane
   (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 Danita R. Hackney Date 8/18/00

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 Danita R. Hackney
New Address 129 N Kentucky St. Danville
Subscribed and sworn to before me this 18 day of Aug 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 David Wade Raybeck and Danita Rae Hackney.
I further certify that the following marriage certificate was filed in my office: I, Susan D Link (name), certify that on July 23 2000 (date), at Danville in Hendricks County, Indiana, David Wade Raybeck of Danville County, Indiana (state), and Danita Rae Hackney of Danville County, Indiana (state) were 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/ Susan D Link, First Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 23 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 64
Page 517
August 21, 2000
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. 14, 2000
Name of Physician Dr. Johns

MALE APPLICANT

Name First: Evan Middle: Lee Last: Cooksey
Date of Birth Month: 04 Day: 04 Year: 80
Place of Birth (State or foreign country): Indiana
Residence Address: 264 Sugar Bush Ln Street or R.R.: So. B'burg City: Hendricks County: 46112 State: In
Previous Marital Status: Never Married ☑ 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 Lucian Edward Cooksey
   (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 Teresa Louise Herring
   (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 Evan Cooksey Date 8/21/00

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 8/21/00

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Evan Cooksey
New Address 3560 C. St Thomas Blvd/Indpls IN 46214
Subscribed and sworn to before me this 21 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

FEMALE APPLICANT

Name First: Rebekah Middle: Lucille Last: Wright
Date of Birth Month: 09 Day: 15 Year: 80
Place of Birth (State or foreign country): Hendricks
Residence Address: 522 S. Jefferson St. Street or R.R.: B'burg City: In County: 46112 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. 0
6. (a) Full name of applicant's father Kersey Cecil Wright
   (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 Alice Bell Williams
   (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 Rebekah L Wright Date 8/21/00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Rebekah L Wright
New Address 3560 C. St Thomas Blvd Indpls IN 46214
Subscribed and sworn to before me this 21 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 21 2000, authorizing the marriage of Evan Lee Cooksey and Rebekah Lucille Wright.
I further certify that the following marriage certificate was filed in my office: I, Susan D Link (name), certify that on August 21 2000 (date), at Danville in Hendricks County, Indiana, Evan Lee Cooksey of Danville County, Indiana (state), and Rebekah L Wright of Danville County, Indiana (state) were 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 21 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 21 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 518
8-21-00
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 6-2-00
Name of Physician Dr. Collicott

MALE APPLICANT

Name: First Michael Middle Stephen Last Angle
Date of Birth: Month 9 Day 16 Year 60
Place of Birth (State or foreign country): West Virginia
Residence Address: Street or R.R. 3186 S. St. Rd 267 City Plainfield County Hendricks State Ind 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 10-97
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. Joseph Tyler Angle
   Heather Nicole Angle
   Michael Stephen Angle Jr.
6. (a) Full name of applicant's father Mark Allen Angle
   (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 Joanne Lewis
   (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 Tracey Middle Dianne Last Alfred
Date of Birth: Month 3 Day 10 Year 73
Place of Birth (State or foreign country): California
Residence Address: Street or R.R. 3186 S. St Rd. 267 City Plainfield County Hendricks State 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)
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. Quinlyn Andrea Peardish
6. (a) Full name of applicant's father Jerry Lee Alfred
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Nebraska
   (b) Full maiden name of applicant's mother Diane Elizabeth Berry
   (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 Michael S. Angle Date 21 Aug 00

The above applicant has objected to verifying 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 S. Angle
New Address Same as Above
Subscribed and sworn to before me this 21 day of Aug 2000
Thora 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 _____ Date 08-21-00

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)
County of Hendricks)
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 21 day of August 2000
Thora 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 August 21 2000 authorizing the marriage of Michael Stephen Angle and Tracey Dianne Alfred.
I further certify that the following marriage certificate was filed in my office: I, Jeffrey L Tague (name), certify that on October 21 2000 (date), at Plainfield in Hendricks County, Indiana, Michael S Angle of Hendricks County, Indiana (state), and Tracey D Alfred of Hendricks County, Indiana (state) were 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 21 2000 Signed by: /s/ Jeffrey L Tague, Reverend (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 26 2000 (date).

Signed Thora Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 64
Page 519
August 21, 2000
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 21, 2000
Name of Physician Dr. Johnson

MALE APPLICANT

Name First Middle Last: Joseph Andrew Emerson
Date of Birth Month Day Year: June 8 1965
Place of Birth (State or foreign country): Montana
Residence Address Street or R.R. City County State: 334 Country Ln #A Plainfield Hendricks In 46168
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Indiana Identification Card

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. -0-
6. (a) Full name of applicant's father James Clark Emerson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Idaho
   Birthplace of father (State or foreign country) Wyoming
   (b) Full maiden name of applicant's mother Jean Ellis
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Idaho
   Birthplace of mother (State or foreign country) Montana

FEMALE APPLICANT

Name First Middle Last: Beth Gregory
Date of Birth Month Day Year: Feb. 21 1964
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R. City County State: 334 Country Ln #A Plainfield Hendricks In 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date 4-28-92
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. -0-
6. (a) Full name of applicant's father Orville Wilson Gregory
   (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 Jean Russell
   (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 A. Emerson Date 8/21/00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Joseph A. Emerson
New Address Same as above
Subscribed and sworn to before me this _____ day of _____
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Beth Gregory Date 8-21-2000

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Beth Gregory
New Address Same as above
Subscribed and sworn to before me this _____ day of _____
Clerk of the Hendricks Circuit Court

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 21 2000 authorizing the marriage of Joseph Andrew Emerson and Beth Gregory.
I further certify that the following marriage certificate was filed in my office: I, Michael A Courtney (name), certify that on August 26 2000 (date), at Plainfield in Hendricks County, Indiana, Joseph A Emerson of Hendricks County, Indiana (state), and Beth Gregory of Hendricks County, Indiana (state) were 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 21 2000 Signed by: /s/ Michael A Courtney, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 29 2000 (date).

Signed _____ Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 64
Page 520
August 21, 2000
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 Dr. Burn

MALE APPLICANT

Name: First Richard Middle Brian Last Batchelor
Date of Birth: Month November Day 12 Year 1969
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 701 N State Rd 75 City D'ville County Hendricks State In 46112
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) ID Card

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. -0-
6. (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) Indiana
   (b) Full maiden name of applicant's mother Suzanne 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 Richard B Batchelor Date 8-21-00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Richard B Batchelor
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

FEMALE APPLICANT

Name: First Paula Middle Ann Last Mayhew
Date of Birth: Month November Day 28, 1968 Year
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 701 N State Rd 75 City D'ville County Hendricks State In 46112
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 Licence

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Blake + Cody Mayhew
6. (a) Full name of applicant's father Richard Alan Hemingway
   (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 Bobbie Lee Webb
   (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 Paula A. Mayhew Date 8/21/00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Paula A. Mayhew
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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 21, 2000, authorizing the marriage of Richard Brian Batchelor and Paula Ann Mayhew.
I further certify that the following marriage certificate was filed in my office: I, John P. Roof (name), certify that on September 23, 2000 (date), at Danville in Hendricks County, Indiana, Richard B. Batchelor of Hendricks County, Indiana (state), and Paula A. Mayhew of Hendricks County, Indiana (state) were 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 21, 2000. Signed by: /s/ John P. Roof, Episcopal Priest (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 3, 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 604
Page 521
August 22, 2000
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 Floyd Middle Arthur Last Smith Sr.
Date of Birth: Month July Day 12 Year 1928
Place of Birth (State or foreign country) Indiana Hendricks
Residence Address: Street or R.R. 9673 S CR O City Clayton County Hendricks State In 46118
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date July 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. -0-
6. (a) Full name of applicant's father Otho Tarrie 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 Bessie Corrine Evans
   (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 Floyd Arthur Smith Sr. Date 8-22-2000

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Floyd Arthur Smith Sr.
New Address same as above
Subscribed and sworn to before me this 22 day of August 2000
Thora 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

FEMALE APPLICANT

Name: First Geraldine Middle _____ Last Smith
Date of Birth: Month April Day 11 Year 1942
Place of Birth (State or foreign country) Virginia Hendricks
Residence Address: Street or R.R. 1884 Market St City Clayton County Hendricks State In 46118
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date July 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. -0-
6. (a) Full name of applicant's father William Jones
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Virginia
   (b) Full maiden name of applicant's mother Georgia Castell
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) Deceased
   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 Geraldine Smith Date 8-22-2000

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Geraldine Smith
New Address 9673 S.C.R.O Clayton, In 46118
Subscribed and sworn to before me this 22 day of August 2000
Thora 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 August 28 2000 authorizing the marriage of Floyd Arthur Smith Senior and Geraldine Smith.
I further certify that the following marriage certificate was filed in my office: I, Stevan W Ranson (name), certify that on August 31 2000 (date), at Clayton in Hendricks County, Indiana, Floyd A Smith Sr of Hendricks County, Indiana (state), and Geraldine 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 August 22 2000 Signed by: /s/ Stevan W Ranson, _____ (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 1 2000 (date).

Signed Thora Dugan Clerk
Hendricks Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 522
August 22, 2000
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, 12, 2000
Name of Physician Dr Rea

MALE APPLICANT

Name: First Silas Middle Alexander Last Jarrett
Date of Birth: Month August Day 28 Year 1981
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2450 H Harvest Way City Plainfield County Hendricks State In
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Douglas Ray Jarrett
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Melanie Ann Rhoden
   (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 8-22-00

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)
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 22 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

FEMALE APPLICANT

Name: First Angela Middle Lee Last
Date of Birth: Month July Day 7 Year 1983
Place of Birth (State or foreign country) Illinois
Residence Address: Street or R.R. 2450 H Harvest Way City Plainfield County Hendricks State In
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. 0
6. (a) Full name of applicant's father Donald Brian Lee
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Nevada
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Cheryl Lynn Williams
   (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 Lee Date _____

The above applicant has objected to verifying 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 Angela Lee
New Address Same as above
Subscribed and sworn to before me this 22 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 22 2000 authorizing the marriage of Silas Alexander Jarrett and Angela Lee.
I further certify that the following marriage certificate was filed in my office: I, Susan D Link (name), certify that on August 23 2000 (date), at Danville in Hendricks County, Indiana, Silas Alexander Jarrett of Plainfield County, Indiana (state), and Angela Lee 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 August 22 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 23 2000 (date).

Signed [signature] Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 604
Page 522
August 22, 2000
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, 12, 2000
Name of Physician Dr Rea

MALE APPLICANT

Name First Silas Middle Alexander Last Jarrett
Date of Birth Month August Day 28 Year 1981
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. 2450 H Harvest Way City Plainfield County Hendricks State In
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☑ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Douglas Ray Jarrett
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Melanie Ann 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 8-22-00

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)
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 22 day of Aug 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

FEMALE APPLICANT

Name First Angela Middle Lee Last
Date of Birth Month July Day 7 Year 1983
Place of Birth (State or foreign country) Illinois
Residence Address Street or R.R. 2450 H Harvest Way City Plainfield County Hendricks State In
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☑ Birth Certificate ☐ Other (Specify)

1. Are you now or have yo
   If answer is "yes", has t
2. Are you related to the m
3. Are you now under the i
4. Are you now under the i
5. List the full names of an
6. (a) Full name of applica
   (If adopted, list adop
   Residence of father
   Birthplace of father
   (b) Full maiden name of
   (If adopted, list adop
   Residence of mother
   Birthplace of mother

I acknowledge that I have rece
are sexually transmitted, and
immune deficiency syndrome).
Signature of Applicant [signature]

The above applicant has object
acknowledgment because of rel
Clerk of Court _____

State of Indiana)
County of Hendricks)
Signed [signature]
New Address [illegible]
Subscribed and sworn to befor
Sharon Dug

CONSENT OF PARENTS, PA

We, the parents of this applican
state facts which make the con

State of Indiana)
County of Hendricks)
Father _____
Mother _____
Subscribed and sworn to befor

I, Cheryl L. George give my consent for Angela Lee my
to marry Silas Alex Jarrett.
Name & Relationship daughter
Cheryl L. George
Signature of Parent or Guardian
Subscribed before me Angela Putman NOTARY PUBLIC
8:21:00 DATE Putnam COUNTY
My Commission Expires 10-26-04
CLERK Sharon Dugan
DATE AUG 22 2000

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license havi
_____ County _____ Court, by written o
and filed in _____, authorizes and directs the issuanc

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERT

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of He
August 22 2000 authorizing the marriage of Silas Alexander Jarrett and
I further certify that the following marriage certificate was filed in my office: I, Susan D Link
certify that on August 23 2000 (date), at Danville in Hendricks
County, Indiana, Silas Alexander Jarrett of Plainfield County, Indiana
(state), and Angela Lee 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 August 22 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 23 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 523
8-22-00
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 7-11-00
Name of Physician DR CONNER

MALE APPLICANT

Name First: JEFFREY Middle: SCOTT Last: GILLESPIE
Date of Birth Month Day Year: 1-9-71
Place of Birth (State or foreign country): VIRGINIA
Residence Address Street or R.R.: 1254 KINROSS DR City: AVON County: HEND. State: 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) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. MIKALA MARIE & KACI LEIGH GILLESPIE
6. (a) Full name of applicant's father RICHARD K GILLESPIE
   (If adopted, list adoptive parents only)
   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 F. LEE
   (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 Jeffrey S Gillespie Date 8/22/00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Jeffrey S Gillespie
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

FEMALE APPLICANT

Name First: STACEY Middle: LYNN Last: BONISA
Date of Birth Month Day Year: 3·30·75
Place of Birth (State or foreign country): INDIANA
Residence Address Street or R.R.: 1254 KINROSS DR. City: AVON County: HEND. State: 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) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. MIKALA MARIE GILLESPIE
   KACI LEIGH GILLESPIE
6. (a) Full name of applicant's father JOE R. BONISA
   (If adopted, list adoptive parents only)
   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 K MUSSELMAN
   (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 Stacey L Bonisa Date 8-22-00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Stacey L Bonisa
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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 28 2000 authorizing the marriage of Jeffrey Scott Gillespie and Stacy Lynn Bonisa.
I further certify that the following marriage certificate was filed in my office: I, Clyde Lee (name), certify that on Sept 9 2000 (date), at Avon in Hendricks County, Indiana, Jeffrey S Gillespie of Hendricks County, Indiana (state), and Stacey L Bonisa of Hendricks County, Indiana (state) were 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 22 2000 Signed by: /s/ Clyde Lee, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 27 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 524
8-22-00
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 6-10-00
Name of Physician Michael Pizato MD

MALE APPLICANT

Name: First Curtis Middle Lee Last Hicks
Date of Birth: Month 3 Day 20 Year 74
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 243 N Jefferson St City Brownsburg County Hend State IN 46112
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) drivers license

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

FEMALE APPLICANT

Name: First Shelley Middle Last Luedke
Date of Birth: Month 7 Day 24 Year 75
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 243 N Jefferson City B-burg County Hend State IN 46112
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) drivers license

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Curt Hicks Date 8-22-00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Curt Hicks
New Address SAME
Subscribed and sworn to before me this 22 day of AUG 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 Shelley Luedke Date 8/22/00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Shelley Luedke
New Address Same
Subscribed and sworn to before me this 22 day of AUG 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 22, 2000, authorizing the marriage of Curtis Lee Hicks and Shelley Rae Luedke.
I further certify that the following marriage certificate was filed in my office: I, Daniel C. Robinson (name), certify that on October 7, 2000 (date), at Indianapolis in Marion County, Indiana, Curtis Hicks of Hendricks County, Indiana (state), and Shelley Luedke of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Aug. 22, 2000. Signed by: /s/ Dan C. Robinson, Judge (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 24, 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 325
Aug. 23, 2000
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. 16, 2000
Name of Physician Dr. Schoon

MALE APPLICANT

Name: First Gary Middle Jay Last Vanderlaan
Date of Birth: Month July Day 2 Year 1954
Place of Birth (State or foreign country) Michigan
Residence Address: Street or R.R. 421 B Great Lakes Circle City W Avon County Hendricks State In 46123
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 7-21-00
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Albert Vanderlaan
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Florida
   Birthplace of father (State or foreign country) Michigan
   (b) Full maiden name of applicant's mother Shirley Whitaker
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Florida
   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 Gary Vanderlaan Date 8/23/00

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 Gary Vanderlaan 8/23/00
New Address _____
Subscribed and sworn to before me this 23 day of AUG, 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

FEMALE APPLICANT

Name: First Anne Middle Louise Last Voiles
Date of Birth: Month December Day 16 Year 1954
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 421 B Great Lakes Circle City W Avon County Hendricks State In 46123
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 8-98
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father John B Roberts
   (If adopted, list adoptive parents only)
   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 Hanlon
   (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 Anne L Voiles Date _____

The above applicant has objected to verifying 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 Anne L Voiles
New Address _____
Subscribed and sworn to before me this 23 day of AUG 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 23 2000, authorizing the marriage of Gary Jay Vanderlaan and Anne Louise Voiles.
I further certify that the following marriage certificate was filed in my office: I, Mary H Maddox (name), certify that on September 2 2000 (date), at Muncie in Delaware County, Indiana, Gary J Vanderlaan of Hendricks County, Indiana (state), and Anne L Voiles of Hendricks County, Indiana (state) were 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 23 2000. Signed by: /s/ Mary H Maddox, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 7 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 526
AUG 23 2000
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 23 2000~~
Name of Physician FHCHD

MALE APPLICANT

Name First: Travis Middle: David Last: Rodgers
Date of Birth Month: April Day: 22 Year: 1980
Place of Birth (State or foreign country): Indiana County: Hendricks 46118
Residence Address Street or R.R.: 7171 S. County Road 275 E City: Clayton County: In State:
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) DL

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 8-23-2000

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed [signature]
New Address Save as above
Subscribed and sworn to before me this 23 day of Aug. 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

FEMALE APPLICANT

Name First: Bobbie Sue Middle: Rogers Last:
Date of Birth Month: July Day: 28 Year: 1981
Place of Birth (State or foreign country): Indiana County: Hendricks
Residence Address Street or R.R.: 7002 S State Rd 39 City: Clayton County: In State: 46118
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) DL

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. -0-
6. (a) Full name of applicant's father Otis Cecil 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 Louise Ann 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 Bobbie Rogers Date 8-23-00

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 Bobbie Rogers
New Address 7171 S. CR 275 E. Clayton, IN 46118
Subscribed and sworn to before me this 23 day of Aug. 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 23 2000, authorizing the marriage of Travis David Rodgers and Bobbie Sue Rogers.
I further certify that the following marriage certificate was filed in my office: I, David A Curtis (name), certify that on September 3 2000 (date), at Clayton in Hendricks County, Indiana, Travis D Rodgers of Hendricks County, Indiana (state), and Bobbie S 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 Sept 3 2000. Signed by: /s/ David A Curtis, Reverand (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 18 2000 (date).

Signed Sharon Degan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 604
Page 527
AUG 23 2000
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 8-21-00
Name of Physician Dr Monroe

MALE APPLICANT

Name First Jonathan Middle Andrew Last Sipek
Date of Birth Month January Day 13 Year 1978
Place of Birth (State or foreign country) New Jersey County Hendricks
Residence Address Street or R.R. 10645 Revere Lane City Indpls, In 46234 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) D.L

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Steven Joseph Sipek
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Tennessee
   Birthplace of father (State or foreign country) Pennsylvania
   (b) Full maiden name of applicant's mother Constance Rau
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Tennessee
   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 Jonathan Andrew Sipek Date 23-Aug-00

The above applicant has objected to verifying 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 Jonathan Andrew Sipek
New Address same as above
Subscribed and sworn to before me this 23rd day of August.
Thaiss 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

FEMALE APPLICANT

Name First Beth Middle Ann Last Newsom
Date of Birth Month May Day 29 Year 1969
Place of Birth (State or foreign country) Indiana County Hendricks
Residence Address Street or R.R. 10645 Revere Ln City Indpls County In State 46234
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 8-94
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) D.L

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Carl Dean Edwards
   (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 Marsha Ann Cook
   (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 Beth A Newsom Date 8/23/00

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 Beth A Newsom
New Address Same as above
Subscribed and sworn to before me this 23rd day of August
Thaiss 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 August 23 2000 authorizing the marriage of Jonathan Andrew Sipek and Beth Ann Newsom.
I further certify that the following marriage certificate was filed in my office: I, Philip T Bowers (name), certify that on Sept 30 2000 (date), at Fishers in Hamilton County, Indiana, Jonathan A Sipek of Hendricks County, Indiana (state), and Beth A Newsom of Hendricks County, Indiana (state) were 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 23 2000 Signed by: /s/ Philip T Bowers, Priest (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 4 2000 (date).

Thaiss Dugan
Signed _____ Clerk
Hendricks Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 64
Page 528
AUG 23 2000
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 18, 2000
Name of Physician Dr. Service

MALE APPLICANT

Name First Johnathan Middle Charles Last Hamner
Date of Birth Month March Day 9 Year 1971
Place of Birth (State or foreign country) Indiana City Hendricks
Residence Address Street or R.R. 308 W Main City Pittsboro County In State 46167
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) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Steven Wayne Hamner
   (If adopted, list adoptive parents only)
   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) 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 John Hamner Date 8/23/00

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 John Hamner
New Address Same as above
Subscribed and sworn to before me this 23 day of Aug 2000
Thora 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

FEMALE APPLICANT

Name First Sonja Middle Michelle Last Richman
Date of Birth Month January Day 2 Year 1968
Place of Birth (State or foreign country) Indiana City Hendricks
Residence Address Street or R.R. 308 W Main City Pittsboro County In State 46167
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) DL

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Amber Richman
6. (a) Full name of applicant's father Charles A Richman
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Becky S Guthree
   (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 Sonja M Richman Date 8-23-00

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 Sonja M Richman
New Address Same as above
Subscribed and sworn to before me this 23 day of Aug 2000
Thora 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 August 23 2000, authorizing the marriage of Johnathan Charles Hamner and Sonja Michelle Richman.
I further certify that the following marriage certificate was filed in my office: I, Daniel Walker (name), certify that on August 26 2000 (date), at Lebanon in Boone County, Indiana, Johnathan C Hamner of Hendricks County, Indiana (state), and Sonja M Richman of Hendricks County, Indiana (state) were 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 23 2000. Signed by: /s/ Daniel Walker, Reverand (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 29 2000 (date).

Signed Thora Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 164
Page 529
AUG 24 2000
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 ☐ AUG 24 2000
If No, Medical Examination or Report Dated
Name of Physician Dr. Bardasse

MALE APPLICANT

Name First Middle Last: David Michael Catt
Date of Birth Month Day Year: January 1 1978 Hendricks
Place of Birth (State or foreign country)
Residence Address Street or R.R.: 11 Millet Ct
City: Danville
County: In
State: 46122
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)

D.L

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

FEMALE APPLICANT

Name First Middle Last: Holly Marie Lahnen
Date of Birth Month Day Year: January 30 1978
Place of Birth (State or foreign country)
Residence Address Street or R.R.: 11 Millet Ct.
City: Danville
County: Hendricks
State: In 46122
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)

D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Gerald Lahnen
   (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 Alice Voelkel
   (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 08/24/00

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 [signature]
New Address SAME AS ABOVE
Subscribed and sworn to before me this 24 day of AUG. 2000
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 Holly M Lahnen Date 8/24/00

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 Holly M. Lahnen
New Address Same as above
Subscribed and sworn to before me this 24 day of AUG. 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 August 24 2000 authorizing the marriage of David Michael Catt and Holly Marie Lahnen.
I further certify that the following marriage certificate was filed in my office: I, Thoams K Stepanski (name), certify that on August 26 2000 (date), at Danville in Hendricks County, Indiana, David Michael Catt of Hendricks County, Indiana (state), and Holly Marie Lahnen of Hendricks County, Indiana (state) were 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 24 2000 Signed by: /s/ Thomas K Stepanski, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 31 2000 (date).

Signed [signature] Clerk
Hendricks Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 530
8-24-00
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: First James Middle Crawford Last Parker
Date of Birth: Month 9 Day 3 Year 47
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 8010 Dogwood Ct. City Plainfield County Hend State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 94
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) drivers license

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed ✍ James Crawford Parker
New Address same
Subscribed and sworn to before me this 24 day of August
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

FEMALE APPLICANT

Name: First Marlyn Middle Jane Last Foddrill
Date of Birth: Month 5 Day 27 Year 49
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 8010 Dogwood Ct. City Plainfield County Hend State IN 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 89
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Robert Dean 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 Marva Jean Goodin
   (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 ✍ Marlyn Jane Foddrill Date 8-24-00

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 ✍ Marlyn Jane Foddrill
New Address same
Subscribed and sworn to before me this 24 day of August
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 August 24 2000 authorizing the marriage of James Crawford Parker and Marlyn Jane Foddrill.
I further certify that the following marriage certificate was filed in my office: I, Jerry D Lewis (name), certify that on Sept 9 2000 (date), at Plainfield in Hendricks County, Indiana, James Crawford Parker of Hendricks County, Indiana (state), and Marlyn Jane Foddrill of Hendricks County, Indiana (state) were 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 25 2000 Signed by: /s/ Jerry D Lewis, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on September 13 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 531
AUG 24 2000
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 8-14-00
Name of Physician _____

MALE APPLICANT

Name: First Christopher Middle Jason Last Halford
Date of Birth: Month 6 Day 2 Year 70
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 3861 N ST RD 75 City Thorntown County Boone State IN 46071
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 98
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) D.License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Halford, Lindsey Halford
6. (a) Full name of applicant's father Dennis A. Halford
   (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 Janet K. Revell
   (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 8/24/00

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 8/24/00

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed [signature]
New Address _____
Subscribed and sworn to before me this 24 day of AUG 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

FEMALE APPLICANT

Name: First Catherine Middle Elaine Last McKinney
Date of Birth: Month 4 Day 8 Year 72
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 8 Roselawn Ave City Brownsburg County Hendricks State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) D.License

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Catherine McKinney
New Address SAME
Subscribed and sworn to before me this 24 day of AUGUST
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 August 24 2000, authorizing the marriage of Christopher Jason Halford and Catherine Elaine McKinney.
I further certify that the following marriage certificate was filed in my office: I, David Jefferson (name), certify that on Sept 9 2000 (date), at Plainfield in Hendricks County, Indiana, Christopher of Boone County, Indiana (state), and Catherine E 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 August 24 2000. Signed by: /s/ David Jefferson, 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

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 532
AUG 25 2000
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 07 2000
Name of Physician Dr. Cooper

MALE APPLICANT

Name First Joseph Middle Eric Last Knight
Date of Birth Month October Day 24 Year 1974
Place of Birth (State or foreign country) Indiana
Residence Address 1057-7 Street or R.R. Timber Creek Dr. City Carmel County Hamilton State In 46032
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Knight
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Leeann Korfhage
   (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 Eric J Knight Date 8-25-00

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 Eric J Knight
New Address SAME
Subscribed and sworn to before me this 25 day of Aug. 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

FEMALE APPLICANT

Name First Michelle Middle Lynne Last Kallock
Date of Birth Month May Day 13 Year 1971
Place of Birth (State or foreign country) Indiana
Residence Address 27 South Lake Dr. Street or R.R. B'burg City Hendricks County In State 46112
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Richard J Kallock
   (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 Linda G. Lowe
   (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 Michelle L Kallock Date 8-25-00

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 Michelle L Kallock
New Address 27 Lake Drive South Brownsburg In 46112
Subscribed and sworn to before me this 25 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 25 2000, authorizing the marriage of Eric Knight and Michelle Lynne Kallock.
I further certify that the following marriage certificate was filed in my office: I, Harold Leininger (name), certify that on October 21 2000 (date), at Brownsburg in Hendricks County, Indiana, Eric J Knight of Hamilton County, Indiana (state), and Michelle L Kallock of Hendricks County, Indiana (state) were 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 25 2000. Signed by: /s/ Harold Leininger, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 15 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 533
8-25-00
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 X
Name of Physician

MALE APPLICANT

Name: First Danny Middle Clarence Last Montgomery
Date of Birth: Month 4 Day 9 Year 48
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 10957 Horseshoe Dr Lot 34 City Indpls County Hend State IN 46234
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 85
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Clarence 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 Lillian Beabea Wishard
   (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 Sharon Middle Marie Last Anderson
Date of Birth: Month 5 Day 19 Year 50
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 10957 Horseshoe Dr. Lot 34 City Indpls County Hend State IN 46234
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Albert Hiarm Poppe
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother June Chesshire
   (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 C Montgomery Date 8-25-00

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 8-25-00

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed ⓜ Danny C Montgomery
New Address same
Subscribed and sworn to before me this 25 day of Aug. 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 ⓕ Sharon M Anderson Date 8-25-00

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 8-25-00

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed ⓕ Sharon M Anderson
New Address same
Subscribed and sworn to before me this 25 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 25 2000, authorizing the marriage of Danny Clarence Montgomery and Sharon Marie Anderson.
I further certify that the following marriage certificate was filed in my office: I, Cathy Bray (name), certify that on September 9 2000 (date), at Clarmont in Hendricks County, Indiana, Danny C Montgomery (state), and Sharon M Anderson of Hendricks County, Indiana, (state) were 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 25 2000. Signed by: /s/ Cathy Bray, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 13 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 537
8-25-00
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 8-24-00
Name of Physician Dr. Graham

MALE APPLICANT

Name: First Gerrit Middle Frank Last Luider
Date of Birth: Month 8 Day 21 Year 64
Place of Birth (State or foreign country) Ohio
Residence Address: Street or R.R. 10252 Pawnee Dr. Box 31211 City Indianapolis County Hendricks State In 46234
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) 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
   (If adopted, list adoptive parents only) Gerrit Luider, Sr.
   Residence of father (if deceased, so state) Ohio
   Birthplace of father (State or foreign country) Netherlands
   (b) Full maiden name of applicant's mother
   (If adopted, list adoptive parents only) Carol Ann Pennick
   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 Gerrit F. Luider Date 8-28-00

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 Gerrit F. Luider
New Address 10252 Pawnee Dr Indpls. In 46234
Subscribed and sworn to before me this 28 day of August.
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

FEMALE APPLICANT

Name: First Glenda Middle Kaye Last Brewer
Date of Birth: Month 5 Day 26 Year 62
Place of Birth (State or foreign country) California
Residence Address: Street or R.R. 10252 Pawnee Dr. City Indpls County Hendricks State In 46234
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 5-98
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Indiana Drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Curtis Glenn Brewer
6. (a) Full name of applicant's father Glenn Edward Masonic Sr.
   (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 Shirley Lucille Truckey
   (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 Glenda K. Brewer Date 8/28/00

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 Glenda K. Brewer
New Address SAME
Subscribed and sworn to before me this 28 day of August
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 _____, 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

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 537
8-25-00
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 8-24-00
Name of Physician Dr. Graham

MALE APPLICANT | **FEMALE APPLICANT**

CONFIDENTIAL INFORMATION: IC 16-37-1-10

***SOCIAL SECURITY NUMBER**

This State agency is requesting disclosure of your Social Security number under IC 31-11-4-4 in order to perform its statutory function. Disclosure is voluntary and you will not be penalized for refusal.

RECORD OF MARRIAGE

No. _____

HENDRICKS COUNTY
INSERT NAME OF COUNTY

GROOM

Name of groom (*Print in full*) (*last, first, middle*): Luider Gerrit Frank

Residence address (*number and street*): 10252 Pawnee Drive
County: Hendricks

City or town, state, ZIP code: Indianapolis Indiana 46234

Is residence inside city limits? ☒ Yes ☐ No
Social Security number*: 300-56-3703

Usual occupation: Material Handler (Shipping / Receiving Clerk)

Education (*specify highest grade completed*): High School Dipoloma

Name of father: Gerrit Luider Sr
Birthplace: Netherlands

Name of mother (*full maiden*): Carol Ann Rennick
Birthplace: Ohio

Race: ☒ White ☐ Black ☐ Multi-Racial ☐ Other (*specify*) _____

Age of groom: 36
Place of birth (*State or Foreign Country*): Ohio

PREVIOUS MARITAL STATUS
☒ Never Married

LAST MARRIAGE ENDED BY:
☐ Death ☐ Annulment ☐ Divorce

Total number of previous marriages: Ø

Date last marriage ended

BRIDE

Name of bride (*Print in full legal name before this marriage*) (*last, first, middle*): Brewer, Glenda Kaye

Residence address (*number and street*): 10252 Pawnee Dr.
County: Hendricks

City or town, state, ZIP code: Indpls, In. 46234

Is residence inside city limits? ☒ Yes ☐ No
Social Security number*: 424-84-0564

Usual occupation: Nurse

Education (*specify highest grade completed*): Some College

Name of father: Glenn Edward Masonia Sr.
Birthplace: Alabama

Name of mother (*full maiden*): Shirley Lucille Truckey
Birthplace: Indiana

Race: ☒ White ☐ Black ☐ Multi-Racial ☐ Other (*specify*) _____

Age of bride: 38
Place of birth (*State or Foreign Country*): California

PREVIOUS MARITAL STATUS
☐ Never Married

LAST MARRIAGE ENDED BY:
☐ Death ☐ Annulment ☒ Divorce

Total number of previous marriages: 3

Date last marriage ended: 5/98

THIS APPLICATION FOR LICENSE EXPIRES ON: 10-28-00

PLACE OF MARRIAGE

City or town: Indianapolis
County: Marion

Signature of groom: Gerrit Frank Luider

Signature of bride: Glenda Kaye Brewer

Date of marriage: October 28, 2000

AIDS Education Acknowledgment signed ☑ Yes ☐ No
Religious Objection signed ☐ Yes ☐ No

OFFICIANT

Name: David L. Powell
Title: United Methodist Pastor
Address (*number and street*): 963 N. Girls School Rd
City or town, state, ZIP code: Indianapolis, IN 46214
Telephone number: (317) 241-6163

CLERK OF COURT: Detach Record of Marriage and forward same at close of each calendar month to Indiana State Department of Health, Vital Statistics, B 4, 2 North Meridian Street, Indianapolis, Indiana 46204

Date of Recording _____ Book _____ Page _____

Signed Sharon Dugan Clerk of HENDRICKS Circuit Court
Insert Name of County

RECORD OF MARRIAGE
State Form 27553 (R5 / 8-99) / SDH06-025-32

IC 31-11-4-18

Indiana State Department of Health

I certify, _____, 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

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 535
8-25-00
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 8-18-00
Name of Physician James T Anderson, MD

MALE APPLICANT

Name: First Brodie Middle Paul Last Zimmerman
Date of Birth: Month 9 Day 28 Year 74
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 8421 W Boone Co. Rd City New Ross County Hend. State IN 47968
Previous Marital Status: Never Married ☒ 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 Steven Paul Zimmerman
   (If adopted, list adoptive parents only)
   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 Young
   (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 Brodie P Zimmerman Date

The above applicant has objected to verifying 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 Brodie P Zimmerman
New Address same
Subscribed and sworn to before me this 25 day of 8/2000
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

FEMALE APPLICANT

Name: First Sherri Middle Lynn Last Cable
Date of Birth: Month May Day 4 Year 1969
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 8421 W Boone Co Rd City New Ross County Hend State IN 47968
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date Oct 98
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. Skylar Stevens
6. (a) Full name of applicant's father Jerry Cable
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Sandra Hamilton
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   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 Sherri L. Cable Date

The above applicant has objected to verifying 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 Sherri L Cable
New Address same
Subscribed and sworn to before me this 25 day of 8/2000
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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 25 2000 authorizing the marriage of Brodie Paul Zimmerman and Sherri Lynn Cable.
I further certify that the following marriage certificate was filed in my office: I, Alan Hughes (name), certify that on Sept 16 2000 (date), at Ladoga in Montgomery County, Indiana, Brodie P Zimmerman of Hendricks County, Indiana (state), and Sherri L Cable of Hendricks County, Indiana (state) were 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 25 2000 Signed by: /s/ Alan Hughes, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 27 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 536
8-25-00
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 ☐ 8-24-00
If No, Medical Examination or Report Dated
Name of Physician Dr. Hammell

MALE APPLICANT	FEMALE APPLICANT
Name: First Scott, Middle Christopher, Last Peters	Name: First Steffannie, Middle Michelle, Last Lozier
Date of Birth: Month 09, Day 21, Year 74	Date of Birth: Month 04, Day 15, Year 77
Place of Birth (State or foreign country): Indiana	Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 1003 Buffalo Pass, City Danville, County IN, State Hendricks	Residence Address: Street or R.R. 1003 Buffalo Pass, City Danville, County Hendricks, State IN
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages	Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date	Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License	Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐	1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐	If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐	2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐	4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Gary Lee Peters	6. (a) Full name of applicant's father Douglas Alan Lozier
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Indiana	Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana	Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Patricia K Inman	(b) Full maiden name of applicant's mother Mary Kathryn Bushton
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Indiana	Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana	Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

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

Signature of Applicant Scott C Peters Date 8-25-00

Signature of Applicant Steffannie M Lozier Date 8-25-00

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 Scott C Peters
New Address 1003 Buffalo Pass, Danville, IN 46122

Subscribed and sworn to before me this _____ day of _____

Thora Dugan Clerk of the Hendricks Circuit Court

Signed Steffannie M Lozier
New Address 1003 Buffalo Pass, Danville, IN 46122

Subscribed and sworn to before me this _____ day of _____

Thora 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 August 25 2000, authorizing the marriage of Scott Christopher Peters and Steffannie Michelle Lozier.

I further certify that the following marriage certificate was filed in my office: I, David Empson (name), certify that on Sept 9 2000 (date), at Clayton in Hendricks County, Indiana, Scott C Peters of Hendricks County, Indiana (state), and Steffannie M Lozier of Hendricks County, Indiana (state) were 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 25 2000. Signed by: /s/ David Empson, Minister (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on September 12 2--- (date).

Signed Thora Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 537
August 25, 2000
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 HCHD

MALE APPLICANT

Name First: Kevin Middle: DeWayne Last: Warfel
Date of Birth Month: March Day: 14 Year: 1979
Place of Birth (State or foreign country): Illinois
Residence Address Street or R.R.: 212 Brixton Woods E. Dr. City: Pittsboro County: Hendricks State: In 46167
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) DL

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. 0
6. (a) Full name of applicant's father Raymond Warfel
   (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 Darlene Brooks
   (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 Kevin Warfel Date 8/25/00

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 Kevin Warfel
New Address same as above
Subscribed and sworn to before me this 25 day of August
Horace 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

FEMALE APPLICANT

Name First: Kayce Middle: Kristine Last: Petre
Date of Birth Month: July Day: 11 Year: 1981
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 5227 E CO Rd 551 N City: Pittsboro County: Hendricks State: In 46167
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) D.L

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Mark Lynn Petre
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Louis Darlene Watson
   (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 Kayce K Petre Date 8/25/00

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 Kayce K Petre
New Address 212 Brixton Woods E. Dr. Pittsboro IN 46167
Subscribed and sworn to before me this 25 day of August
Horace 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 August 25, 2000, authorizing the marriage of Kevin DeWayne Warfel and Kayce Kristine Petre.
I further certify that the following marriage certificate was filed in my office: I, Raymond Warfel (name), certify that on September 15, 2000 (date), at Plainfield in Hendricks County, Indiana, Kevin D. Warfel of Hendricks County, Indiana (state), and Kayce K. Petre of Hendricks County, Indiana (state) were 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 25, 2000. Signed by: /s/ Raymond Warfel, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 3, 2000 (date).

Signed Horace Dugan Clerk
Hendricks Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 538
AUG 25 2000
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 3-2-99
Name of Physician Freeman

MALE APPLICANT

Name First: Michael Middle: Christopher Last: Tierney
Date of Birth Month: 10 Day: 30 Year: 67
Place of Birth (State or foreign country): IN
Residence Address Street or R.R.: 10152 Edgewood Rd City: B'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: 4/00
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify): DL.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Lacey Cassidy Tierney
6. (a) Full name of applicant's father Tim Tierney
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) In
   Birthplace of father (State or foreign country) In
   (b) Full maiden name of applicant's mother Sharon Kay Mills
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   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 8-25-00

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 [signature]
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

FEMALE APPLICANT

Name First: L Middle: Dawn Last: Tansy
Date of Birth Month: 3 Day: 3 Year: 66
Place of Birth (State or foreign country): IN
Residence Address Street or R.R.: 10152 Edgewood Rd City: B'burg County: Hend State: In 46112
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages: _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify): DL.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Lacey Tierney
6. (a) Full name of applicant's father John Tansy
   (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 Judith Carrie Abbe
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) In
   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 L Dawn Tansy Date 8/25/00

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 L. Dawn Tansy
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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 25 2000 authorizing the marriage of Michael Christopher Tierney and L Dawn Tansy.
I further certify that the following marriage certificate was filed in my office: I, Gary A LaFary (name), certify that on September 2 2000 (date), at Plainfield in Hendricks County, Indiana, Michael C Tierney of Hendricks County, Indiana (state), and L Dawn Tansy of Hendricks County, Indiana (state) were 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 25 2000 Signed by: /s/ Gary A LaFary, 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

BOYCE FORMS • SYSTEMS 1-800-382-8702 4477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 539
Aug 28, 2000
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 25 '00
Name of Physician Dr. Tripple

MALE APPLICANT

Name First Jeffrey Middle Thomas Last Gentry
Date of Birth Month November Day 24 Year 1964
Place of Birth (State or foreign country) Indiana Hendricks
Residence Address - Street or R.R. 375 Winterwood Dr City Avon County Hendricks State 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) DL

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. 0
6. (a) Full name of applicant's father Richard Thomas Gentry
   (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 Clarice Faye Shearls
   (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 Carrie Middle Jean Last Cope
Date of Birth Month June Day 6 Year 1978
Place of Birth (State or foreign country) Indiana Hendricks
Residence Address - Street or R.R. 375 Winterwood Dr City Avon County Hendricks State 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) DL

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. 0
6. (a) Full name of applicant's father Randall Lee Cope
   (If adopted, list adoptive parents only)
   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 Jean Kelly
   (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 8-28-00

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 SAME
Subscribed and sworn to before me this 28 day of Aug 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 Carrie Cope Date 8-28-00

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 Carrie Cope
New Address SAME
Subscribed and sworn to before me this 28 day of Aug 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 28, 2000, authorizing the marriage of Jeffrey Thomas Gentry and Carrie Jean Cope.
I further certify that the following marriage certificate was filed in my office: I, Brian E. Cope (name), certify that on September 3, 2000 (date), at Indianapolis in Marion County, Indiana, Jeffrey T. Gentry of Hendricks County, Indiana (state), and Carrie J. Cope of Hendricks County, Indiana (state) were 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 28, 2000. Signed by: /s/ Brian E. Cope, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 3, 2000 (date).

CLERK OF HENDRICKS
CIRCUIT COURT
Signed Sharon Dugan Clerk
Hendricks Circuit Court
BOX 599
VILLE, IN 46122

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 164
Page 540
Aug. 28, 2000
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 15 '00
Name of Physician _____

MALE APPLICANT

Name: First Robby Middle Lee Last Cook
Date of Birth: Month Dec Day 4 Year 1976
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 303 S Mill St City Plainfield County Hendricks State In 46168
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. -0-
6. (a) Full name of applicant's father Bobby Eugene Cook
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Theresa Gail Perdue
   (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 Kristi Middle Lu Last Wahl
Date of Birth: Month 10 Day 2 Year 77
Place of Birth (State or foreign country) Kentucky
Residence Address: Street or R.R. 303 S Mill St. City Plainfield County Hendricks State In 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. -0-
6. (a) Full name of applicant's father Anthony Emil Wahl
   (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 Linda Diane Gibson
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) Kentucky
   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 Robby L. Cook Date 8-28-00

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 Robby L. Cook
New Address 948 SAMUEL ST. LOU. KY 40204
Subscribed and sworn to before me this 28 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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Kristi Lu Wahl Date 8-28-00

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 Kristi Lu Wahl
New Address 948 Samuel St. Lou. KY 40204
Subscribed and sworn to before me this 28 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 28 2000, authorizing the marriage of Robby Lee Cook and Kristi Lu Wahl.
I further certify that the following marriage certificate was filed in my office: I, Linda E Brows (name), certify that on Sept 9 2000 (date), at Indianapolis in Marion County, Indiana, Robby L Cook of Jefferson County, Kentucky (state), and Kristi Lu Wahl of Jefferson 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 August 28 2000. Signed by: /s/ Linda E Brows, Judge (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 27 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 541
Aug 28, 2000
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 5-24-00
Name of Physician Bryant

MALE APPLICANT

Name First Steven Middle Phillip Last Shaw
Date of Birth Month March Day 24 Year 1977
Place of Birth (State or foreign country) Indiana County Hendricks
Residence Address 10241 Steeplechase Dr. Apt J Street or R.R. City Avon County State
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. 0
6. (a) Full name of applicant's father James D. Patterson
   (If adopted, list adoptive parents only)
   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 J. Payne
   (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 Steven P Shaw Date 8/28/00

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 Steven P Shaw
New Address Same
Subscribed and sworn to before me this 28 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

FEMALE APPLICANT

Name First Katharine Middle Mary Last Oklak
Date of Birth Month August Day 15 Year 1977
Place of Birth (State or foreign country) Washington DC County Hendricks
Residence Address 10241 Steeplechase Dr Apt J Street or R.R. City Avon County State In
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify)
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 Michael Oklak
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Boonsri Impong
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Thailand

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Katharine M Oklak Date 8/28/00

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 Katharine M. Oklak
New Address Same
Subscribed and sworn to before me this 28 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 28 2000, authorizing the marriage of Steven Phillip Shaw and Katharine Mary Oklak.
I further certify that the following marriage certificate was filed in my office: I, Dragisa Jocic (name), certify that on Sept 23 2000 (date), at South Bend in St Joseph County, Indiana, Steven P Shaw of Hendricks County, Indiana (state), and Katharine M Oklak of Hendricks County, Indiana (state) were 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 28 2000. Signed by: /s/ Dragisa Jocic, Priest (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 4 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 64
Page 542
Aug. 28 '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 ☐ 8-21-00
If No, Medical Examination or Report Dated
Name of Physician Jones

MALE APPLICANT

Name: First Larry Middle Joe Last Shipley
Date of Birth: Month 7 Day 27 Year 44
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 1105 Parkside E. Dr. City Plainfield County Hendricks State In 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date March '00
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. 0
6. (a) Full name of applicant's father Lawrence Marion Shipley
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Bernice Irene Felton
   (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 Larry J. Shipley Date 8/28/2000

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Larry J Shipley
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

FEMALE APPLICANT

Name: First Cynthia Middle Rose Last Maryfield
Date of Birth: Month 9 Day 24 Year 57
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 1105 Parkside E. Dr. City Plainfield County Hendricks State In 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 12 '99
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. 0
6. (a) Full name of applicant's father George Everett Self
   (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 Rosa Edith Lagenaw
   (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 Cynthia R. Maryfield Date Aug 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 Cynthia Rose Maryfield
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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 28 2000, authorizing the marriage of Larry Joe Shipley and Cynthia Rose Maryfield.
I further certify that the following marriage certificate was filed in my office: I, Craig S Chestnut (name), certify that on September 8 2000 (date), at Plainfield in Hendricks County, Indiana, Larry J Shipley of Hendricks County, Indiana (state), and Cynthia R Maryfield of Hendricks County, Indiana (state) were 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 28 2000. Signed by: /s/ Craig S Chestnut, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 12 2000 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 543
8-28-00
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 8-28-00
Name of Physician Dr. Hadley

MALE APPLICANT

Name First: Garett Middle: Allen Last: Eastman
Date of Birth Month: 3 Day: 14 Year: 80
Place of Birth (State or foreign country): Indiana
Residence Address: 529 Nelson Dr. Street or R.R. Brownsburg City Hendricks County IN State 46112
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Indiana Drivers license

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Garett A Eastman Date Aug 28, 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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Garett A Eastman
New Address 334 W Brixton Woods Dr
Subscribed and sworn to before me this 28 day of Aug
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

FEMALE APPLICANT

Name First: Rachel Middle: Kathleen Last: Lippard
Date of Birth Month: 6 Day: 16 Year: 80
Place of Birth (State or foreign country): Indiana
Residence Address: 798 Maple Lane Street or R.R. Brownsburg City Hendricks County IN State 46112
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) 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 David Earl Lippard
   (If adopted, list adoptive parents only)
   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 Denise DeLong
   (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 Rachel K. Lippard Date 8-28-00

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 Rachel K. Lippard
New Address 334 W. Brixton Woods Dr - Pittsboro IN 46167
Subscribed and sworn to before me this _____ day of 8/28/00
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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 28 2000, authorizing the marriage of Garett Allen Eastman and Rachel Kathleen Lippard.
I further certify that the following marriage certificate was filed in my office: I, Steve T Reeves (name), certify that on September 9 2000 (date), at Brownsburg in Hendricks County, Indiana, Garett A Eastman of Hendricks County, Indiana (state), and Rachel K Lippard of Hendricks County, Indiana (state) were 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 28 2000. Signed by: /s/ Steve T Reeves, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 12 2000 (date).

Sharon Degan
Signed _____ Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 544
8.28.00
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 6.11.97
Name of Physician ? Partners In Care

MALE APPLICANT

Name First Sean Middle F Last Warbinton
Date of Birth Month June Day 28 Year 1974
Place of Birth (State or foreign country) Indiana Hendricks
Residence Address Street or R.R. 3492 Petree Ct City Danville County In State 46122
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Michael Liddle, Danica and Makayla Warbinton
6. (a) Full name of applicant's father John Warbinton
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Lisa (Warbinton) UN
   (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 Sean Warbinton Date 8-28-00

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 Sean Warbinton
New Address Same as above
Subscribed and sworn to before me this 28 day of Aug, 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

FEMALE APPLICANT

Name First Amanda Middle Lynn Last Liddle
Date of Birth Month October Day 5 Year 1977
Place of Birth (State or foreign country) Indiana Hendricks
Residence Address Street or R.R. 3492 Petree Ct City Danville County In State 46122
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) DL

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Michael Liddle, Danica Warbinton, Makayla Warbinton
6. (a) Full name of applicant's father Phillip Liddle
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Iowa
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Patricia Rosier
   (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 Amanda Liddle Date 8-28-00

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 Amanda Liddle
New Address Same as above
Subscribed and sworn to before me this 28 day of Aug 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 28 2000, authorizing the marriage of Sean F Warbinton and Amanda Lynn Liddle.
I further certify that the following marriage certificate was filed in my office: I, John E Noel (name), certify that on August 28 2000 (date), at Avon in Hendricks County, Indiana, Sean F Warbinton of Hendricks County, Indiana (state), and Amanda Lynn Liddle of Hendricks County, Indiana (state) were 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 28 2000. Signed by: John E Noel, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on August 31 2000 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 04
Page 545
Aug 29 2000
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 8/18/00
Name of Physician Dr. Conway

MALE APPLICANT

Name First Michael Middle Dennis Last Powell
Date of Birth Month August Day 14 Year 1972
Place of Birth (State or foreign country) Indiana County Hendricks
Residence Address 519 S Grant St City B'burg State In 46112
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. -0-
6. (a) Full name of applicant's father William Allen Powell
   (If adopted, list adoptive parents only)
   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 Leeke
   (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 Renae Middle Dawn Last Brown
Date of Birth Month February Day 20 Year 1975
Place of Birth (State or foreign country) Indiana County Hendricks
Residence Address 519 S. Grant St City B'burg State In 46112
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. -0-
6. (a) Full name of applicant's father Richard Dwayne Brown
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother June Faye Dynham (Loom)
   (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 D Powell Date 8/29/00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Michael D Powell
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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Renae D. Brown Date 8-29-00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Renae D. Brown
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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 29 2000, authorizing the marriage of Michael Dennis Powell and Renae Dawn Brown.
I further certify that the following marriage certificate was filed in my office: I, David L Powell (name), certify that on Sept 16 2000 (date), at Indianapolis in Marion County, Indiana, Michael D Powell of Hendricks County, Indiana (state), and Renae Dawn Brown of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 28 2000. Signed by: /s/ David L Powell, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 27 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 546
Aug 29, 2000
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 8/29/00
Name of Physician HCHD

MALE APPLICANT

Name: First Mark Middle Christopher Last Mayer
Date of Birth: Month May Day 14 Year 1952
Place of Birth (State or foreign country): California Hendricks
Residence Address: Street or R.R. 45 School St. City B'burg County In State 46112
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)
D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Laurel Dawn, Melissa Christine, Jordan Lee Mayer
6. (a) Full name of applicant's father William Albert Mayer
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Texas
   Birthplace of father (State or foreign country) California
   (b) Full maiden name of applicant's mother Mellva Lillian Smith
   (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 Mark C. Mayer Date 8-29-00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Mark C. Mayer
New Address 8792 N. 650 E., BROWNSBURG, IN
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

FEMALE APPLICANT

Name: First Audrey Middle Lea Last Hills
Date of Birth: Month November Day 15 Year 1956
Place of Birth (State or foreign country): California Hendricks
Residence Address: Street or R.R. 8792 N CR 650 E City B'burg County In State 46112
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 5/97
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify)
D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☑
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Jennifer, Mark, Matthew, Amy, Timothy, Daniel Hills
6. (a) Full name of applicant's father Robert Eugene Abbott
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Washington
   Birthplace of father (State or foreign country) California
   (b) Full maiden name of applicant's mother Donna Lea Weiser
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Washington
   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 Audrey Lea Hills Date 8/29/00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Audrey Lea Hills
New Address Same
Subscribed and sworn to before me this 29 day of August
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 August 29, 2000, authorizing the marriage of Mark Christopher Mayers and Audrey Lea Hills.
I further certify that the following marriage certificate was filed in my office: I, Howard Brammer (name), certify that on September 9, 2000 (date), at Indianapolis in Marion County, Indiana, Mark C. Mayers of Hendricks County, Indiana (state), and Audrey L. Hills of Hendricks County, Indiana (state) were 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 29, 2000. Signed by: /s/ Howard R. Brammer, Senior Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 3, 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 547
8-29-00
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 8-21-00
Name of Physician Dr. Johnston

MALE APPLICANT

Name First: Michael Middle: John Last: Bitar Jr.
Date of Birth Month: 7 Day: 13 Year: 69
Place of Birth (State or foreign country): Michigan
Residence Address Street or R.R.: 1056 Forest Commons Dr. City: Avon County: Hendricks State: In
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Alec Bitar
6. (a) Full name of applicant's father Michael John Bitar Sr.
   (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 Lee Ferguson
   (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 First: Tina Middle: Marie Last: Bunting
Date of Birth Month: 7 Day: 2 Year: 69
Place of Birth (State or foreign country): Ohio
Residence Address Street or R.R.: 1056 Forest Commons Dr. City: Avon County: Hendricks State: In
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 John Bitar Jr Date 8/29/2000

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Michael John Bitar Jr
New Address Same as Above
Subscribed and sworn to before me this 29 day of August 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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Bunting Date 8-29-2000

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 8-2

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Tina Bunting
New Address Same as Above
Subscribed and sworn to before me this 29 day of August 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 29 2000 authorizing the marriage of Michael John Bitar Jr and Tina Marie Bunting.
I further certify that the following marriage certificate was filed in my office: I, David L Powell (name), certify that on September 2 2000 (date), at Indianapolis in Marion County, Indiana, Michael J Bitar Jr of Hendricks County, Indiana (state), and Tina M Bunting of Hendricks County, Indiana (state) were 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 29 2000 Signed by: /s/ David L Powell, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 12 2000 (date).

Signed Sharon Degan Clerk
Hendricks Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 548
August 29, 2000
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	FEMALE APPLICANT
Name: First Richard Middle Gayle Last Towles	Name: First Kitty Middle Phillips Last Ayers
Date of Birth: Month September Day 18 Year 1934	Date of Birth: Month June Day 1 Year 1933
Place of Birth (State or foreign country): Kentucky	Place of Birth (State or foreign country): New York
Residence Address: Street or R.R. 210 N Bauman City Indianapolis County Marion State In	Residence Address: Street or R.R. 7669 Burns Dr. City Brownsburg County Hendricks State In
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1	Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐ Date _____	Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify)	Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify)
OK	OK
1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐	1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐	If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐	2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐	4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. _____	5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father Buell Towles	6. (a) Full name of applicant's father William Jacob Heidelman
(If adopted, list adoptive parents only) _____	(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Deceased	Residence of father (if deceased, so state) Deceased
Birthplace of father (State or foreign country) Kentucky	Birthplace of father (State or foreign country) New York
(b) Full maiden name of applicant's mother Edna Grace Crafton	(b) Full maiden name of applicant's mother Dorothy Wilma Parker
(If adopted, list adoptive parents only) _____	(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Kentucky	Residence of mother (if deceased, so state) Deceased
Birthplace of mother (State or foreign country) Kentucky	Birthplace of mother (State or foreign country) Indiana
ACKNOWLEDGEMENT	ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	I acknowledge that I have received information regarding dangerous communicable diseases 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 Gayle Towles Date 8/29/00	Signature of Applicant Kitty Phillips Ayers Date 8/29/00
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____	Clerk of Court _____ Date _____
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.	County of Hendricks) in this application is true and correct.
Signed Richard Gayle Towles	Signed Kitty Phillips Ayers
New Address 7669 Burns Dr Brownsburg 46112	New Address Same as above
Subscribed and sworn to before me this 29 day of August 2000	Subscribed and sworn to before me this 29 day of August 2000
Sharon Dugan Clerk of the Hendricks Circuit Court	Sharon Dugan Clerk of the Hendricks Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)	State of Indiana)
County of Hendricks)	County of Hendricks)
Father _____ ID # _____	Father _____ ID # _____
Mother _____ ID # _____	Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____	Subscribed and sworn to before me this _____ day of _____
_____ Clerk	_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 29, 2000, authorizing the marriage of Richard Gayle Towles and Kitty Phillips Ayers.
I further certify that the following marriage certificate was filed in my office: I, Edward Dean Dickinson (name), certify that on September 23, 2000 (date), at Indianapolis in Marion County, Indiana, Richard G. Towles of Marion County, Indiana (state), and Kitty P. Ayers of Hendricks County, Indiana (state) were 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 29, 2000. Signed by: /s/ Edward Dean Dickinson, Minister of Gospel (official designation) Filed and recorded in accordance with the laws of the State of Indiana on October 3, 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 549
Aug. 29, 2000
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 July 24, 2000
Name of Physician Wosetter

MALE APPLICANT

Name First Aaron Middle Michael Last Edwards
Date of Birth Month August Day 5 Year 1974
Place of Birth (State or foreign country) Indiana Hendricks In
Residence Address 6299 E. County Road 600 S Street or R.R. Plainfield City Hendricks County In State
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Michael Carl Edwards
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Virginia Lynn Jeffries
   (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 Marie Last Scott
Date of Birth Month January Day 15 Year 1975
Place of Birth (State or foreign country) Indiana Hendricks
Residence Address 9025 Sunset Dr. Street or R.R. Brownsburg City In County State
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) D.L

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Larry Glen Scott
   (If adopted, list adoptive parents only)
   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 Elizabeth Mosier
   (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 M Edwards Date 8/29/00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Aaron M Edwards
New Address 9025 Sunset Drive Brownsburg, In 46112
Subscribed and sworn to before me this 29 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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Michelle M. Scott Date 8-29-00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Michelle M. Scott
New Address same as above
Subscribed and sworn to before me this 29 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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 29 2000, authorizing the marriage of Aaron Michael Edwards and Michelle Marie Scott.
I further certify that the following marriage certificate was filed in my office: I. Stephen White (name), certify that on Sept 16 2000 (date), at Plainfield in Hendricks County, Indiana, Aaron M Edwards of Hendricks County, Indiana (state), and Michelle M 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 August 29 2000. Signed by: /s/ Stephen White, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 27 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 550
Aug 29 2000
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 8-29-00
Name of Physician Dr. Armstrong

MALE APPLICANT

Name: First Joseph Middle Kyle Last Doughty
Date of Birth: Month September Day 27 Year 1973
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 3139 Clover Dr City Plainfield County Hendricks State In 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) D.L

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Joe Doughty
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Kyla Jo Langdon
   (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 Jackie Middle Lynn Last Smith
Date of Birth: Month July Day 23 Year 1975
Place of Birth (State or foreign country) Kentucky
Residence Address: Street or R.R. 3139 Clover Dr City Plainfield County Hendricks State 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) DL

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Alia Thomas Zachary Thomas
6. (a) Full name of applicant's father Gary Smith
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Unknown
   (b) Full maiden name of applicant's mother Tina Marie Ogle
   (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 K. Doughty Date 8/29/00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Joseph K. Doughty
New Address 3139 Same as above
Subscribed and sworn to before me this 29 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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Smith Date 8.29.00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Jackie Smith
New Address _____
Subscribed and sworn to before me this 29 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 29 2000 authorizing the marriage of Joseph Kyle Doughty and Jackie Lynn Smith.
I further certify that the following marriage certificate was filed in my office: I, Lisa C Garoffolo (name), certify that on October 7 2000 (date), at Lebanon in Boone County, Indiana, Joseph K Doughty of Hendricks County, Indiana (state), and Jackie L 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 August 29 2000. Signed by: /s/ Lisa C Garoffolo, Clerk of Courts (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 11 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 551
Aug. 30 2000
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 8/28/00
Name of Physician Dr Cooper

MALE APPLICANT

Name First Lee Middle Wayne Last Smieja
Date of Birth Month May Day 3 Year 1963
Place of Birth (State or foreign country) Wisconsin Hendricks In
Residence Address Street or R.R. 5970 Redcliff N Dr City Plainfield County Hendricks State In
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 4/94
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. 0
6. (a) Full name of applicant's father Maynard Dewayne Smieja
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Wisconsin
   Birthplace of father (State or foreign country) Wisconsin
   (b) Full maiden name of applicant's mother Irene Patricia Raymond
   (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 Lee W. Smieja Date Aug 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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Lee W. Smieja
New Address Same.
Subscribed and sworn to before me this 30 day of Aug 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

FEMALE APPLICANT

Name First Mary Middle Katherine Last Tingley
Date of Birth Month June Day 28 Year 1972
Place of Birth (State or foreign country) Illinois Wend. 46168
Residence Address Street or R.R. 5970 Redcliff N Dr City Plainfield County Hendricks State In
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) DL

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Noah Alexander Tingley
6. (a) Full name of applicant's father Ned Owen Tingley
   (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 Elisibeth Katherine Regennetter
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   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 Mary K. Tingley Date 8-30-00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Mary K. Tingley
New Address Same
Subscribed and sworn to before me this 30 day of Aug. 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 30,2000, authorizing the marriage of LEE W. SMIEJA and MARY KATHERINE TINGLEY.
I further certify that the following marriage certificate was filed in my office: I, CHARLES E. HOSTETTER (name), certify that on SEPTEMBER 16,2000 (date), at PLAINFIELD in HENDRICKS County, Indiana, LEE W.SMIEJA of HENDRICKS County, INDIANA (state), and MARY KATHERINE TINGLEY of HENDRICKS County, INDIANA (state) were 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 29,2000. Signed by: CHARLES E. HOSTETTER BROWNSBURG TOWN COURTJUDGE (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on SEPTEMBER 19,2000!((date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 552
8-30-00
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 5-17-00
Name of Physician _____

MALE APPLICANT

Name: First Darrel Middle W Last Shugars Jr
Date of Birth: Month 8 Day 2 Year 81
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 4964 N Pearl St City Ams County Hendricks State In 46163
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) DL

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. -0-
6. (a) Full name of applicant's father Darrel Shugars Sr
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) In
   Birthplace of father (State or foreign country) In
   (b) Full maiden name of applicant's mother Anita Summerlot
   (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 Darrel W Shugars Jr Date 8-30-00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Darrel W Shugars Jr 8-30-00
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

FEMALE APPLICANT

Name: First Jennifer Middle Leona Last Burton
Date of Birth: Month 10 Day 16 Year 82
Place of Birth (State or foreign country) Nevada
Residence Address: Street or R.R. 4964 N Pearl St City Ams County Hendricks State In 46163
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) DL

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. -0-
6. (a) Full name of applicant's father Roger Burton
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) In
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of applicant's mother Nancy Stiennon
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) In
   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 Jennifer Burton Date 8-30-00

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)
County of Hendricks)
I swear/affirm that the information give in this application is true and correc
Signed Jennifer Burton
New Address SAME AS ABOVE
Subscribed and sworn to before me this _____ day of _____
Sharon Dugan _____ Clerk of the Hendricks Circuit Cc

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 29 2000, authorizing the marriage of Darrel W Shugars Jr and Jennifer Leona Burton
I further certify that the following marriage certificate was filed in my office: I, Sharon Dugan (name), certify that on September 11 2000 (date), at Danville in Hendricks County, Indiana, Darrel W Shugars Jr of Hendricks County, Indiana (state), and Jennifer Leona Burton of Hendricks County, Indiana (state) were 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 29 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 September 11 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 64
Page 552
8-30-00
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 5-17-00
Name of Physician _____

MALE APPLICANT

Name: First Darrel Middle W Last Shugars Jr
Date of Birth: Month 8 Day 2 Year 81
Place of Birth (State or foreign country) Indiana Hendricks
Residence Address: Street or R.R. 4964 N Pearl St City Amo County Hendricks State In 46103
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) DL

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑
   If answer is "yes", has the adjudication been removed? No ☐
2. Are you related to the female applicant closer than second cousin? No ☑
3. Are you now under the influence of an alcoholic beverage? No ☑
4. Are you now under the influence of a narcotic drug? No ☑
5. List the full names of any dependent children. 0
6. (a) Full name of applicant's father Darrel Shugars
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) In
   Birthplace of father (State or foreign country) In
   (b) Full maiden name of applicant's mother Anita Summer
   (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 disease are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acq immune deficiency syndrome).
Signature of Applicant Darrel W Shugars Jr Date 8-30

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information g in this application is true and cor
Signed Darrel W Shugars Jr 8
New Address Same as above
Subscribed and sworn to before me this _____ day of _____
Sharon Dugan Clerk of the Hendricks Circuit C

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF C
_____ County _____
and filed in _____,

RETURN OF MARRIAGE LIC

I certify that there was filed in my office a marriage license issued by the August 29 2000, authorizing the marriage of Darrel W Shugars Jr and Jennifer Leona Burton.
I further certify that the following marriage certificate was filed in my office: I, Sharon Dugan (name), certify that on September 11 2000 (date), at Danville in Hendricks County, Indiana, Darrel W Shugars Jr of Hendricks County, Indiana (state), and Jennifer Leona Burton of Hendricks County, Indiana (state) were 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 29 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 September 11 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

I, Roger D. Burton give my consent for Jennifer Burton's Daughter to marry Darrel Shugars Jr.
Name & Relationship
Roger Dale Burton
Signature of Parent or Guardian

Subscribed before me Roger Dale Burton NOTARY PUBLIC
8/31/2000 DATE Marion COUNTY
Agnes M. Bastin NOTARY PUBLIC
CLERK
DATE 8/31/00

AGNES M. BASTIN-NOTARY PUBLIC
MY COMMISSION EXPIRES MAY 12, 2007
A RESIDENT OF MARION COUNTY

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 64
Page 553
Aug 31, 2000
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: John Middle: Charles Last: Nemeth
Date of Birth Month: June Day: 19 Year: 1958
Place of Birth (State or foreign country): Indiana DeKalb
Residence Address Street or R.R.: 7150 CR 4A City: Hamilton County: In State: 46742
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages: 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date: 10-90
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify)
Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. -0-
6. (a) Full name of applicant's father Oscar Lewis Nemeth
   (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 Lenore E. Nichols
   (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 Nemeth Date 8/31/00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed John C Nemeth
New Address Same above
Subscribed and sworn to before me this 31 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

FEMALE APPLICANT

Name First: Gloria Middle: Kay Last: Turley
Date of Birth Month: January Day: 30 Year: 1963
Place of Birth (State or foreign country): Indiana DeKalb
Residence Address Street or R.R.: 7150 CR 4A City: Hamilton County: In State: 46742
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages: 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date: 1994
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify)
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. Brittney Lynn, Randel Lee Turley
6. (a) Full name of applicant's father Ronald Fay Nickerson
   (If adopted, list adoptive parents only) _____
   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 Kay Paragon
   (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 Gloria K Turley Date 8/31/00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Gloria K Turley
New Address Same as above
Subscribed and sworn to before me this 31 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 31 2000, authorizing the marriage of John Charles Nemeth and Gloria Kay Turley.
I further certify that the following marriage certificate was filed in my office: I, Ken Owen (name), certify that on Sept 2 2000 (date), at Clermont in Hendricks County, Indiana, John C Nemeth of Dekalb County, Indiana (state), and Gloria K Turley 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 August 31 2000. Signed by: /s/ Ken Owen, Reverend (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 27 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 64
Page 554
Aug 31, 2000
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 8,18,00
Name of Physician _____

MALE APPLICANT

Name First Richard Middle Anthony Last Scalzitti II
Date of Birth Month April Day 15 Year 1975
Place of Birth (State or foreign country) New Mexico Zip 46103
Residence Address 5050 North Vine St. Street or R.R. Amo City In County State
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children. -0-
6. (a) Full name of applicant's father Richard A. Scalzitti I
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) South Carolina
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of applicant's mother Deborah J. Sparks
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) New Mexico

FEMALE APPLICANT

Name First Natalee Middle Dawn Last Wood
Date of Birth Month April Day 15 Year 1979
Place of Birth (State or foreign country) Indiana Zip 46103
Residence Address 5050 North Vine St. Street or R.R. Amo City In County State
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children. -0-
6. (a) Full name of applicant's father Donald E. 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 Janet L Clark
   (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 A Scalzitti II Date 8-31-00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Richard A Scalzitti
New Address Same as above
Subscribed and sworn to before me this 31 day of 8
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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Natalee Wood Date 8-31-00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Natalee Wood
New Address Same as above
Subscribed and sworn to before me this 31 day of August
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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 31 2000, authorizing the marriage of Richard Anthony Scalzitti and Natalee Dawn Wood.
I further certify that the following marriage certificate was filed in my office: I, Edwin J Phillips (name), certify that on September 2 2000 (date), at Danville in Hendricks County, Indiana, Richard A Scalzitti of Hendricks County, Indiana (state), and Natalee D Wood of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated August 31 2000. Signed by: /s/ Edwin J Phillips, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 12 2000 (date).

Signed Sharon Degan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 555
Sept 1, 2000
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 ☐ $8.25.00
If No, Medical Examination or Report Dated
Name of Physician

MALE APPLICANT

Name First Thomas Middle M Last Allison
Date of Birth Month March Day 26 Year 1973
Place of Birth (State or foreign country) Indiana Hendricks
Residence Address 1129 Windhaven Street or R.R. Apt F City B'burg County State
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Philip Allison
   (If adopted, list adoptive parents only)
   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 Quinn
   (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 Thomas Allison Date 9/1/00

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)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.
Signed Thomas Allison
New Address same as above
Subscribed and sworn to before me this 1 day of Sept 2000
Sharon Degar Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name First Nicole Middle Leigh Last Andres
Date of Birth Month March Day 25 Year 1974
Place of Birth (State or foreign country) Indiana Hend. B'burg
Residence Address 1129 Windhaven Street or R.R. Circle Apt F 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) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Alan. 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 Sherry Whybrew
   (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 Nicole L. Andres Date 9/1/00

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)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.
Signed Nicole L. Andres
New Address same as above
Subscribed and sworn to before me this 1 day of Sept 2000
Sharon Degar Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated September 1, 2000, authorizing the marriage of Thomas M. Allison and Nicole Leigh Andres.
I further certify that the following marriage certificate was filed in my office: I, Jeff Krajewski (name), certify that on September 16, 2000 (date), at Indianapolis in Marion County, Indiana, Thomas M. Allison of Hendricks County, Indiana (state), and Nicole L. Andres of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 1, 2000. Signed by: /s/ Jeff Krajewski, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 3, 2000 (date).

Signed Sharon Degar Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 604
Page 556
Sept 1, 2000
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 8/18/00
Name of Physician _____

MALE APPLICANT

Name First Calvin Middle Lee Last Keene
Date of Birth Month March Day 22 Year 1974
Place of Birth (State or foreign country) Indiana Hendricks
Residence Address Street or R.R. 1240 Elden Dr. City Plainfield County Hendricks State In 46168
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. -0-
6. (a) Full name of applicant's father Otis Lee Keene
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Easter Lillie Waters
   (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 Calvin Keene Date 9-1-2000

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 _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Calvin Keene
New Address 3824 Mann Village Rd #108
Subscribed and sworn to before me this 1 day of Sept 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

FEMALE APPLICANT

Name First Juanita Middle Marie Asmanita Last Bunch
Date of Birth Month September Day 12 Year 1980
Place of Birth (State or foreign country) Indiana Marion 46221
Residence Address Street or R.R. 3824 Mann Village Rd #108 City Indpls County _____ State _____
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. -0-
6. (a) Full name of applicant's father Gilford Moses Bunch
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Sophia Lorraine Reeves
   (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 Juanita Bunch Date 9-1-00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Juanita Bunch
New Address same as above
Subscribed and sworn to before me this 1 day of Sept 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 1 2000, authorizing the marriage of Calvin Lee Keene and Juanita Marie A Bunch.
I further certify that the following marriage certificate was filed in my office: I, Kenneth L Floyd (name), certify that on Sept 21 2000 (date), at Plainfield in Hendricks County, Indiana, Calvin L Keene of Hendricks County, Indiana (state), and Juanita M A Bunch 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 Sept 1 2000. Signed by: /s/ Kenneth L Floyd, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 4 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 551
Sept 1, 2000
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 8-17-00
Name of Physician _____

MALE APPLICANT

Name: First Shawn Middle Thomas Last Stewart
Date of Birth: Month January Day 19 Year 1977
Place of Birth (State or foreign country) Indiana Hendricks 46168
Residence Address: Street or R.R. 250 N East St. 203 City Plainfield County Hen State In
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☑ ~~Other~~ (Specify) O.K.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Clayton Nathaniel Stewart
6. (a) Full name of applicant's father Joseph L. Stewart
   (If adopted, list adoptive parents only) _____
   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 S Watson
   (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 Shawn T. Stewart Date 9-1-00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Shawn T. Stewart
New Address SAME AS Above
Subscribed and sworn to before me this _____ day of _____
Thaior Dugar
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Andrea Middle Nicole Last Squires
Date of Birth: Month November Day 22 Year 1976
Place of Birth (State or foreign country) Indiana Hend. 46168
Residence Address: Street or R.R. 250 N East St 203 City Plainfield County Hen State In
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☑ ~~Other~~ (Specify) DL

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Clayton Nathaniel Stewart
6. (a) Full name of applicant's father R. Kevin Squires
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother Anna P Spears
   (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 Andrea N Squires Date 9/1/00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Andrea N Squires
New Address Same as above
Subscribed and sworn to before me this _____ day of _____
Thaior Dugar
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated September 1 2000, authorizing the marriage of Shawn Thomas Stewart and Andrea Nicole Squires.
I further certify that the following marriage certificate was filed in my office: I, Darwin L Pressler (name), certify that on September 2 2000 (date), at Plainfield in Hendricks County, Indiana, Shawn T Stewart of Hendricks County, Indiana (state), and Andrea N Squires of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated September 2 2000 Signed by: /s/ Darwin L Pressler, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 7 2000 (date).

Signed Thaior Dugar Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 558
Sept 1, 2000
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 8-18-00
Name of Physician McCarthy

MALE APPLICANT

Name First Middle Last: David Eugene Lydick
Date of Birth Month Day Year: February 1 1959
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 8182 Main St Box 165
City: Cotaville
County: Hend.
State: 46121 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) D.L

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Ryan & Jennifer Lydick
6. (a) Full name of applicant's father Bill Lydick
   (If adopted, list adoptive parents only)
   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 L Patrick
   (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 E. Lydick Date 9-1-00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed David E. Lydick
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

FEMALE APPLICANT

Name First Middle Last: Julie Ann Moylan
Date of Birth Month Day Year: October 26 1958
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 1331 N Bancroft St
City: Indpls
County: Marion
State: 46201 In
Previous Marital Status: 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. -0-
6. (a) Full name of applicant's father William R Moylan
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Joan R. Harvey
   (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 Julie a. Moylan Date 9-1-00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Julie a Moylan
New Address 8182 Main St Box 165 Cotaville
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 Sept 1 2000, authorizing the marriage of David Eugene Lydick and Julie Ann Moylan.
I further certify that the following marriage certificate was filed in my office: I, Ted A Miller (name), certify that on October 14 2000 (date), at Amo in Hendricks County, Indiana, David E Lydick of Hendricks County, Indiana (state), and Jule A Moylan 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 Sept 1 2000. Signed by: /s/ Ted A Miller, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 19 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 559
Sept 1, 2000
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 9-1-00
Name of Physician _____

MALE APPLICANT

Name First: William Middle: Newt Last: Fullerton
Date of Birth Month: August Day: 29 Year: 1951
Place of Birth (State or foreign country): Missouri
Residence Address: 6608 Street or R.R.: Stanhope Dr. City: Indpls County: Marion State: In 46254
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages: 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date: 06-91
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify): D.L

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. N/A
6. (a) Full name of applicant's father: Felix Fullerton
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state): Deceased
   Birthplace of father (State or foreign country): Missouri
   (b) Full maiden name of applicant's mother: Christine Copeland
   (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: William N Fullerton Date: 9-1-00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed: William N Fullerton
New Address: 1448 Audubon, Brownsburg IN 46112
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

FEMALE APPLICANT

Name First: Claudia Middle: Jean Last: Weddle
Date of Birth Month: May Day: 8 Year: 1952
Place of Birth (State or foreign country): Indiana
Residence Address: 1448 Street or R.R.: Audubon Dr. City: B'burg County: In State: 46112
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages: 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date: 05-98
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. N/A
6. (a) Full name of applicant's father: Claude Jenkins
   (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: Julie V. Dick
   (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: Claudia J. Weddle Date: 9-1-00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed: Claudia J Weddle
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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 1 2000, authorizing the marriage of William Newt Fullerton and Claudia Jean Weddle.
I further certify that the following marriage certificate was filed in my office: I, Edwin N Griffin (name), certify that on Sept 15 2000 (date), at Indianapolis in Marion County, Indiana, William N Fullerton of Marion County, Indiana (state), and Claudia 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 Sept 1 2000. Signed by: /s/ Edwin N Griffin, Chaplain (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 27 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 64
Page 560
Sept 1, 2000
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 8-30-00
Name of Physician _____

MALE APPLICANT

Name: First Lance | Middle Edward | Last Simon
Date of Birth: Month February | Day 5 | Year 1972
Place of Birth (State or foreign country) Indiana | Hendricks
Residence Address: Street or R.R. 357 Urban St. | City Danville | County IN | State 46122
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Gorden Eugene Simon
   (If adopted, list adoptive parents only) _____
   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 K. Crump
   (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 Kirsten | Middle Diane | Last Hiser
Date of Birth: Month September | Day 28 | Year 1971
Place of Birth (State or foreign country) Indiana | Hendricks
Residence Address: Street or R.R. 357 Urban St. | City D'ville | County In | State 46122
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) D.L

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Harold Eugene Hiser
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Diane Lee Thorne
   (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 Kirsten Hiser Date 9/1/00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Kirsten Hiser
New Address Same as above
Subscribed and sworn to before me this _____ day of _____
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 Lance Simon Date 9/1/00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Lance Simon
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 Sept 1 2000, authorizing the marriage of Lance Edward Simon and Kirsten Diane Hiser.
I further certify that the following marriage certificate was filed in my office: I, John P Roof (name), certify that on September 9 2000 (date), at North Salem in Hendricks County, Indiana, Lance E Simon of Hendricks County, Indiana (state), and Kirsten D Hiser of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 1 2000. Signed by: /s/ John P Roof, Priest (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

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 561
Sept. 6, 2000
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 Charles Middle Robert Last Thayer
Date of Birth: Month February Day 14 Year 1927
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 10195 N St. Rd 267 City B'burg 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)

D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Charles L Thayer
   (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 Ema A. Weinke
   (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 Charles Robert Thayer Date 9/6/00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Charles Robert Thayer 46112
New Address 10195 N SR 267 Brownsburg IN
Subscribed and sworn to before me this _____ day of _____
Thora 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

FEMALE APPLICANT

Name: First Betty Middle Louise Last Terry
Date of Birth: Month July Day 13 Year 1935
Place of Birth (State or foreign country) Indiana Marion
Residence Address: Street or R.R. 2260 Canvasback Dr City Ind'pls County _____ State _____
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 5
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify)

D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Charles Sutton
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Lula Hastings
   (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 Betty L Terry Date 9/6/00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Betty L Terry
New Address 10195 N State Road 267 Brownsburg IN 46112
Subscribed and sworn to before me this _____ day of _____
Thora 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 Sept 6 2000, authorizing the marriage of Charles Robert Thayer and Betty Louise Terry.
I further certify that the following marriage certificate was filed in my office: I, C Glen Burnside (name), certify that on Sept 30 2000 (date), at Indianapolis in Marion County, Indiana, Charles R Thayer of Hendricks County, Indiana (state), and Betty L Terry 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 Sept 6 2000. Signed by: /s/ C Glen Burnside, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 4 2000 (date).

Signed Thora Dugan Clerk
Hendricks Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 562
Sept 5 2000
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 9-2-00
Name of Physician _____

MALE APPLICANT

Name First: Ryan Middle: Bradley Last: Turner
Date of Birth Month: February Day: 19 Year: 1975
Place of Birth (State or foreign country): Indiana Hendricks Co
Residence Address: 429 Great Lakes Circle W Street or R.R. City: Avon County: Hendricks State: IN
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☑ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. -0-
6. (a) Full name of applicant's father Stephen D Turner
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Texas
   (b) Full maiden name of applicant's mother Deanna L Ronnie
   (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: Angela Middle: Frances Last: Velez
Date of Birth Month: September Day: 28, Year: 1976
Place of Birth (State or foreign country): Indiana Hendricks Co
Residence Address: 429 Great Lake Circle W Street or R.R. City: Avon County: Hendricks State: IN
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☑ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. -0-
6. (a) Full name of applicant's father Larry A Velez Jr
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Texas
   (b) Full maiden name of applicant's mother Rita L Calvert
   (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 Ryan B. Turner Date 9-5-00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Ryan B. Turner
New Address SAME AS ABOVE
Subscribed and sworn to before me this _____ day of _____
Shaior 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 Angela F. Velez Date 9-5-00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Angela F. Velez
New Address same as above
Subscribed and sworn to before me this _____ day of _____
Shaior 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 Sept 5 2000, authorizing the marriage of Ryan Bradley Turner and Angela Frances Velez.
I further certify that the following marriage certificate was filed in my office: I, Leslie Grimsley & John Turner (name), certify that on September 9 2000 (date), at Farmersburg in Sullivan County, Indiana, Ryan B Turner of Hendricks County, Indiana (state), and Angela F Velez of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 5 2000. Signed by: /s/ Leslie Grimsley & John Turner Clery (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 13 2000 (date).

Signed Shaior Dugas Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 563
Sept 1, 2000
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 11-25-00
Name of Physician _____

MALE APPLICANT

Name First: A. Middle: Jud Last: Canada
Date of Birth Month: March Day: 19 Year: 1975
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 212 Woodland Place City: Pittsboro County: Hendricks State: In 46167
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☑ ~~Other~~ (Specify) D.L

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Larry Canada
   (If adopted, list adoptive parents only) _____
   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 O'Hair
   (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 Jud Canada Date 9/1/00

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)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.
Signed Andrew Jud Canada
New Address Same as above
Subscribed and sworn to before me this _____ day of _____
_____ Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name First: Brooke Middle: Danielle Last: Fleece
Date of Birth Month: November Day: 16 Year: 1978
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 212 Woodland Place City: Pittsboro County: Hend. State: In 46167
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☑ ~~Other~~ (Specify) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 J. Fleece
   (If adopted, list adoptive parents only) _____
   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 J. Mendenhall
   (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 Brooke D. Fleece Date 9-1-00

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)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.
Signed Brooke D. Fleece
New Address Same as above
Subscribed and sworn to before me this _____ day of _____
_____ Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated September 1, 2000, authorizing the marriage of Andrew Jud Canada and Brooke Danielle Fleece.
I further certify that the following marriage certificate was filed in my office: I, Cyndi D. Alte (name), certify that on September 23, 2000 (date), at Indianapolis in Marion County, Indiana, A. Jud Canada of Hendricks County, Indiana (state), and Brooke D. Fleece of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 1, 2000. Signed by: /s/ Cynthia D. Alte, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 3, 2000 (date).

Signed _____ Clerk
Hendricks Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 69
Page 564
Sept. 5, 2000
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 6-29-00
Name of Physician _____

MALE APPLICANT

Name First Thomas Middle Ross Last Shutters Jr.
Date of Birth Month July Day 28 Year 1957
Place of Birth (State or foreign country) Michigan
Residence Address Street or R.R. 5952 Gadsen Dr. City Plainfield County Hendricks State In
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date Sept 97
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. Nicholas & Amanda Shutters
6. (a) Full name of applicant's father Thomas R Shutters
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Unknown
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Xanthy Collings
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) Illinois
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name First Toby Middle M Last Krutz
Date of Birth Month March Day 14 Year 1963
Place of Birth (State or foreign country) Hendricks
Residence Address Street or R.R. 5952 Gadsen Dr. City Plainfield County In State Florida
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date April 96
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) D.L.

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 9.5.00

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)
County of Hendricks)
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 _____
_____ Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 _____ Date 9/5/00

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)
County of Hendricks)
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 _____
_____ Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 5 2000, authorizing the marriage of Thomas Ross Shutters Jr and Toby M Krutz.
I further certify that the following marriage certificate was filed in my office: I, John L Ross (name), certify that on September 30 2000 (date), at Plainfield in Hendricks County, Indiana, Thomas Shutters Jr of Hendricks County, Indiana (state), and Toby Krutz of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 5 2000. Signed by: /s/ John L Ross, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on October 9 2000 (date).

Signed _____ Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 604
Page 565
Sept 6, 2000
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 9-1-00
Name of Physician _____

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last: Jeffrey Phillip Woodward	Name First Middle Last: Kimberly Susanne Weathers
Date of Birth Month Day Year: January 23 1973	Date of Birth Month Day Year: May 12 1978
Place of Birth (State or foreign country): Indiana Hendricks	Place of Birth (State or foreign country): Indiana Hendricks
Residence Address Street or R.R. City County State: 949 A Pinewood Dr. Plfield In	Residence Address Street or R.R. City County State: 949 A Pinewood Dr. Plfield In
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages _____	Previous Marital Status: Never Married ☑ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____	Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) D.L	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 ☐	1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐	If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐	2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐	4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. -0-	5. List the full names of any dependent children. -0-
6. (a) Full name of applicant's father Phillip G. Woodward	6. (a) Full name of applicant's father Daniel L Weathers
(If adopted, list adoptive parents only) _____	(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana	Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana	Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Penelope Ann Schneider	(b) Full maiden name of applicant's mother Kathy S Viles
(If adopted, list adoptive parents only) _____	(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana	Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana	Birthplace of mother (State or foreign country) Indiana
ACKNOWLEDGEMENT I acknowledge that I have received information regarding dangerous communicable diseases 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 P. Woodward Date 9-6-00	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 Kimberly S. Weathers Date 9-6-00
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 Jeffrey P. Woodward 46168 New Address 949A PINEWOOD DR/PLAINFIELD,IN Subscribed and sworn to before me this _____ day of _____ Thaor 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 S. Weathers 46168 New Address 949A Pinewood Dr. Plainfield, IN Subscribed and sworn to before me this _____ day of _____ Thaor 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 Sept 16 2000, authorizing the marriage of Jeff Phillip Woodward and Kimberly Susanne Weathers. I further certify that the following marriage certificate was filed in my office: I, Craig K Amlin (name), certify that on Sept 16 2000 (date), at Indianapolis in Marion County, Indiana, Jeffrey P Woodward of Hendricks County, Indiana (state), and Kimberly S Weathers of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 6 2000. Signed by: /s/ Crag k Amlin, Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on Sept 27 2000 (date).

Signed Thaor Dugan Clerk
Hendricks Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 64
Page 566
9-5-00
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 9-5-00
Name of Physician David Gaddy

MALE APPLICANT

Name: First Jason Middle Michael Last Ford
Date of Birth: Month November Day 15 Year 1976
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 5108 W Co. Rd. 150 W City Danville County Hendricks State IN 46122
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Michael Eugene Ford
   (If adopted, list adoptive parents only)
   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 Fayell Kosmicki
   (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 Jason M. Ford Date 9-5-00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗ Signed Jason M. Ford
New Address same
Subscribed and sworn to before me this 5 day of 9-00
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

FEMALE APPLICANT

Name: First Kelli Middle Lyn Last Nichols
Date of Birth: Month March Day 21 Year 1979
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 5108 W Co. Rd. 150 W City Danville County Hendricks State IN 46122
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Benjamin Nichols
   (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 Sharon Lynn Bettis
   (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 Kelli L Nichols Date 9-5-00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗ Signed Kelli L Nichols
New Address same
Subscribed and sworn to before me this 5 day of 9-00
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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 9 2000, authorizing the marriage of Jason Michael Ford and Kelli Lyn Nichols.
I further certify that the following marriage certificate was filed in my office: I, Steve Westerfield (name), certify that on September 9 2000 (date), at Danville in Hendricks County, Indiana, Jason M Ford of Hendricks County, Indiana (state), and Kelli L Nichols of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated September 9 2000. Signed by: /s/ Steve Westerfield, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 27 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 164
Page 567
Sept 5, 2000
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 8-8-00
Name of Physician _____

MALE APPLICANT

Name: First Douglas Middle Allen Last Fraker
Date of Birth: Month January Day 27 Year 1977
Place of Birth (State or foreign country) Indiana Hendricks
Residence Address: Street or R.R. 10085 Cornith Way City Avon County In State
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 A Fraker
   (If adopted, list adoptive parents only) _____
   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 M 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 [signature] Date Sept 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 _____

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 _____
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

FEMALE APPLICANT

Name: First Valerie Middle Renee Last Miller
Date of Birth: Month November Day 10 Year 1977
Place of Birth (State or foreign country) Indiana Hendricks
Residence Address: Street or R.R. 10085 Cornith Way City Avon County In State
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 B. 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 Deborah K Baldwin
   (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 Valerie R. Miller Date Sept 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 _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Valerie R. Miller
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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated September 5, 2000, authorizing the marriage of Douglas Allen Fraker and Valerie Renee Miller.
I further certify that the following marriage certificate was filed in my office: I, Reathel Miller (name), certify that on September 16, 2000 (date), at Indianapolis in Marion County, Indiana, Douglas A. Fraker of Hendricks County, Indiana (state), and Valerie R. 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 Sept 5, 2000. Signed by: /s/ Reathel Miller, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 3, 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 568
Sept 5, 2000
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 ☐ 9-1-00
If No, Medical Examination or Report Dated
Name of Physician Kenneth Young

MALE APPLICANT

Name First Brad Middle William Last Arnold
Date of Birth Month March Day 7 Year 1957
Place of Birth (State or foreign country) Indiana Hendricks 46123
Residence Address 6083 Yellow Birch Ct. Street or R.R. Avon City In County 32 State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date June 98
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. Derek + Lauren Arnold
6. (a) Full name of applicant's father Robert Arnold
   (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 Ruth Drake
   (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 Brad W. Arnold Date 9-5-00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Brad W. Arnold
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

FEMALE APPLICANT

Name First Susan Middle Elizabeth Last Staab
Date of Birth Month 08 Day 28 Year 66
Place of Birth (State or foreign country) Michigan Hend. 46123
Residence Address 6083 Yellow Birch Ct. Street or R.R. Avon City In County 32 State
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) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 + Daniel Staab
6. (a) Full name of applicant's father Ray 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 Sandra Gorsuch
   (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 _____ Date 9/5/00

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)
County of Hendricks)
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 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 _____, 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

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 569
Sept 5, 2000
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 8-28-00
Name of Physician _____

MALE APPLICANT

Name First Middle Last: Nathan Jay Mendenhall
Date of Birth Month Day Year: September 5 1977
Place of Birth (State or foreign country): Indiana Hendricks
Residence Address Street or R.R. City County State: 606 Rody Dr Lizton In 46149
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify)
D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. -0-
6. (a) Full name of applicant's father: Jay D. Mendenhall
   (If adopted, list adoptive parents only) _____
   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 L. McCord
   (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 Nathan Mendenhall Date 9/5/00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Nathan Mendenhall
New Address P.O. Box 32 Lizton IN 46149
Subscribed and sworn to before me this 5 day of September, 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

FEMALE APPLICANT

Name First Middle Last: Katrina Lin Grubb
Date of Birth Month Day Year: June 9 1978
Place of Birth (State or foreign country): Indiana Hendricks
Residence Address Street or R.R. City County State: 3293 E. CR 325 N D'ville In 46122
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify)
D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. -0-
6. (a) Full name of applicant's father: Robert D. Grubb
   (If adopted, list adoptive parents only) _____
   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 K. Nuxoll
   (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 Katrina L. Grubb Date 9/5/00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Katrina L. Grubb
New Address P.O. Box 32 Lizton, IN 46149
Subscribed and sworn to before me this 5 day of 2000, Sept.
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 Sept 5 2000, authorizing the marriage of Nathan Jay Mendenhall and Katrina Lin Grubb.
I further certify that the following marriage certificate was filed in my office: I, Billy Strother (name), certify that on October 14 2000 (date), at Danville in Hendricks County, Indiana, Nathan J Mendenhall of Hendricks County, Indiana (state), and Katrina L Grubb of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 5 2000. Signed by: /s/ Billy Strother, Preacher (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 17 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 64
Page 570
Sept 6 2000
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: Mark Alan Ballinger II
Date of Birth Month Day Year: June 30 1978
Place of Birth (State or foreign country): Indiana Hendricks
Residence Address Street or R.R. City County State: 2450 E" Meadowlark Way Pfield
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Danielle Nicole Hewitt
6. (a) Full name of applicant's father: Mark A. Ballinger
   (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: Theresa A Cuzzart
   (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: Brandi Michelle Vandevanter
Date of Birth Month Day Year: March 11 1979
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R. City County State: 2450 "E" Meadowlark Way Pfield
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. -0-
6. (a) Full name of applicant's father: Jeffery A. Vandevanter
   (If adopted, list adoptive parents only)
   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 S. Downing
   (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 Ballinger II Date 9-6-00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Mark Ballinger II
New Address 50 old Right of way Fillmore In. 46128
Subscribed and sworn to before me this 6 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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Brandi VaDeVater Date 9-6-00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Brandi VaDeVater
New Address 50 old Right of Way Fillmore IN 46128
Subscribed and sworn to before me this 6 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated March 6, 2000, authorizing the marriage of Mark Alan Ballinger II and Brandi Michelle VanDeVanter.
I further certify that the following marriage certificate was filed in my office: I, Rev. Mark Ballinger (name), certify that on September 9, 2000 (date), at Danville in Hendricks County, Indiana, Mark Alan Ballinger of Hendricks County, Indiana (state), and Brandi M. VanDeVanter of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 09-06-00. Signed by: /s/ Mark Ballinger, Reverend (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 14, 2000. (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 571
Sept. 6, 2000
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 8-21-00
Name of Physician _____

MALE APPLICANT

Name: First Shawn Middle Joseph Last Bolinger
Date of Birth: Month April Day 13 Year 1971
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 2913 Crystal Spring Ln. City Hermitage County Davidson State TN
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 G. Bolinger
   (If adopted, list adoptive parents only) _____
   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 K Perkins
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) Tennessee
   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 Shawn J. Bolinger Date 09/06/00

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 _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Shawn J. Bolinger
New Address 2913 Crystal Spring Ln Hermitage TN 37076
Subscribed and sworn to before me this 6 day of August 2000
Honor 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

FEMALE APPLICANT

Name: First Aimee Middle Marie Last Garceau
Date of Birth: Month November Day 12 Year 1976
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 3139 Lickridge Lane City D'ville 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) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Arthur C. Garceau
   (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 Ann L Vanderford
   (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 Aimee M Garceau Date 9/6/00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Aimee M Garceau
New Address 2913 Crystal Spring Lane, Hermitage, TN 37076
Subscribed and sworn to before me this 6 day of August 2000
Honor 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 August 6 2000, authorizing the marriage of Shawn Joseph Bolinger and Aimee Marie Garceau.
I further certify that the following marriage certificate was filed in my office: I, Bert Duckwall (name), certify that on September 9 2000 (date), at Plainfield in Hendricks County, Indiana, Shawn J Bolinger of Davidson County, Tennessee (state), and Aimee M Garceau of Hendricks County, Indiana (state) were 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 6 2000. Signed by: /s/ Bert Duckwall, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 13 2000 (date).

Signed Honor Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 64
Page 572
Sept 7, 2000
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 ☐ 9-6-00
If No, Medical Examination or Report Dated
Name of Physician Dr. Stegemoller

MALE APPLICANT

Name First: William Middle: Allen Last: Shirely Jr.
Date of Birth Month: January Day: 30 Year: 1964
Place of Birth (State or foreign country): Indiana Hendricks
Residence Address: 2487 N St Rd 39 City: Avon County: Hendricks State: 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)

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

6. (a) Full name of applicant's father William A Shirely 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 Carolyn S. Morecraft
   (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 W.A. Shirely Jr. Date 9/7/00

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)
I swear/affirm that the information given in this application is true and correct.
Signed W.A. Shirely Jr.
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

FEMALE APPLICANT

Name First: Marsha Middle: Elaine Last: Lang
Date of Birth Month: 10 Day: 3 Year: 59
Place of Birth (State or foreign country): Indiana
Residence Address: 2487 N. State Rd 39 City: Danville County: Hendricks State: IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 1-84
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 Robert James Leslie
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Barbara Louise Perkins
   (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 Marsha E. Lang Date 9/7/00

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)
I swear/affirm that the information given in this application is true and correct.
Signed Marsha E. Lang
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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 7 2000, authorizing the marriage of William Allen Shirely Jr and Marsha Elaine Lang.
I further certify that the following marriage certificate was filed in my office: I, Jessica Sappington (name), certify that on September 20 2000 (date), at Danville in Hendricks County, Indiana, William A Shirely Jr of Hendricks County, Indiana (state), and Marsha E Lang of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 7 2000. Signed by: /s/ Jessica Sappington, Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 28 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 573
9-7-00
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 9-7-00
Name of Physician MARK LISBY

MALE APPLICANT

Name: First Damian Middle Charles Last Tam
Date of Birth: Month April Day 23 Year 1977
Place of Birth (State or foreign country) Alabama
Residence Address: Street or R.R. 2260 Grand Prix Dr. City Indpls County Marion State In
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify)

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Damian C. Tam Date 9-7-00

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)
I swear/affirm that the information given in this application is true and correct.
Signed Damian C. Tam
New Address SAME AS ABOVE
Subscribed and sworn to before me this 7 day of Sept. of 2000
Thaior 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

FEMALE APPLICANT

Name: First LEANNE Middle RAE Last HOLE
Date of Birth: Month 8 Day 16 Year 78
Place of Birth (State or foreign country) INDIANA
Residence Address: Street or R.R. 2865 JEFFERSON DR City PLAINFIELD County HNDRKS State IN
Previous Marital Status: Never Married ☑ 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 GREGORY ALAN HOLE
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IND
   Birthplace of father (State or foreign country) IND
   (b) Full maiden name of applicant's mother KAREN KAY ANDERSON
   (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 Leanne R. Hole Date 9-7-00

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)
I swear/affirm that the information given in this application is true and correct.
Signed Leanne R. Hole
New Address 2260 GRAND PRIX DR. APT C Indy. IN 46224
Subscribed and sworn to before me this 7 day of Sept. of 2000
Thaior 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 Sept 7 2000, authorizing the marriage of Damian Charles Tam and Leanne Rae Hole.
I further certify that the following marriage certificate was filed in my office: I, Dennis L Deeter (name), certify that on October 21 2000 (date), at Lebanon in Boone County, Indiana, Damian C Tam of Marion County, Indiana (state), and Leanne Rae Hole of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 7 2000. Signed by: /s/ Dennis L Deeter, Elder (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 25 2000 (date).

Signed Thaior Dugan Clerk
Hendricks Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 104
Page 574
Sept 7, 2000
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 Sept 7 200
Name of Physician HCHD

MALE APPLICANT

Name First: Ronald Middle: Lee Last: Passwater Jr.
Date of Birth Month: May Day: 5 Year: 1968
Place of Birth (State or foreign country): Indiana Hendricks
Residence Address Street or R.R.: 216 W. Lincoln 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) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☑ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Dakota Passwater
6. (a) Full name of applicant's father Ronald L Passwater 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 Barbara J. Stevens
   (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 Passwater Date 9-7-00

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)
I swear/affirm that the information given in this application is true and correct.
Signed Ronald Passwater
New Address Same As Above
Subscribed and sworn to before me this 7 day of Sept 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

FEMALE APPLICANT

Name First: Shawn Middle: Marie Last: Lyon
Date of Birth Month: October Day: 4 Year: 1974
Place of Birth (State or foreign country): Indiana Hendricks
Residence Address Street or R.R.: 216 W Lincoln 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) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Dakota Passwater
6. (a) Full name of applicant's father William D. Lyon
   (If adopted, list adoptive parents only)
   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 L. West
   (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 Shawn Lyon Date 9-7-00

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)
I swear/affirm that the information given in this application is true and correct.
Signed Shawn Lyon
New Address Same As Above
Subscribed and sworn to before me this 7 day of Sept 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 7 2000, authorizing the marriage of Ronald Lee Passwater Jr and Shawn Marie Lyon.
I further certify that the following marriage certificate was filed in my office: I, Bruce D Yates (name), certify that on Sept 9 2000 (date), at Cloverdale in Putnam County, Indiana, Ronald L Passwater Jr of Hendricks County, Indiana (state), and Shawn M Lyon of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 7 2000. Signed by: /s/ Bruce D Yates, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 29 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 575
9-7-00
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 9-6-00
Name of Physician _____

MALE APPLICANT

Name: First Richard Middle Thomas Edward Last Cummings
Date of Birth: Month October Day 21 Year 1957
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 755 West Mill Street City Danville, County Hendricks State Indiana
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. _____
6. (a) Full name of applicant's father Howard Jacob Cummings
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother Mildred L. Rodgers
   (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 Richard Cummings Date 9-7-00

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

FEMALE APPLICANT

Name: First Pamela Middle Kay Last Riddell
Date of Birth: Month March Day 31 Year 1955
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 755 W. Mill Street 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 1978
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father Marvin Leo 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 Patsy Jean Montgomery
   (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 Pamela Riddell Date 9/7/00

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 7 2000, authorizing the marriage of Richard Thomas Cummings and Pamela Kay Riddell.
I further certify that the following marriage certificate was filed in my office: I, James W Warren (name), certify that on October 7 2000 (date), at Avon in Hendricks County, Indiana, Richaed T E Cummings of Hendricks County, Indiana (state), and Pamela K Riddell of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 7 2000. Signed by: /s/ James W Warren, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on October 11 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 376
Sept 7, 2000
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 8.31.00
Name of Physician Health Tracks

MALE APPLICANT

Name First Keith Middle Andrew Last Sarbaugh
Date of Birth Month July Day 5 Year 1978
Place of Birth (State or foreign country) Ohio
Residence Address 6537 Street or R.R. Crown Dr. 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Kenneth D. Sarbaugh
   (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 Cheryl Ann Hoskenp
   (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 Keith A. Sarbaugh Date 9-7-00

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)
I swear/affirm that the information given in this application is true and correct.
Signed Keith A. Sarbaugh
New Address same as above
Subscribed and sworn to before me this 7 day of Sept 2000
Thaor 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

FEMALE APPLICANT

Name First Alison Middle Marie Last Cole
Date of Birth Month June Day 15 Year 1978
Place of Birth (State or foreign country) Indiana
Residence Address 6537 Street or R.R. Crown Drive 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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Dennis E Cole
   (If adopted, list adoptive parents only)
   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 L Dienhart
   (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 Alison M Cole Date 9-7-00

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)
I swear/affirm that the information given in this application is true and correct.
Signed Alison M Cole
New Address same as above
Subscribed and sworn to before me this 7 day of Sept 2000
Thaor 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 Sept 7 2000, authorizing the marriage of Keith Andrew Sarbaugh and Alison Marie Cole.
I further certify that the following marriage certificate was filed in my office: I, David M Douglas (name), certify that on Sept 16 2000 (date), at West Lafayette in Tippecanoe County, Indiana, Keith A Sarbaugh of Hendricks County, Indiana (state), and Alison M Cole of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 7 2000. Signed by: /s/ David M Douglas, Priest (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on Sept 27 2000 (date).

Signed Thaor Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 577
9-11-00
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 9-5-00
Name of Physician Karen Johns, MD

MALE APPLICANT

Name: First Kyle Middle Jamison Last Castor
Date of Birth: Month 8 Day 16 Year 74
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 984 S. 625 E City Avon County Hend State 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. NA
6. (a) Full name of applicant's father James Douglas Castor
   (If adopted, list adoptive parents only) ____
   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 Wahl
   (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 Kyle Castor Date 9-11-00

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 ____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Kyle Castor
New Address 256 B STRAND LANE
Subscribed and sworn to before me this ____ day of ____
Sharon Degase
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Amanda Middle Kay Last Beimfohr
Date of Birth: Month 1 Day 20 Year 75
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 256 B Strand Ln. City Avon County Hend State 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 male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Edward Beimfohr
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Leslie 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 Amanda Beimfohr Date 9-11-00

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 ____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Amanda Beimfohr
New Address SAME
Subscribed and sworn to before me this ____ day of ____
Sharon Degase
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 11 2000, authorizing the marriage of Kyle Jamison Castor and Amanda Kay Beimfohr.
I further certify that the following marriage certificate was filed in my office: I, Jeffrey M Seward (name), certify that on Sept 30 2000 (date), at Indianapolis in Marion County, Indiana, Kyle J Castor of Hendricks County, Indiana (state), and Amanda K Beimfohr of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 11 2000. Signed by: /s/ Jeffrey M Seward, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 4 2000 (date).

Signed Sharon Degase Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 64
Page 578
Sept 8, 2000
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 9-7-00
Name of Physician _____

MALE APPLICANT

Name First: Richard Middle: Douglas Last: Spitz
Date of Birth Month: June Day: 27 Year: 1964
Place of Birth (State or foreign country): Indiana Hendricks
Residence Address Street or R.R.: 5972 Porchester Pl 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 unknown
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. -0-
6. (a) Full name of applicant's father Richard H Spitz
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Myda J. Ridgon
   (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 Richard D. Spitz Date 9/8/00

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)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.
Signed Richard D. Spitz
New Address "SAME AS ABOVE"
Subscribed and sworn to before me this 8 day of Sept 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

FEMALE APPLICANT

Name First: Darlene Middle: Sue Last: Partin
Date of Birth Month: December Day: 7 Year: 1957
Place of Birth (State or foreign country): Indiana Hendricks 46168
Residence Address Street or R.R.: 5972 Porchester Pl City: Plainfield County: Hendricks State: In
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 1994
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) D.L

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Carrie, Courtney + Cylee
6. (a) Full name of applicant's father Richard P Fatout
   (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 Hallie G. Ringham
   (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 Darlene S Partin Date 9/8/00

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)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.
Signed Darlene S. Partin
New Address Same as above
Subscribed and sworn to before me this 8 day of Sept 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated September 8 2000, authorizing the marriage of Richard Douglas Spitz and Darlene Sue Partin.
I further certify that the following marriage certificate was filed in my office: I, Sharon Dugan (name), certify that on September 8 2000 (date), at Danville in Hendricks County, Indiana, Richard D Spitz of Hendricks County, Indiana (state), and Darlene S Partin of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated September 8 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 September 8 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 579
9-8-00
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 ☒ 8-8-00
If No, Medical Examination or Report Dated
Name of Physician Dr. Poe

MALE APPLICANT

Name First Eugene Middle Michael Last Rothgerber Jr.
Date of Birth Month May Day 11 Year 1952
Place of Birth (State or foreign country) Indiana Hendricks
Residence Address Street or R.R. 6398 Quail Ridge City E. Plainfield County Hendricks State In
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 4-96
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. -0-
6. (a) Full name of applicant's father Eugene M. Rothgerber Sr.
   (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 Josephine Mize
   (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 Jodie Middle Ann Last Visker
Date of Birth Month August Day 10 Year 1964
Place of Birth (State or foreign country) Indiana Hendricks
Residence Address Street or R.R. 6398 Quail Ridge City E. Plainfield County Hendricks State In
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date 1986
Date of Birth Verified By: ☒ Birth Certificate ☐ Other (Specify) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Johannas Visker
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Minnesota
   (b) Full maiden name of applicant's mother Nickolette A. Markos
   (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 Eugene Rothgerber Jr Date 8-8-00

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Eugene Rothgerber Date 9-8-2000

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Eugene Rothgerber
New Address 6398 Quail Ridge E Dr
Subscribed and sworn to before me this 8 day of Sept 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 Jodie Visker Date 9-8-00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Jodie Visker
New Address 6398 Quail Ridge E Dr.
Subscribed and sworn to before me this 8 day of Sept 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 Sept 8 2000, authorizing the marriage of Eugene Michael Rothgerber Jr and Jodie Ann Visker.
I further certify that the following marriage certificate was filed in my office: I, John Deckard (name), certify that on September 23 2000 (date), at Indianapolis in Marion County, Indiana, Eugene M Rothgerber Jr of Hendricks County, Indiana (state), and Jodie A Visker of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 8 2000. Signed by: /s/ John G Deckard, Judge Pro Tempore (official designation) Filed and recorded in accordance with the laws of the State of Indiana on October 10 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 64
Page 580
9-8-00
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 9-1-00
Name of Physician Dr. Johnston

MALE APPLICANT

Name: First Wayne Middle Anthony Last Emberson Jr
Date of Birth: Month 5 Day 21 Year 77
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1400 Pierce Drive City Plainfield County Hendricks State In
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Wayne Anthony Emberson Sr
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Laura Beatrice Campfield
   (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 Lynn Last Turner
Date of Birth: Month 4 Day 18 Year 75
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1400 Pierce Drive City Plainfield County Hendricks State In
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Lindsey Nichol Turner, Hayden Colleen Turner
6. (a) Full name of applicant's father Jack Lee Reid
   (If adopted, list adoptive parents only)
   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 Kunkel
   (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 9-8-00

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)
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 8 day of Sept 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 Jennifer L. Turner Date 9/8/00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Jennifer L. Turner
New Address Same
Subscribed and sworn to before me this 8 day of Sept. 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 Sept 8 2000, authorizing the marriage of Wayne Anthony Emberson Jr and Jennifer Lynn Turner.
I further certify that the following marriage certificate was filed in my office: I, Michael Thornburg (name), certify that on Sept 16 2000 (date), at Danville in Hendricks County, Indiana, Wayne A Emberson Jr of Hendricks County, Indiana (state), and Jennifer L Turner of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 8 2000. Signed by: /s/ Michael Thornburg, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 27 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 581
Sept 11, 2000
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 9-8-00
Name of Physician Jones

MALE APPLICANT

Name First Jeffrey Middle K Last Pogue
Date of Birth Month April Day 30 Year 1955
Place of Birth (State or foreign country) Indiana County Hendricks
Residence Address Street or R.R. 1719 Ramsey Ln. City Plainfield County Hendricks State In
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 1/95
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Susan K. Pogue, Michael K Pogue
6. (a) Full name of applicant's father James K Pogue
   (If adopted, list adoptive parents only)
   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 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 Jeffrey K Pogue Date 9/11/00

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 _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Jeffrey K Pogue
New Address SAME AS ABOVE
Subscribed and sworn to before me this 11 day of Sept 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

FEMALE APPLICANT

Name First Brenda Middle J Last Myers
Date of Birth Month August Day 2 Year 1966
Place of Birth (State or foreign country) Indiana County Hendricks
Residence Address Street or R.R. 1719 Ramsey Ln. City Plainfield County Hendricks State In
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 6/98
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. Stephanie & Sarah Meyers
6. (a) Full name of applicant's father Bernard Rushton
   (If adopted, list adoptive parents only)
   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 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 Brenda J. Myers Date 9-11-2000

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Brenda J Myers
New Address Same as above
Subscribed and sworn to before me this 11 day of Sept. 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated September 11, 2000, authorizing the marriage of Jeffrey K. Pogue and Brenda J. Myers.
I further certify that the following marriage certificate was filed in my office: I, Stephen White (name), certify that on September 23, 2000 (date), at Plainfield in Hendricks County, Indiana, Jeffrey K. Pogue of Hendricks County, Indiana (state), and Brenda J. 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 Sept 11, 2000. Signed by: /s/ Stephen White, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 3, 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 64
Page 582
Sept 8, 2000
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 9-8-00
Name of Physician _____

MALE APPLICANT

Name First Gerald Middle Glover Last Hood
Date of Birth Month January Day 7 Year 1962
Place of Birth (State or foreign country) Indiana Hendricks
Residence Address Street or R.R. 180 N. CR 450 E City Danville County In State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 1992
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify)
D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Jeremy Todd Hood
6. (a) Full name of applicant's father Gerald H. Hood
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) deceased.
   Birthplace of father (State or foreign country) W. Virginia
   (b) Full maiden name of applicant's mother Della M. Frazer
   (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 Alicia Middle Kaye Last Orman
Date of Birth Month March Day 26 Year 1975
Place of Birth (State or foreign country) Illinois Hendricks
Residence Address Street or R.R. 180 N CR. 450 E. City Danville County In State
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)
D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Blake Lowe
6. (a) Full name of applicant's father Berny W. Ceglinski
   (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 Donna K. Muhr
   (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 _____ Date 9/8/00

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

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of 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 Alicia Orman Date 9-8-2000

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Alicia Orman
New Address Same as above
Subscribed and sworn to before me this _____ day of _____
_____ Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 8 2000, authorizing the marriage of Gerald Glover Hood and Alicia Kaye Orman.
I further certify that the following marriage certificate was filed in my office: I, Jim Bricken (name), certify that on September 9 2000 (date), at Indianapolis in Marion County, Indiana, Gerald Hood of Hendricks County, Indiana (state), and Alicia Orman of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 8 2000. Signed by: /s/ Jim Bricker, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 18 2000 (date).

Signed _____ Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 583
Sept 8, 2000
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 9-8-00
Name of Physician

MALE APPLICANT

Name First Danny Middle L. Last Fortner
Date of Birth Month October Day 18 Year 1961
Place of Birth (State or foreign country) Virginia
Residence Address Street or R.R. P.O. Box 194 City Amo County In State 46103
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) D.L

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Kelly Fortner
6. (a) Full name of applicant's father Josie Fortner
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Virginia
   Birthplace of father (State or foreign country) Virginia
   (b) Full maiden name of applicant's mother Barbara Brooks
   (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 Danny L Fortner Date 9/8-00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Danny L Fortner
New Address 6445 W. CR 250 South Danville In.
Subscribed and sworn to before me this 8 day of Sept 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

FEMALE APPLICANT

Name First Kathie Middle J. Last Nicols
Date of Birth Month July Day 15 Year 1954
Place of Birth (State or foreign country) Indiana Hendricks
Residence Address Street or R.R. 6445 W. CR 250 S City Danville County In State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 5/200
Date of Birth Verified By: ☐ Birth Certificate ☐ Other (Specify) DL

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. -0-
6. (a) Full name of applicant's father Albert Poynter
   (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 Robinson
   (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 Kathie J. Nichols Date 9/8/00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Kathie J. Nichols
New Address Same as above
Subscribed and sworn to before me this 8 day of Sept 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 64
Page 584
Sept 11, 2000
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 Steve Middle A Last Delp
Date of Birth: Month July Day 31 Year 1954
Place of Birth (State or foreign country) Indiana Hendricks 46214
Residence Address: Street or R.R. 10325 Cherokee Dr. City Indpls, County Hendricks, State In
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 7/00
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. Steven, Tiffany & Todd Delp
6. (a) Full name of applicant's father Unknown
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state)
   Birthplace of father (State or foreign country)
   (b) Full maiden name of applicant's mother Irene Delp
   (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 Kathy Middle J. Last Brickert
Date of Birth: Month November Day 19 Year 1959
Place of Birth (State or foreign country) Indiana Hendricks
Residence Address: Street or R.R. P.O. Box 493 City Plainfield County Hendricks State In 46168
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 7/00
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. Daniel & Becky Brickert
6. (a) Full name of applicant's father Unknown
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state)
   Birthplace of father (State or foreign country)
   (b) Full maiden name of applicant's mother Norma 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 Steve A Delp Date 9/11/00

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 _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Steve A Delp
New Address 10325 CHEROKEE DR IND. 46
Subscribed and sworn to before me this 11 day of Sept 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 Kathy Brickert Date 9-11-00

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 _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Kathy Brickert
New Address 10325 Cherokee Dr.
Subscribed and sworn to before me this 11 day of Sept. 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 11 2000, authorizing the marriage of Steven A Delp and Kathy J Brickert.
I further certify that the following marriage certificate was filed in my office: I, Kenneth Smith (name), certify that on October 14 2000 (date), at Indianapolis in Marion County, Indiana, Steven A Delp of Marion County, Indiana (state), and Kathy J Brickert of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 11 2000. Signed by: /s/ Kenneth Smith, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 26 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 585
September 11, 2000
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 9-11-00
Name of Physician HCHD

MALE APPLICANT

Name First Jeffrey Middle Allen Last Hewitt
Date of Birth Month June Day 24 Year 1967
Place of Birth (State or foreign country) Indiana County Hendricks
Residence Address Street or R.R. 8146 Cardinal St. 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
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. Lindsey & Dalligh Hewitt
6. (a) Full name of applicant's father Bob Hewitt
   (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 Helen Capps
   (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 Jeff Hewitt Date 9-11-00

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 _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Jeff Hewitt
New Address Same as above
Subscribed and sworn to before me this _____ day of _____
Sharon Degar
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name First Kathy Middle Renee Last Green
Date of Birth Month September Day 16 Year 1970
Place of Birth (State or foreign country) Indiana County Hendricks
Residence Address Street or R.R. 8146 Cardinal St. City Avon 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)
D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Dylan Green
6. (a) Full name of applicant's father Troy L. Green
   (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 Patricia C. Ball
   (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 Kathy Renee Green Date 9-11-00

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 _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Kathy Renee Green
New Address Same as above
Subscribed and sworn to before me this _____ day of _____
Sharon Degar
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated September 11, 2000, authorizing the marriage of Jeffrey Allen Hewitt and Kathy Renee Green.
I further certify that the following marriage certificate was filed in my office: I, James D. Clayton (name), certify that on October 14, 2000 (date), at Indianapolis in Marion County, Indiana, Jeffrey A. Hewitt of Hendricks County, Indiana (state), and Kathy R. 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 Sept. 11, 2000. Signed by: /s/ Rev. James D. Clayton, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 24, 2000 (date).

Signed Sharon Degar Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 386
SEP 12 2000
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 9-4-00
Name of Physician Kung

MALE APPLICANT	FEMALE APPLICANT
Name: First Robert Middle Lee Last Lively	Name: First Melissa Middle Anne Last Beeson
Date of Birth: Month August Day 9 Year 1968	Date of Birth: Month July Day 12 Year 1971
Place of Birth (State or foreign country) Indiana	Place of Birth (State or foreign country) Florida
Residence Address: Street or R.R. 2214 E. CR 100 N City Danville County Hendricks State In	Residence Address: Street or R.R. 2214 E. CR 100 N City Danville County Hendricks State In
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages	Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date	Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify)	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 ☐	1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐	If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐	2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐	4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. John and Matthew Lively	5. List the full names of any dependent children. Alex Lively, Matthew Lively, Jessica Beeson
6. (a) Full name of applicant's father Roland Lively	6. (a) Full name of applicant's father Harry Beeson
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) deceased	Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana	Birthplace of father (State or foreign country) Florida
(b) Full maiden name of applicant's mother Lillie R. Poop	(b) Full maiden name of applicant's mother Linda Flaskamp
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Indiana	Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Unknown	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 Beeson Date 9-12-00

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 Melissa Beeson
New Address Same as Above
Subscribed and sworn to before me this _____ day of _____
Sharon Degar
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

The above applicant has objected to verifying 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 Lively
New Address SAME
Subscribed and sworn to before me this _____ day of _____
Sharon Degar
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 12 2000, authorizing the marriage of Robert Lee Lively and Melissa Anne Beeson.
I further certify that the following marriage certificate was filed in my office: I, J Franklin Dennis (name), certify that on Sept 16 2000 (date), at New Albany in Floyd County, Indiana, Robert L Lively of Hendricks County, Indiana (state), and Melissa A Beeson of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 12 2000. Signed by: /s/ J Franklin Dennis, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on Sept 27 2000 (date).

Signed Sharon Degar Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 604
Page 587
SEP 13 2000
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 9-7-00
Name of Physician _____

MALE APPLICANT

Name First: Michael Middle: Wayne Last: Williams
Date of Birth Month: September Day: 17 Year: 1972
Place of Birth (State or foreign country): Indiana County: Hendricks
Residence Address: 345 Meadow Ln Street or R.R.: Plainfield City: In County: State:
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages: _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Richard 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 Barbara Cope
   (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 W Williams Date 9/13/00

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 _____

State of Indiana)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.
Signed Michael W Williams
New Address 345 MEADOW LN PLAINFIELD IN 46168
Subscribed and sworn to before me this 13 day of Sept 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

FEMALE APPLICANT

Name First: Jane Middle: Marie Last: Rooze
Date of Birth Month: September Day: 2 Year: 1963
Place of Birth (State or foreign country): Indiana County: Hendricks
Residence Address: 345 Meadow Ln Street or R.R.: Plainfield City: In County: State:
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages: 2
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date 7/99
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. -0-
6. (a) Full name of applicant's father Leo 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 Carol 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 Jane M. Rooze Date 9/13/00

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 _____

State of Indiana)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.
Signed Jane M. Rooze
New Address same as above
Subscribed and sworn to before me this 13 day of Sept. 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated September 13, 2000, authorizing the marriage of Michael Wayne Williams and Jane Marie Rooze.
I further certify that the following marriage certificate was filed in my office: I, Thomas B. Ditch (name), certify that on September 23, 2000 (date), at Plainfield in Hendricks County, Indiana, Michael W. Williams of Hendricks County, Indiana (state), and Jane M. Rooze of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 13, 2000. Signed by: /s/ Thomas B. Ditch, Ordained Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 3, 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 588
SEP 13 2000
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 9-9-00
Name of Physician Cicora

MALE APPLICANT

Name First Walter Middle Hue Last Rorie
Date of Birth Month March Day 16 Year 1971
Place of Birth (State or foreign country) North Carolina
Residence Address 10133 Foxfield Ln Apt H Street or R.R. 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 10/98
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. Brian L. Rorie
6. (a) Full name of applicant's father Ernest L. Rorie
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) N. Carolina
   Birthplace of father (State or foreign country) N. Carolina
   (b) Full maiden name of applicant's mother Margaret M. Maske
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) N. Carolina
   Birthplace of mother (State or foreign country) N. 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 Walter Rorie Date 9-13-00

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 _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Walter Rorie
New Address same as above
Subscribed and sworn to before me this 13 day of Sept. 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

FEMALE APPLICANT

Name First Lashanda Middle Denee Last Taylor
Date of Birth Month June Day 29 Year 1972
Place of Birth (State or foreign country) Indiana
Residence Address 10133 Foxfield Ln. Apt H Street or R.R. City Avon 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)
D L

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 L Taylor
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Blond Eva McClinon
   (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 Lashanda Taylor Date 9-13-00

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 _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Lashanda Taylor
New Address same as above
Subscribed and sworn to before me this 13 day of Sept. 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 13 2000, authorizing the marriage of Walter Hue Rorie and Lashanda Denee Taylor.
I further certify that the following marriage certificate was filed in my office: I, Frank Alexander (name), certify that on Sept 15 2000 (date), at Indianapolis in Marion County, Indiana, Walter H Rorie of Hendricks County, Indiana (state), and Lashanda D 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 Sept 13 2000. Signed by: /s/ Frank Alexander, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 28 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 589
SEP 13 2000
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: Michael Keith Hall
Date of Birth Month Day Year: October 7 1945
Place of Birth (State or foreign country): Indiana Hendricks
Residence Address Street or R.R. City County State: 7 Muirfield Ct. B'burg In 46112
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 9-97
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. -0-
6. (a) Full name of applicant's father Ivres R Hall
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Dora M. Reed
   (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 Michael K. Hall Date 9/13/00

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 _____

State of Indiana)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.
Signed Michael K. Hall
New Address Same
Subscribed and sworn to before me this 13 day of Sept. 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

FEMALE APPLICANT

Name First Middle Last: Cammie Sue Green
Date of Birth Month Day Year: November 10 1948
Place of Birth (State or foreign country): Texas Hendricks
Residence Address Street or R.R. City County State: 7 Muirfield Ct. B'burg In 46112
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 5-95
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Joe W Green
   (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 Betty J. Cross
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) deceased
   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 Cammie S. Green Date 9-13-00

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 _____

State of Indiana)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.
Signed Cammie S. Green
New Address Same
Subscribed and sworn to before me this 13 day of Sept 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 13 2000, authorizing the marriage of Michael Keith Hall and Cammie Sue Green.
I further certify that the following marriage certificate was filed in my office: I, John R Lawson (name), certify that on Sept 30 2000 (date), at Indianpolis in Marion County, Indiana, Michael K Hall of Hendricks County, Indiana (state), and Cammie S 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 Sept 13 2000. Signed by: /s/ John R Lawson, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 4 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 590
9-15-00
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 8-30-00
Name of Physician Dr. Braux

MALE APPLICANT

Name First: Jesse Middle: Robert Last: Ford Jr.
Date of Birth Month: 5 Day: 26 Year: 61
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 1085 Broad Oak Dr. City: Indpls. County: Hendricks State: In
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages: 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)
Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Jesse R Ford Jr. Date 9-15-00

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)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.
Signed Jesse R Ford Jr.
New Address Same as above
Subscribed and sworn to before me this 15 day of Sept. 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

FEMALE APPLICANT

Name First: Kristina Middle: Louise Last: Montgomery
Date of Birth Month: 12 Day: 8 Year: 78
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 1836 N Exeter Ave. City: Indpls. County: Marion State: In
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)
Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Sadie Mae Ford
6. (a) Full name of applicant's father Christopher Michael Duncan
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country)
   (b) Full maiden name of applicant's mother Mary Louise Warner
   (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 Kristina L. Montgomery Date 9-15-2000

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)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.
Signed Kristina L. Montgomery
New Address _____
Subscribed and sworn to before me this 15 day of Sept 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 15 2000, authorizing the marriage of Jesse Robert Ford Jr and Kristina Louise Montgomery
I further certify that the following marriage certificate was filed in my office: I, Thomas E Smith (name), certify that on Sept 23 2000 (date), at Indianapolis in Marion County, Indiana, Jesse R Ford Jr of Hendricks County, Indiana (state), and Kristina L Montgomery 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 Sept 15 2000. Signed by: /s/ Thomas E Smith, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 4 2000 (date).

Signed Sharon Dugas Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 64
Page 591
SEP 15 2000
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 9-11-00
Name of Physician

MALE APPLICANT

Name First: Jason Middle: Michael Last: Underwood
Date of Birth Month: October Day: 9 Year: 1979
Place of Birth (State or foreign country): Indiana Hendricks In
Residence Address Street or R.R.: 120 William Dr. Apt. J City: B'burg 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) D.L

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Michael Underwood
   (If adopted, list adoptive parents only)
   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 Holmes
   (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 9-15-00

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)
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 15 day of Sept. 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

FEMALE APPLICANT

Name First: Nina Middle: Marie Last: Nulisch
Date of Birth Month: January Day: 6 Year: 1981
Place of Birth (State or foreign country): Texas Hendricks In
Residence Address Street or R.R.: 120 William Dr. Apt J. City: B'burg 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) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Billy Nulisch
   (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 Lynn Kirby
   (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 9/15/00

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)
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 15 day of Sept 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 15 2000, authorizing the marriage of Jason M Underwood and Nina M Nulisch.
I further certify that the following marriage certificate was filed in my office: I, Michelle L Kallock (name), certify that on September 23 2000 (date), at Brownsburg in Hendricks County, Indiana, Jason M Underwood of Hendricks County, Indiana (state), and Nina M Nulisch of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 15 2000. Signed by: /s/ Michelle L Kallock, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 9 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 64
Page 592
9-15-00
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 9-12-00
Name of Physician Robert Aiello

MALE APPLICANT

Name: First Matthew Middle Edward Last Helmer
Date of Birth: Month 9 Day 1 Year 76
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 135 W CR 1075 N 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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Edward William Helmer
   (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 Victoria Ellen Knoy
   (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 (1) Matthew E Helmer Date 9/15/00

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)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.
Signed (1) Matthew E Helmer
New Address Same
Subscribed and sworn to before me this 15 day of Sept. 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

FEMALE APPLICANT

Name: First Jessica Middle Leigh Last Eaton
Date of Birth: Month 5 Day 7 Year 75
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 135 W CR 1075N 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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Phillip Eaton
   (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 Sandra Kaye 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 (2) Jessica L Eaton Date 9.15.00

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)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.
Signed (2) Jessica L Eaton
New Address Same
Subscribed and sworn to before me this 15 day of Sept. 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 15 2000, authorizing the marriage of Matthew Edward Helmer and Jessica Leigh Eaton.
I further certify that the following marriage certificate was filed in my office: I, George M Wasson (name), certify that on Sept 23 2000 (date), at Danville in Hendricks County, Indiana, Matthew E Helmer of Hendricks County, Indiana (state), and Jessica L Eaton of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 15 2000. Signed by: /s/ George M Wasson, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 5 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 593
4-18-00
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 4-
Name of Physician

MALE APPLICANT

Name: First William Middle Owen Last Wernsing
Date of Birth: Month July Day 5 Year 1939
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 3515 Prairie View Circle 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 1-00
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. 0
6. (a) Full name of applicant's father Frank G. Wernsing
   (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 Kobley
   (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 O Wernsing Date 9/18/00

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 William Wernsing
New Address 7105 S. St Rd 267, Lebanon 46052
Subscribed and sworn to before me this 18 day of Sept 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

FEMALE APPLICANT

Name: First Anita Middle Beth Last Badillo
Date of Birth: Month May Day 3 Year 1934
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 7105 S St Rd 267 City Lebanon County Boone State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐ Date 1-99
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. 0
6. (a) Full name of applicant's father Harvey F. Watson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Gladys M. King
   (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 Anita B. Badillo Date 9/18/00

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 Anita B. Badillo
New Address 7105 S. St. Rd 267 LEBANON IN 46052
Subscribed and sworn to before me this 18 day of Sept 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated September 18, 2000, authorizing the marriage of William Owen Wernsing and Anita Beth Badillo.
I further certify that the following marriage certificate was filed in my office: I, Jessica Sappington (name), certify that on September 21, 2000 (date), at Danville in Hendricks County, Indiana, William O. Wernsing of Hendricks County, Indiana (state), and Anita B. Badillo 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 Sept 18, 2000. Signed by: /s/ Jessica Sappington, Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 3, 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 594
Date of Application 9-15-00

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 Nathan Middle Chad Last Brosius
Date of Birth: Month 6 Day 19 Year 76
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1112 W Lincoln 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) drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Glenn Scott Brosius
   (If adopted, list adoptive parents only) _____
   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 Peters
   (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 (1) Nathan Brosius Date 9-15-00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed (1) Nathan Brosius
New Address same
Subscribed and sworn to before me this 15 day of Sept. 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

FEMALE APPLICANT

Name: First Laurie Middle Lynn Last Holder
Date of Birth: Month 9 Day 10 Year 79
Place of Birth (State or foreign country) Louisianna
Residence Address: Street or R.R. 1112 W Lincoln City Danville County IN State 46122
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 H Holder Jr.
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Debra G Meador
   (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 (2) Laurie L. Holder Date 9-15-00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed (2) Laurie L. Holder
New Address same
Subscribed and sworn to before me this 15 day of Sept. 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated September 15, 2000, authorizing the marriage of Nathan Chad Brosius and Laurie Lynn Holder.
I further certify that the following marriage certificate was filed in my office: I, Sharon Dugan (name), certify that on September 23, 2000 (date), at Bainbridge in Putnam County, Indiana, Nathan C. Brosius of Hendricks County, Indiana (state), and Laurie L. Holder of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 15, 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 October 3, 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 595
September 18, 2000
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 7-5-00
Name of Physician Reggato

MALE APPLICANT

Name First Middle Last: Jeffrey Edward Larmer
Date of Birth Month Day Year: July 19 1966
Place of Birth (State or foreign country): Indiana Hendricks Co.
Residence Address Street or R.R. City County State: 6870 State Rd 236 North Salem In
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 11-97
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. -0-
6. (a) Full name of applicant's father Kenneth Eddie Larmer
   (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 Rose Marie Covey
   (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 Jean Baker
Date of Birth Month Day Year: August 30 1970
Place of Birth (State or foreign country): Indiana Hendricks Co.
Residence Address Street or R.R. City County State: 6870 State Rd 236 North Salem In
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. -0-
6. (a) Full name of applicant's father Paul D. Baker
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Mariann S. Coryell
   (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 Jeffrey Edward Larmer Date 9-18-00

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 Jeffrey Edward Larmer
New Address Same as Above
Subscribed and sworn to before me this 18 day of Sept 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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 J. Baker Date 9-18-00

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 Lisa J. Baker
New Address Same as Above
Subscribed and sworn to before me this 18 day of Sept. 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 18 2000, authorizing the marriage of Jeffrey Edward Larmer and Lisa Jean Baker.
I further certify that the following marriage certificate was filed in my office: I, John D Gossett (name), certify that on October 7 2000 (date), at North Salem in Hendricks County, Indiana, Jeffrey E Larmer of Hendricks County, Indiana (state), and Lisa J Baker of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 18 2000. Signed by: /s/ John D Gossett, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on October 17 2000 (date).

Signed Sharon Duggan Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 596
9-18-00
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 9-15-00
Name of Physician Gordan Reed

MALE APPLICANT

Name First Brian Middle Donald Last Sheets
Date of Birth Month 11 Day 18 Year 60
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. 634 Cobblestone Rd City Avon County Hendricks State 46123
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 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. Kylii Jordan Sheets Conner Brian Sheets
6. (a) Full name of applicant's father Wilbur Donald Sheets
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Helen Lucille Merz
   (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 Brian Donald Sheets Date 9/18/00

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 Brian Donald Sheets
New Address Same As Above
Subscribed and sworn to before me this 18 day of Sept. 2000
Shasor 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

FEMALE APPLICANT

Name First Jacqueline Middle Sue Last Rhoades
Date of Birth Month April Day 23 Year 1957
Place of Birth (State or foreign country) Indiana Hendricks
Residence Address Street or R.R. 634 Cobblestone Rd City Avon County In State 46123
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 3-16-90
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) D L

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Travis John Rhoades, Dustin Louis Rhoades, Casey J. Rhoades
6. (a) Full name of applicant's father Glendon Max Gibbs
   (If adopted, list adoptive parents only)
   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 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 Jacqueline Sue Rhoades Date 9/18/00

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 Jacqueline Sue Rhoades
New Address Same as above
Subscribed and sworn to before me this 18 day of Sept. 2000
Shasor 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 September 18, 2000, authorizing the marriage of Brian Donald Sheets and Jacqueline Sue Rhoades.
I further certify that the following marriage certificate was filed in my office: I, David H. Coleman (name), certify that on September 23, 2000 (date), at Danville in Hendricks County, Indiana, Brian Donald Sheets of Hendricks County, Indiana (state), and Jacqueline Sue Rhoades of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated September 18, 2000. Signed by: /s/ David H. Coleman, Judge (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 3, 2000 (date).

Signed Shasor Dugan Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 597
Sept 18, 2000
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 9-1-00
Name of Physician Trammell

MALE APPLICANT

Name First Joseph Middle Robert Last Setty
Date of Birth Month March Day 8 Year 1976
Place of Birth (State or foreign country) Indiana Hendricks
Residence Address 4817 Pearl St. Street or R.R. Arno City In County 46103 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) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Marvin R Setty
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Claudia G. Medlock
   (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 Setty Date 9-18-00

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 Joseph R Setty
New Address SAME AS ABOVE
Subscribed and sworn to before me this 18 day of Sept. 2000
Sharon Degar Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name First Jennifer Middle Lynn Last Kelso
Date of Birth Month May Day 14 Year 1980
Place of Birth (State or foreign country) Indiana Hendricks
Residence Address 4817 Pearl St. Street or R.R. Arno City In County 46103 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) D.L

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Jeffrey L Kelso
   (If adopted, list adoptive parents only)
   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 L. Fauck
   (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 Jennifer Kelso Date 9-18-00

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 Jennifer Kelso
New Address Same as above
Subscribed and sworn to before me this 18 day of Sept. 2000
Sharon Degar Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 18 2000, authorizing the marriage of Joseph Robert Setty and Jennifer Lynn Kelso.
I further certify that the following marriage certificate was filed in my office: I, Darrell Dennis (name), certify that on October 7 2000 (date), at Monrovia in Morgan County, Indiana, Joseph R Setty of Hendricks County, Indiana (state), and Jennifer L Kelso of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 18 2000. Signed by: /s/ Darrell Dennis, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 16 2000 (date).

Signed Sharon Degar Clerk
Hendricks Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 598
Sept. 18, 2000
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 Larry Middle Wayne Last Wheeler
Date of Birth: Month April Day 27 Year 1941
Place of Birth (State or foreign country) Illinois
Residence Address: Street or R.R. 1210 Brittany Circle City Greensburg County Hend. Co. State In 46112
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date 1990
Date of Birth Verified By: ☑ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Rufus Charles Wheeler
   (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 Vera Loree Myers
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) deceased
   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 Larry W. Wheeler Date 9/18/00

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 Larry W. Wheeler
New Address SAME
Subscribed and sworn to before me this 18 day of September 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

FEMALE APPLICANT

Name: First Mary Middle Alma Last Atkins
Date of Birth: Month February Day 14 Year 1934
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 7238-B Twin Oaks Dr. City Indpls County Marion State In 46226
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date 1989
Date of Birth Verified By: ☑ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Herman Atkins
   (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 Emogene 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 Mary Alma Frye Date 9/18/00

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 Mary Alma Frye
New Address 1210 Brittany Cir., Greensburg, In 46112
Subscribed and sworn to before me this 18 day of September 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 18 2000, authorizing the marriage of Larry Wayne Wheeler and Mary Alma Atkins.
I further certify that the following marriage certificate was filed in my office: I, Jessica Sappington (name), certify that on Sept 20 2000 (date), at Danville in Hendricks County, Indiana, Larry W Wheeler of Hendricks County, Indiana (state), and Mary A Atkins 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 Sept 18 2000. Signed by: /s/ Jessica Sappington, Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 28 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 599
Sept 18, 2000
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 9-14-00
Name of Physician _____

MALE APPLICANT

Name First Edward Middle Charles Last White
Date of Birth Month May Day 30 Year 1972
Place of Birth (State or foreign country) Germany
Residence Address Street or R.R. Hendricks City 46168 County State
620 Lakeside Dr. #C 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)
D.L.

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 C White Date 9-18-00

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 Edward C White
New Address SAME AS ABOVE
Subscribed and sworn to before me this 18 day of September 2000
Sharon Rigsby
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name First Sarah Middle Lauren Last Rengo
Date of Birth Month June Day 22 Year 1965
Place of Birth (State or foreign country) Michigan
Residence Address Street or R.R. Hendricks City 46168 County State
620 Lakeside Dr. #C 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)
D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Raymond A Rengo
   (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 Nancy A Dixon
   (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 Sarah L. Rengo Date 9/18/00

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 Sarah L Rengo
New Address Same as above
Subscribed and sworn to before me this 18 day of September 2000
Sharon Rigsby
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 18 2000, authorizing the marriage of Edward Charles White and Sarah Lauren Rengo.
I further certify that the following marriage certificate was filed in my office: I, Jessica Sappington (name), certify that on Oct 2 2000 (date), at Danville in Hendricks County, Indiana, Edward C White of Hendricks County, Indiana (state), and Sarah L Rengo of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 18 2000. Signed by: /s/ Jessica Sappington, Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 2 2000 (date).

Signed Sharon Rigsby Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 600
9-19-00
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 9-5-00
Name of Physician Hasbrook

MALE APPLICANT

Name First: Joshua Middle: Aaron Last: Buckrop
Date of Birth Month: 12 Day: 17 Year: 70
Place of Birth (State or foreign country): Indiana
Residence Address: 2085 Fullwood Dr. Street or R.R. Brownsburg City Hendricks County In State
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)
Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Ronald Dale Buckrop
   (If adopted, list adoptive parents only)
   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 Carol Richer
   (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: Tracee Middle: Janean Last: Jones
Date of Birth Month: 7 Day: 13 Year: 70
Place of Birth (State or foreign country): Indiana
Residence Address: 2085 Fullwood Dr. Street or R.R. Brownsburg City Hendricks County In State
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)
Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Richard 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 Judith Lynn Hellmer
   (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 Buckrop Date 9-19-00

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Joshua Buckrop
New Address Same as above
Subscribed and sworn to before me this 19 day of Sept 2000
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 Tracee J Jones Date 9-19-00

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Tracee J Jones
New Address Same as above
Subscribed and sworn to before me this 19 day of Sept 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 Sept 19 2000, authorizing the marriage of Joshua Aaron Buckrop and Tracee Janean Jones.
I further certify that the following marriage certificate was filed in my office: I, Lloyd D Baugues (name), certify that on Sept 23 2000 (date), at Indianapolis in Marion County, Indiana, Joshua A Buckrop of Hendricks County, Indiana (state), and Tracee J 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 Sept 19 2000. Signed by: /s Lloyd D Baugues, Reverend (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 29 2000 (date).

Signed Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 601
9-19-00
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 8-29-00
Name of Physician Dr. Bowler

MALE APPLICANT

Name: First Todd, Middle Allen, Last Cave
Date of Birth: Month 11, Day 10, Year 69
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 11 Lincoln Ave, City Brownsburg, County Hendricks, State In
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Kayleigh Cave
6. (a) Full name of applicant's father Gary Dean Cave
   (If adopted, list adoptive parents only)
   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 Elizabeth Arnold
   (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 Katrina, Middle Kay, Last Peterson
Date of Birth: Month 9, Day 15, Year 74
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 11 Lincoln Ave, City Brownsburg, County Hendricks, State In
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Kayleigh Cave
6. (a) Full name of applicant's father David Lloyd Peterson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Kay Irene Taggart
   (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 Cave Date 9-19-00

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 _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Todd Cave
New Address Same as Above
Subscribed and sworn to before me this 19 day of Sept 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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 K. Peterson Date 9-19-00

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 _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Katrina K. Peterson
New Address Same as Above
Subscribed and sworn to before me this 19 day of Sept 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 19 2000, authorizing the marriage of Todd Allen Cave and Katrina Kay Peterson.
I further certify that the following marriage certificate was filed in my office: I, Sharon Dugan (name), certify that on Sept 29 2000 (date), at Danville in Hendricks County, Indiana, Todd A Cave of Hendricks County, Indiana (state), and Katrina K Peterson of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 19 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 October 4 2000 (date).

Signed _____ Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 602
9-19-00
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 3-18-99
Name of Physician Womens Hospital

MALE APPLICANT

Name: First James Middle Macy Last Short
Date of Birth: Month 8 Day 23 Year 55
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 119 Green Acre Dr. City Brownsburg County Hendricks State 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. Kristin Fite-Short
6. (a) Full name of applicant's father James Burl Short
   (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 Jane Arms
   (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).

X Signature of Applicant James M Short Date 9-19-00

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 _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed James M Short
New Address Same as Above
Subscribed and sworn to before me this 19 day of Sept 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

FEMALE APPLICANT

Name: First Stacy Middle Ann Last Reddy
Date of Birth: Month 5 Day 2 Year 77
Place of Birth (State or foreign country) Maine
Residence Address: Street or R.R. 119 Green Acre Dr. City Brownsburg County Hendricks State In
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. William Allen Reddy Joseph Matthew Reddy Edna Nichole Pearson
6. (a) Full name of applicant's father William Nathanial Rhodes
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Maine
   Birthplace of father (State or foreign country) West Virginia
   (b) Full maiden name of applicant's mother Pauline Ann Hamilton
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   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).

X Signature of Applicant Stacy Ann Rhodes Date 9-19-00

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 _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Stacy Ann Rhodes
New Address Same as Above
Subscribed and sworn to before me this 19 day of Sept 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated September 19, 2000, authorizing the marriage of James Macey Short and Stacy Ann Rhodes.
I further certify that the following marriage certificate was filed in my office: I, David L. Edmondson (name), certify that on October 13, 2000 (date), at Brownsburg in Hendricks County, Indiana, James M. Short of Hendricks County, Indiana (state), and Stacy A. Rhodes of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept. 19, 2000. Signed by: /s/ David L. Edmondson, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 24, 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 64
Page 603
Sept 20, 2000
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 9-15-00
Name of Physician _____

MALE APPLICANT

Name First Chris Middle Michael Last White
Date of Birth Month 9 Day 16 Year 73
Place of Birth (State or foreign country) Indiana
Residence Address 445 Paddlebrook Street or R.R. Dr. City Danville County Hendricks State In
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 10-99
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. -0-
6. (a) Full name of applicant's father Chris A. White
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Nancy J. Peterson
   (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 Chris M White Date 9/20/00

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 Chris M White
New Address 445 Paddlebrook Dr. same as above
Subscribed and sworn to before me this 20 day of Sept 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

FEMALE APPLICANT

Name First Heather Middle Michelle Last Martin
Date of Birth Month 10 Day 21 Year 73
Place of Birth (State or foreign country) Illinois
Residence Address 445 Paddlebrook Street or R.R. Dr. City Danville County Hendricks State In
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify)
D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 J. 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 Mickey L. Mathas
   (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 Heather M. Martin Date 9/20/00

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 Heather M. Martin
New Address same as above
Subscribed and sworn to before me this 20 day of Sept 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 20 2000, authorizing the marriage of Chris Michael White and Heather Michelle Martin.
I further certify that the following marriage certificate was filed in my office: I, Buddy Baird (name), certify that on Sept 23 2000 (date), at Broad Ripple in Marion County, Indiana, Chris M White of Hendricks County, Indiana (state), and Heather M 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 Sept 20 2000. Signed by: /s/ Buddy Baird, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on September 28 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 604
Sept 21, 2000
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 9-19-00
Name of Physician _____

MALE APPLICANT	FEMALE APPLICANT
Name First: Scott Middle: Bently Last: Hess	Name First: Amanda Middle: Lyn Last: Denhart
Date of Birth Month: February Day: 28 Year: 1970	Date of Birth Month: October Day: 6 Year: 1975
Place of Birth (State or foreign country): Indiana	Place of Birth (State or foreign country): Illinois
Residence Address: 221 N. High St Danville In Hendricks	Residence Address: 7556 Kathy Dr. Brownsburg In Hendricks
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3/95	Previous Marital Status: Never Married ☑ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date _____	Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☑ Birth Certificate ☐ Other (Specify)	Date of Birth Verified By: ☑ Birth Certificate ☐ Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐	1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐	If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐	2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐	4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. none	5. List the full names of any dependent children. none
6. (a) Full name of applicant's father Ronald A. Hess	6. (a) Full name of applicant's father Robert D. Denhart
(If adopted, list adoptive parents only) _____	(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana	Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana	Birthplace of father (State or foreign country) Illinois
(b) Full maiden name of applicant's mother Mina E. Bentley	(b) Full maiden name of applicant's mother Karen S. Nelson
(If adopted, list adoptive parents only) _____	(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana	Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana	Birthplace of mother (State or foreign country) Minnesota

ACKNOWLEDGEMENT

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

Signature of Applicant Scott B Hess Date 9-21-00

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)
County of Hendricks)

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

Signed Scott B Hess
New Address 221 N. High STREET Danville In

Subscribed and sworn to before me this 21 day of September 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 Amanda Denhart Date 9-21-00

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)
County of Hendricks)

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

Signed Amanda Denhart
New Address 221 N. High Street Danville IN

Subscribed and sworn to before me this 21 day of September 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 21 2000, authorizing the marriage of Scott Bently Hess and Amanda Lyn Denhart.

I further certify that the following marriage certificate was filed in my office: I, Dennis L Dodson (name), certify that on Sept 30 2000 (date), at Brownsburg in Hendricks County, Indiana, Scott B Hess of Hendricks County, Indiana (state), and Amanda L Denhart of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 21 2000. Signed by: /s/ Dennis L Dodson, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on October 5 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 665
Sept 21, 2000
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 9-21-00
Name of Physician HCHD

MALE APPLICANT

Name First: Douglas Middle: Marshall Last: Barber
Date of Birth Month: April Day: 5 Year: 1974
Place of Birth (State or foreign country): Kentucky
Residence Address Street or R.R.: 1102 Prairie Brook Dr. City: Palatine County: Cook State: 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) D.L

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 E. Barber
   (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 Darlynn 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 Douglas M. Barber Date 9-21-00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Douglas Barber
New Address Same
Subscribed and sworn to before me this 21 day of 9/00
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

FEMALE APPLICANT

Name First: Elizabeth Middle: Ann Last: Stanfield
Date of Birth Month: April Day: 28 Year: 1977
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 126 North Center 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) D.L

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Daryl A 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 Wanda P. Pipher
   (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 Elizabeth Stanfield Date 9-21-00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Elizabeth Stanfield
New Address 1102 Prairie Brook Dr Apt D-3 Palatine IL
Subscribed and sworn to before me this 21 day of 9/00
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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 21 2000, authorizing the marriage of Douglas M Barber and Elizabeth A Stanfield.
I further certify that the following marriage certificate was filed in my office: I, Mark A Smith (name), certify that on October 7 2000 (date), at Plainfield in Hendricks County, Indiana, Douglas M Barber of Cook County, Illinois (state), and Elizabeth A Stanfield of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 21 2000. Signed by: /s/ Mark A Smith, Judge Pro Tem (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 9 2000 (date).

Signed Sharon Degan Clerk
Hendricks Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 006
Sept 21, 2000
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 8-22-00
Name of Physician _____

MALE APPLICANT

Name First: Devon Middle: Michael Last: Nelson
Date of Birth Month: December Day: 3 Year: 1973
Place of Birth (State or foreign country): California
Residence Address Street or R.R.: 7873 St. Rd 267 N City: Brownsburg County: Hend. State: In
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 6/00
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. 0
6. (a) Full name of applicant's father Michael J. Nelson
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) California
   Birthplace of father (State or foreign country) California
   (b) Full maiden name of applicant's mother Kamelle Kaserman
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) deceased
   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 9/21/00

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)
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 21 day of 9/00
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

FEMALE APPLICANT

Name First: Christina Middle: Anne Last: Arkanoff
Date of Birth Month: March Day: 10 Year: 1978
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 7873 St Rd 267 N. City: Brownsburg County: Hend. State: In
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Fredrick H Arkanoff
   (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 Sandra L. Utalls
   (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 9/21/00

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)
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 21 day of 9/00
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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 21 2000, authorizing the marriage of Devon Michael Nelson and Christina Anne Arkanoff.
I further certify that the following marriage certificate was filed in my office: I, Lisa Hamilton Thielmeyer (name), certify that on October 14 2000 (date), at Indianapolis in Marion County, Indiana, Devon M Nelson of Hendricks County, Indiana (state), and Christina A Arkanoff of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 21 2000. Signed by: /s/ Lisa H Thielmeyer, Judge Pro Tempore (official designation) Filed and recorded in accordance with the laws of the State of Indiana on October 17 2000 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 607
Sept 21, 2000
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 Robert Middle Albert Last Janssens
Date of Birth Month Sept. Day 5 Year 1924
Place of Birth (State or foreign country) Indiana
Residence Address 250 Street or R.R. Northfield Dr. #4 City Bburg 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) D.L.

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

FEMALE APPLICANT

Name First Sarah Middle Ellene Last Mahan
Date of Birth Month Sept Day 14 Year 1918
Place of Birth (State or foreign country) Indiana
Residence Address 250 Street or R.R. Northfield Dr #4 City Bburg County Hend. State In
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐ Date 8-43
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) passport

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. -0-
6. (a) Full name of applicant's father George Glossop
   (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 Alfrieda Stricker
   (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 Robert A. Janssens Date Sept 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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Robert A Janssens
New Address same
Subscribed and sworn to before me this _____ day of _____
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 Sarah Ellene Mahan Date Sept 21, 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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Sarah Ellene Glossop Mahan
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 _____, 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

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 608
Sept 21, 2000
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 8-8-00
Name of Physician Larkin

MALE APPLICANT

Name First: Steven Middle: Arnold Last: Mayer
Date of Birth Month: July Day: 25 Year: 1967
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 7820 Golden Pond Ct. City: Indpls County: Hendricks State: In
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) D.L

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

FEMALE APPLICANT

Name First: Mary Beth Middle: Anania Last: ____
Date of Birth Month: November Day: 2 Year: 1970
Place of Birth (State or foreign country): Pennsylvania
Residence Address Street or R.R.: 7820 Golden Pond Ct. City: Indpls County: ____ State: ____
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) D.L.

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Mayer Date 9/21/00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Steven Mayer
New Address SAME AS ABOVE
Subscribed and sworn to before me this 21 day of SEPTEMBER
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 Mary Beth Anania Date 9/21/2000

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Mary Beth Anania
New Address Same as above
Subscribed and sworn to before me this 21 day of September
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 Sept 21 2000, authorizing the marriage of Steven Arnold Mayer and Mary Beth Anania.
I further certify that the following marriage certificate was filed in my office: I, Larry P Crawford (name), certify that on September 30 2000 (date), at Indianapolis in Marion County, Indiana, Steven A Mayer of Hendricks County, Indiana (state), and Mary Beth Anania of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 21 2000. Signed by: /s/ Larry P Crawford, Priest (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 3 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 604
Page 609
September 22 '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 9-12-00
Name of Physician _____

MALE APPLICANT

Name: First Keith Middle Charles Last Swavey Jr.
Date of Birth: Month February Day 18 Year 1961
Place of Birth (State or foreign country) Indiana Hendricks
Residence Address: Street or R.R. 4165 N 575E City Brownsburg County Hendricks State In
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 1991
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) D.L

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Michael + Matthew, Josh, Brad, Curtis
6. (a) Full name of applicant's father Keith C. Swavey Sr.
   (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 Gloria Mize
   (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 9-22-00

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)
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 22 day of Sept 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

FEMALE APPLICANT

Name: First Linda Middle Marie Last Jorgenson
Date of Birth: Month July Day 5 Year 1966
Place of Birth (State or foreign country) Wisconsin Hendricks In
Residence Address: Street or R.R. 4165 N CO RD 575 E. City Brownsburg County Hendricks State In
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 1997
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. Bridget Randle, Brittany Randle, Bradley Randle
6. (a) Full name of applicant's father Gerald E. Jorgenson
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Wisconsin
   Birthplace of father (State or foreign country) Wisconsin
   (b) Full maiden name of applicant's mother Nancy J. Fairchild
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) deceased
   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 Linda Jorgenson Date 9-22-00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Linda Jorgenson
New Address SAME
Subscribed and sworn to before me this 22 day of Sept 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 22 2000, authorizing the marriage of Keith Charles Swavey Jr and Linda Marie Jorgenson.
I further certify that the following marriage certificate was filed in my office: I, Robert L Justice (name), certify that on October 1 2000 (date), at Logansport in Cass County, Indiana, Keith C Swavey Jr of Hendricks County, Indiana (state), and Linda M Jorgenson of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 22 2000. Signed by: /s/ Robert L Justice, Magistrate (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 3 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 610
Sept. 22 2000
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 9-13-00
Name of Physician _____

MALE APPLICANT	FEMALE APPLICANT
Name First: Christopher Middle: Ransom Last: Powell	Name First: Leila Middle: Ann Last: Hoseinpour
Date of Birth Month: April Day: 24 Year: 1978	Date of Birth Month: June Day: 12 Year: 1981
Place of Birth (State or foreign country): Indiana Hendricks	Place of Birth (State or foreign country): Indiana Hendricks
Residence Address Street or R.R.: 130 N Vine St. City: Plainfield County: Hendricks State: In	Residence Address Street or R.R.: 130 N Vine St City: Plainfield County: Hendricks State: In
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages _____	Previous Marital Status: Never Married ☑ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____	Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☑ ~~Other~~ (Specify) D.L.	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 ☐	1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐	If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐	2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐	4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Logan Weddle	5. List the full names of any dependent children. 0
6. (a) Full name of applicant's father Ronald Powell	6. (a) Full name of applicant's father Mahmood Hoseinpour
(If adopted, list adoptive parents only) _____	(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) deceased	Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Illinois	Birthplace of father (State or foreign country) Iran
(b) Full maiden name of applicant's mother Karen Kelly	(b) Full maiden name of applicant's mother Leslie Hinshaw
(If adopted, list adoptive parents only) _____	(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana	Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana	Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGEMENT

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

Signature of Applicant: Christopher R Powell Date 9/22/00

Signature of Applicant: Leila A Hoseinpour Date 9/22/00

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)
County of Hendricks)

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

Signed: Christopher R Powell
New Address _____
Subscribed and sworn to before me this 22 day of Sept.
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: Leila A Hoseinpour
New Address _____
Subscribed and sworn to before me this 22 day of Sept.
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 Sept 22 2000, authorizing the marriage of Christopher Ransom Powell and Lelia Ann Hoseinpour.

I further certify that the following marriage certificate was filed in my office: I, Stevan W Ranson (name), certify that on Sept 22 2000 (date), at Clayton in Hendricks County, Indiana, Christopher R Powell of Hendricks County, Indiana (state), and Lelia A Hoseinpour of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 22 2000. Signed by: /s/ Stevan W Ranson, Minister (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on September 28 2000 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 611
Sept 22, 2000
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 9-22-00
Name of Physician HCHD

MALE APPLICANT

Name First: Matthew Middle: Todd Last: Moore
Date of Birth Month: July Day: 19 Year: 1974
Place of Birth (State or foreign country): Indiana Hendricks
Residence Address Street or R.R.: 7622 Gold Coin City: Avon County: Hendricks State: 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) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Kim Moore
   (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 Cheryl Englert
   (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 Matt Moore... Date 9-22-00

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)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.
Signed Matt Moore...
New Address Same as Above
Subscribed and sworn to before me this _____ day of _____
Sharon Degar
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name First: Crista Middle: Carol Last: Goin
Date of Birth Month: December Day: 9 Year: 1973
Place of Birth (State or foreign country): Indiana Hendricks
Residence Address Street or R.R.: 7622 Gold Coin 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) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Larry Goin
   (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 Carol Perigo
   (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 Crista C. Goin Date 9-22-00

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)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.
Signed Crista C Goin
New Address Same as above
Subscribed and sworn to before me this _____ day of _____
Sharon Degar
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 22 2000, authorizing the marriage of Matthew Todd Moore and Crista Carol Goin.
I further certify that the following marriage certificate was filed in my office: I, Marla Thorne-Weller (name), certify that on Sept 30 2000 (date), at Newburgh in Warrick County, Indiana, Matthew T Moore of Hendricks County, Indiana (state), and Crista C Goin of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 22 2000. Signed by: /s/ Marla Thorne-Weller, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 5 2000 (date).

Sharon Degar
Signed _____ Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 64
Page 612
Sept 22, 2000
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 9-22-00
Name of Physician _____

MALE APPLICANT

Name First Middle Last: Michael Joseph Trotta Jr.
Date of Birth Month Day Year: November 29 1975
Place of Birth (State or foreign country): Maryland Hendricks In
Residence Address Street or R.R. City County State: 5972 Red Cliff S. Lane Plainfield
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 6/96
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify)
D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Alexis, Alissa, & Garrett
6. (a) Full name of applicant's father Michael J. Trotta Sr.
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Maryland
   (b) Full maiden name of applicant's mother Denise Longfellow
   (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 Trotta Jr. Date 9-22-00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Michael Trotta Jr.
New Address 1431 EVEREST DR. INDIANAPOLIS, IN 46234
Subscribed and sworn to before me this 22 day of 9-00
Thora 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

FEMALE APPLICANT

Name First Middle Last: Angela Dawn Zeiher
Date of Birth Month Day Year: April 19 1977
Place of Birth (State or foreign country): Indiana Hendricks In
Residence Address Street or R.R. City County State: 5972 Red Cliff S. Lane Plainfield
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify)
D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. 2
6. (a) Full name of applicant's father Don Apple
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Joy Klingerman
   (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 D. Zeiher Date 9-22-00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Angela D. Zeiher
New Address 1431 Everest Dr. Indpls, IN 46234
Subscribed and sworn to before me this 22 day of 9-00
Thora 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 Sept 22 2000, authorizing the marriage of Michael Joseph Trotta Jr. and Angela Dawn Zeiher.
I further certify that the following marriage certificate was filed in my office: I, Jerry D Travis (name), certify that on October 7 2000 (date), at Avon in Hendricks County, Indiana, Michael J Trotta Jr of Johnson County, Indiana (state), and Angela D Zeiher of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 22 2000. Signed by: /s/ Jerry D Travis, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 26 2000 (date).

Signed Thora Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 613
Sept 22, 2000
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 Sept 22, 2000
Name of Physician HCHD

MALE APPLICANT

Name First: Stephen Middle: Louis Last: Gilman
Date of Birth Month: August Day: 16 Year: 1980
Place of Birth (State or foreign country): Indiana Hendricks In
Residence Address Street or R.R.: 115½ North Vine St. City: Plainfield County: State:
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Michael Gilman
6. (a) Full name of applicant's father James Gilman
   (If adopted, list adoptive parents only)
   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 Lee
   (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 _____ Date 9-22-00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Stephen L. Gilman
New Address Same as above
Subscribed and sworn to before me this 22 day of 9-00
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

FEMALE APPLICANT

Name First: Stephanie Middle: Kay Last: Eby
Date of Birth Month: July Day: 2 Year: 1982
Place of Birth (State or foreign country): Indiana Hendricks In
Residence Address Street or R.R.: 115½ North Vine St City: Plainfield County: State:
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Michael Gilman
6. (a) Full name of applicant's father John Eby
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Jamie Boyllat
   (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 Stephanie Eby Date 9-22-00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Stephanie Eby
New Address Same as above
Subscribed and sworn to before me this 22 day of 9-00
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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 22 2000, authorizing the marriage of Stephen Louis Gilman and Stephanie Kay Eby.
I further certify that the following marriage certificate was filed in my office: I, Kenneth Smith (name), certify that on Sept 30 2000 (date), at Indianapolis in Marion County, Indiana, Stephen L Gilman of Hendricks County, Indiana (state), and Stephanie K Eby of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 22 2000. Signed by: /s/ Kenneth Smith, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 3 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 614
9-22-00
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 9-18-00
Name of Physician Dr. Stegmoller

MALE APPLICANT

Name First Ryan Middle Paul Last Madsen
Date of Birth Month 2 Day 27 Year 79
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. 1015 Pinewood Ct. City South Plainfield County Hendricks State In
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children: Jalen Madsen
6. (a) Full name of applicant's father Ryan Allan Madsen
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) South Dakota
   (b) Full maiden name of applicant's mother Anne Ruth Fraze
   (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 Kelly Middle Ann Last Brickler
Date of Birth Month 12 Day 6 Year 78
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. 1015 Pinewood Ct City South Plainfield County Hendricks State In
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children: Jalen Madsen
6. (a) Full name of applicant's father Joseph Francis Brickler
   (If adopted, list adoptive parents only) ____
   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 Duncan
   (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 Ryan P. Madsen Date ____

The above applicant has objected to verifying 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 P Madsen
New Address Same as Above
Subscribed and sworn to before me this 22 day of Sept 2000
____ 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 Kelly A Brickler Date ____

The above applicant has objected to verifying 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 Kelly A Brickler
New Address Same as Above
Subscribed and sworn to before me this 22 day of Sept 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 Sept 22 2000, authorizing the marriage of Ryan Paul Madsen and Kelly Ann Brickler.
I further certify that the following marriage certificate was filed in my office: I, Shawn Tully (name), certify that on Sept 23 2000 (date), at Avon in Hendricks County, Indiana, Ryan Paul Madsen of Hendricks County, Indiana (state), and Kelly Ann Brickler of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 22 2000. Signed by: /s/ Shawn Tully, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 3 2000 (date).

Signed ____ Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 615
9-27-00
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 ☒ ~~9~~ 2-98
If No, Medical Examination or Report Dated
Name of Physician Indpls Physicians for Women

MALE APPLICANT

Name: First Scott Middle Alan Last Chandlee
Date of Birth: Month 9 Day 14 Year 71
Place of Birth (State or foreign country) Iowa
Residence Address: Street or R.R. 36 Hyde Park Row City B-burg County Hend. State IN 46112
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Tristan Matthew Chandlee; Cameron Alex Chandlee
6. (a) Full name of applicant's father Wayne Thomas Chandlee
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Iowa
   Birthplace of father (State or foreign country) Missouri
   (b) Full maiden name of applicant's mother Judy Ann Eisbach
   (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 Scott Chandlee Date 9-27-00

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Scott Chandlee
New Address Same
Subscribed and sworn to before me this 27 day of Sept - 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

FEMALE APPLICANT

Name: First Jody Middle Ann Last Nunnally
Date of Birth: Month 11 Day 12 Year 71
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 36 Hyde Park Row City B-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 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 male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Ty Andrew Griffith; Devon Michael Griffith; Tristan Matthew Chandlee; Cameron Alex Chandlee
6. (a) Full name of applicant's father Michael Joe Nunnally
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Kathie Sue Browning
   (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 Jody A Nunnally Date

The above applicant has objected to verifying 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 Jody A Nunnally
New Address Same
Subscribed and sworn to before me this 27 day of Sept. 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 27 2000, authorizing the marriage of Scott Alan Chandlee and Jody Ann Nunnally.
I further certify that the following marriage certificate was filed in my office: I, Kenneth Smith (name), certify that on October 9 2000 (date), at Brownsburg in Hendricks County, Indiana, Scott A Chandlee of Hendricks County, Indiana (state), and Jody A Nunnally of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 27 2000. Signed by: /s/ Kenneth Smith, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 26 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 616
Sept 25, 2000
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 9-10-00
Name of Physician _____

MALE APPLICANT

Name: First BRIAN Middle Scott Last KINCAID
Date of Birth: Month 4 Day 29 Year 60
Place of Birth (State or foreign country) INDIANA
Residence Address: Street or R.R. 10244 Breezeway Cir. City B'burg County Hendricks State 46112
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 3/97
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. Matthew & Maureen Kincaid
6. (a) Full name of applicant's father Charles Kincaid
   (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 Dillon
   (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 S Kincaid Date 9/26

The above applicant has objected to verifying 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 S Kincaid
New Address _____
Subscribed and sworn to before me this 25 day of 9-00
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

FEMALE APPLICANT

Name: First Janet Middle Marie Last KINCAID
Date of Birth: Month 2 Day 1 Year 60
Place of Birth (State or foreign country) INDIANA
Residence Address: Street or R.R. 10244 Breezeway Cir. City B'burg County Hendricks State 46112
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date 3/97
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. Matthew & Maureen Kincaid
6. (a) Full name of applicant's father George Hurt
   (If adopted, list adoptive parents only) _____
   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 Brinkworth
   (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 Janet Kincaid Date 9/26

The above applicant has objected to verifying 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 Janet Kincaid 9/26
New Address _____
Subscribed and sworn to before me this 25 day of 9-00
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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 25 2000, authorizing the marriage of Brian Scott Kincaid and Janet Marie Kincaid.
I further certify that the following marriage certificate was filed in my office: I, Jessica Sappington (name), certify that on Sept 25 2000 (date), at Danville in Hendricks County, Indiana, Brian S Kincaid of Hendricks County, Indiana (state), and Janet M Kincaid of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 25 2000. Signed by: /s/ Jessica Sappington, Deputy Clerk (official designation) Filed and recorded in accordance with the laws of the State of Indiana on September 28 2000 (date).

Signed Sharon Degan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 617
Sept 25, 2000
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 9-23-00
Name of Physician Health Dept

MALE APPLICANT

Name First Joseph Middle Allyn Last Green
Date of Birth Month July Day 5 Year 1967
Place of Birth (State or foreign country) Indiana
Residence Address 653 Street or R.R. Cobblestone Rd City Avon County Hendricks State In
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 11-94
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Austin Green
6. (a) Full name of applicant's father James Green
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Mary Todd
   (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 Allyn Green Date 9-25-00

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 Joseph Allyn Green
New Address Same as above
Subscribed and sworn to before me this 25 day of 9-00
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

FEMALE APPLICANT

Name First Laura Middle Lynne Last Updike
Date of Birth Month December Day 3 Year 1971
Place of Birth (State or foreign country) Indiana
Residence Address 653 Street or R.R. Cobblestone Rd City Avon 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) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Casey Stewart
6. (a) Full name of applicant's father George Updike
   (If adopted, list adoptive parents only)
   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 Delp
   (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 Laura Updike Date 9/25/00

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 Laura Updike
New Address same as above
Subscribed and sworn to before me this 25 day of 9-00
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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 25 2000, authorizing the marriage of Joseph Allyn Green and Laura Lynne Updike.
I further certify that the following marriage certificate was filed in my office: I, Andrew P Crowley (name), certify that on Sept 30 2000 (date), at Speedway in Marion County, Indiana, Joseph Allyn Green of Hendricks County, Indiana (state), and Laura Lynne Updike of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 25 2000. Signed by: /s/ Andrew P Crowley, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 3 2000 (date).

Signed Sharon Dugas Clerk
Hendricks Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 64
Page 618
Sept 25, 2000
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 9-25-00
Name of Physician _____

MALE APPLICANT

Name: First Brent Middle Lane Last Dawes
Date of Birth: Month October Day 3 Year 1973
Place of Birth (State or foreign country): Indiana County Marion
Residence Address: Street or R.R. 6795 W 21st St City Indpls County Marion State In 46214
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) D.L

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. -0-
6. (a) Full name of applicant's father Don Dawes
   (If adopted, list adoptive parents only) _____
   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 Hawkins
   (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 Dawes Date 9-25-00

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 Brent Dawes
New Address Same as above
Subscribed and sworn to before me this 25 day of 9-00
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

FEMALE APPLICANT

Name: First Heather Middle Elaine Last Tishner
Date of Birth: Month March Day 17 Year 1976
Place of Birth (State or foreign country): Indiana County Hendricks
Residence Address: Street or R.R. 9257 Leroy Rd City B'burg County In State 46112
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. -0-
6. (a) Full name of applicant's father John R. Tishner
   (If adopted, list adoptive parents only) _____
   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 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 Heather Elaine Tishner Date 9/25/00

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 Heather Elaine Tishner
New Address 6795 W. 21st St. Indpls., IN 46214
Subscribed and sworn to before me this 25 day of 9-00
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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 25 2000, authorizing the marriage of Brent Lane Dawes and Heather Elaine Tishner.
I further certify that the following marriage certificate was filed in my office: I, Andrew P Crowley (name), certify that on October 7 2000 (date), at Speedway in Marion County, Indiana, Brent L Dawes of Marion County, Indiana (state), and Heather E Tishner of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 25 2000. Signed by: /s/ Andrew P Crowley, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 11 2000 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 619
Sept 28, 2000
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 9-7-00
Name of Physician _____

MALE APPLICANT

Name First: Ryan Middle: Allen Last: Watts
Date of Birth Month Day Year: 11-8-73
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 501 Woodfield Circle City: Avon County: Hendricks State: 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) D.L

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Watts
   (If adopted, list adoptive parents only) _____
   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 Keltner
   (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 Ryan Watts Date 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 _____

State of Indiana)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.
Signed Ryan Watts
New Address Same as above
Subscribed and sworn to before me this 28 day of 9-00
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

FEMALE APPLICANT

Name First: Emily Middle: Beth Last: Bone
Date of Birth Month Day Year: 4-6-73
Place of Birth (State or foreign country): Indiana Hendricks
Residence Address Street or R.R.: 501 Woodfield Circle City: Avon County: Hendricks State: 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) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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: Gary Bone
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state): Indiana
   Birthplace of father (State or foreign country): Indiana
   (b) Full maiden name of applicant's mother: Pam Schwaiger
   (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 Emily Bone Date 9/26/00

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 Emily Bone
New Address Same as above
Subscribed and sworn to before me this 28 day of 9-00
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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated September 28 2000, authorizing the marriage of Ryan Allen Watts and Emily Beth Bone.
I further certify that the following marriage certificate was filed in my office: I, Stephen White (name), certify that on October 21 2000 (date), at Plainfield in Hendricks County, Indiana, Ryan A Watts of Hendricks County, Indiana (state), and Emily B Bone of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated September 28 2000. Signed by: /s/ Stephen White, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 15 2000 (date).

Signed Sharon Degan Clerk
Hendricks Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 64
Page 620
Sept 25, 2000
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 9-25-00
Name of Physician HCHD

MALE APPLICANT

Name First Thad Middle William Last Dolzall
Date of Birth Month December Day 9 Year 1971
Place of Birth (State or foreign country) Indiana Hendricks
Residence Address Street or R.R. 758 Kingston Circle City B'burg County H. State In
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify)
D.L

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

FEMALE APPLICANT

Name First Victoria Middle Lynn Last Waters
Date of Birth Month October Day 14 Year 1975
Place of Birth (State or foreign country) Indiana Hendricks
Residence Address Street or R.R. 8788 N CR 500 E City Pittsboro County Hn 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)
D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. -0-
6. (a) Full name of applicant's father Donald Waters
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Malinda 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 Thad Dolzall Date 9/25/00

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 Thad Dolzall
New Address SAME
Subscribed and sworn to before me this 25 day of 9-00
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 Victoria L Waters Date 9-25-00

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 Victoria L Waters
New Address 758 KINGSTON CIRCLE BROWNSBURG
Subscribed and sworn to before me this 25 day of 9-00
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 Sept 25 2000, authorizing the marriage of Thad William Dolzall and Victoria Lynn Waters.
I further certify that the following marriage certificate was filed in my office: I, Richard Alan Haynes (name), certify that on October 7 2000 (date), at Pittsboro in Hendricks County, Indiana, Thad W Dolzall of Hendricks County, Indiana (state), and Victoria L Waters of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 25 2000. Signed by: /s/ Richard A Haynes, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 16 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 621
9-26-00
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 ☒ 9-15-00
If No, Medical Examination or Report Dated
Name of Physician Dr. Schmed Avon

MALE APPLICANT

Name: First Timothy Middle Ray Last Henry
Date of Birth: Month 1 Day 27 Year 62
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 224 Sugarwood Ln City Avon County Hend. State IN 46123
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 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. NA
6. (a) Full name of applicant's father Eugene Henry
   (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 Lora Etta Bush
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Minnesota

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 R. Henry Date 9/26/00

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 Timothy R. Henry
New Address same
Subscribed and sworn to before me this 26 day of Sept. 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

FEMALE APPLICANT

Name: First Karen Middle Sue Last Hoult
Date of Birth: Month 1 Day 26 Year 52
Place of Birth (State or foreign country) Illinois
Residence Address: Street or R.R. 224 Sugarwood Ln. City Avon County Hend. State IN 46123
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. Cassandra Mae Hoult
6. (a) Full name of applicant's father Hershel Eugene Powell
   (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 Florence Wuanita Frye
   (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 Karen S Hoult Date Sept 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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Karen S Hoult
New Address same
Subscribed and sworn to before me this 26 day of Sept. 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept. 26, 2000, authorizing the marriage of Timothy Ray Henry and Karen Sue Hoult.
I further certify that the following marriage certificate was filed in my office: I, Jessica J. Halton (name), certify that on September 26, 2000 (date), at Danville in Hendricks County, Indiana, Timothy Ray Henry of Hendricks County, Indiana (state), and Karen Sue Hoult of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept. 26, 2000. Signed by: Jessica J Halton, deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on September 26, 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 622
9-25-00
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 ☐ 9-20-00
If No, Medical Examination or Report Dated
Name of Physician Dr. Steigmeier

MALE APPLICANT

Name First Jason Middle Michael Last Haste
Date of Birth Month 1 Day 8 Year 75
Place of Birth (State or foreign country) Virginia
Residence Address Street or R.R. 602 N. Lebanon St. City Lizton County Hendricks State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Haste Date

The above applicant has objected to verifying 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 Haste
New Address Same As Above
Subscribed and sworn to before me this 25 day of Sept 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

FEMALE APPLICANT

Name First Holly Middle Ann Last Caldwell
Date of Birth Month 1 Day 9 Year 81
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. 602 N Lebanon St City Lizton County Hendricks State In
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

The above applicant has objected to verifying 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 Holly A. Caldwell
New Address Same As Above
Subscribed and sworn to before me this 25 day of Sept 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 25 2000, authorizing the marriage of Jason Michael Haste and Holly Ann Caldwell. I further certify that the following marriage certificate was filed in my office: I, Harlan Kincade (name), certify that on October 1 2000 (date), at Heritage Lake in Putnam County, Indiana, Jason M Haste of Hendricks County, Indiana (state), and Holly Caldwell of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 25 2000. Signed by: /s/ Harlan Kincade, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on October 12 2000 (date).

Signed _____ Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 623
9-26-00
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 7-27-00
Name of Physician Dr. teter

MALE APPLICANT

Name: First Don Middle Richard Last Moline
Date of Birth: Month 8 Day 9 Year 1955
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 7711 Tamarack Dr. City Danville County Hend. State In
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☑ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Ammic, Mellisa Meagan
6. (a) Full name of applicant's father Deane Moline
   (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 Grace Elain Sprod
   (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 X Don R Moline Date 9/26/00

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 X Don R Moline
New Address SAME
Subscribed and sworn to before me this _____ day of _____
_____ Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Shari Middle DeFawn Last Friel
Date of Birth: Month 5 Day 16 Year 1957
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 5974 Blue Heron Way City Plainfield County Hendricks State In
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers Licence

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☑ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Kerstin
6. (a) Full name of applicant's father Harold W. Powell
   (If adopted, list adoptive parents only)
   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 L. Parr
   (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 X Shari D Friel Date 9/26/00

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 X Shari D. Friel
New Address 7711 Tamarack Dr. Danville, IN 46122
Subscribed and sworn to before me this _____ day of _____
_____ Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept. 26,2000, authorizing the marriage of Don Richard Moline and Shari Defawn Friel.
I further certify that the following marriage certificate was filed in my office: I, Darin Hansen (name), certify that on October 14, 2000 (date), at Indianapolis in Marion County, Indiana, Don Richard Moline of Hendricks County, Indiana (state), and Shari DeFawn Friel of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept. 26, 2000. Signed by: /s/ Darin Hansen, Minister of the Gospel (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 6, 2000 (date).

Signed _____ Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 64
Page 624
Sept 27, 2000
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 9-16-00
Name of Physician Acute Medical Care

FEMALE APPLICANT

Name: First Danielle, Middle Ashley, Last Gadshian
Date of Birth: Month June, Day 1, Year 1982
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. Hendricks, City, County, State 46118
147 Richwood Ct. Clayton In
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify)
D.L

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. ~~0~~
6. (a) Full name of applicant's father Watschig Gadshian
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (~~State~~ or foreign country) Germany
   (b) Full maiden name of applicant's mother Denise Vida
   (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 Danielle A Gadshian Date 9/27/00

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 _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Danielle A Gadshian
New Address Same as above
Subscribed and sworn to before me this 27 day of 9-00
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

MALE APPLICANT

Name: First Lonny, Middle David, Last Wright
Date of Birth: Month 9, Day 6, Year 81
Place of Birth (State or foreign country) Kentucky
Residence Address: Street or R.R. Hendricks, City, County, State 46118
147 Richwood Ct. Clayton In
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify)
D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. ~~0~~.
6. (a) Full name of applicant's father Lonny D. Wright
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Georgia
   Birthplace of father (State or foreign country) Unknown
   (b) Full maiden name of applicant's mother Tahonee Benshoff
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Tennessee
   Birthplace of mother (State or foreign country) Unknown

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Lonny D Wright Date 9/27/00

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 _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Lonny D Wright
New Address Same as above
Subscribed and sworn to before me this 27 day of 9-00
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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 27 2000, authorizing the marriage of Lonny David Wright and Danielle Ashley Gadshian.
I further certify that the following marriage certificate was filed in my office: I, Karen M Love (name), certify that on October 14 2000 (date), at Plainfield in Hendricks County, Indiana, Lonny D Wright of Hendricks County, Indiana (state), and Danielle A Gadshian of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 27 2000. Signed by: /s/ Karen M Love, Judge (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 16 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 625
Sept 27, 2000
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 8-31-06
Name of Physician _____

MALE APPLICANT

Name First Middle Last: Gregory A Lewis
Date of Birth Month Day Year: 11-9-56
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R. City County State: 10853 E. CO. Rd 950 N 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) D.L

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☑ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Edsel Lewis
   (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 Berkhardt
   (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 x Gregory A Lewis Date 9-27-00

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 _____

State of Indiana)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.
Signed x Gregory A Lewis
New Address _____
Subscribed and sworn to before me this 27 day of 9-00
Sharon Degax Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name First Middle Last: Linda L. Sturm
Date of Birth Month Day Year: 10-20-1957
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R. City County State: 10853 E Co. Rd. 950 N Brownsburg Hend. In
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 2-97
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. -0-
6. (a) Full name of applicant's father William Sturm
   (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 Beverly Garwood
   (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 x Linda L. Sturm Date 9-25-00

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 x Linda L. Sturm
New Address _____
Subscribed and sworn to before me this 27 day of 9-00
Sharon Degax Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 27 2000, authorizing the marriage of Gregory A Lewis and Linda L Sturm.
I further certify that the following marriage certificate was filed in my office: I, Kenneth Smith (name), certify that on October 21 2000 (date), at Indianapolis in Marion County, Indiana, Gregory A Lewis of Hendricks County, Indiana (state), and Linda L Sturm of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 27 2000. Signed by: /s/ Kenneth Smith, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 8 2000 (date).

Signed Sharon Degax Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 626
Sept 28, 2000
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 9-13-00
Name of Physician Dr. Tripple

MALE APPLICANT

Name First: Dereck Middle: A Last: Coatney
Date of Birth Month: 2 Day: 25 Year: 80
Place of Birth (State or foreign country): Michigan
Residence Address: 6363 Capitol Ct Apt D. City: Avon County: Hendricks State: 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)

D.L

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Michael Coatney
   (If adopted, list adoptive parents only)
   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 Bishop
   (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 Dereck A. Coatney Date 9-28-00

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 Dereck A. Coatney
New Address SAME AS ABOVE
Subscribed and sworn to before me this 28 day of 9-00
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

FEMALE APPLICANT

Name First: Crystal Middle: D. Last: Gott
Date of Birth Month: 7 Day: 8 Year: 80
Place of Birth (State or foreign country): Indiana
Residence Address: 6363 Capitol Ct #D City: Avon, In County: 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)

D.L

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Devin Mitchell Collins
6. (a) Full name of applicant's father Jerry Gott
   (If adopted, list adoptive parents only)
   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 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 Crystal D. Gott Date 9/28/00

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 Crystal Gott
New Address Same
Subscribed and sworn to before me this 28 day of 9-00
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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 28 2000, authorizing the marriage of Dereck A Coatney and Crystal D Gott.
I further certify that the following marriage certificate was filed in my office: I, Terry L Lekberg (name), certify that on October 7 2000 (date), at Indianapolis in Marion County, Indiana, Dereck A Coatney of Hendricks County, Indiana (state), and Crystal D Gott of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 28 2000. Signed by: /s/ Terry L Lekberg, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 11 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 64
Page 627
Sept 28, 2000
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 9-28-00
Name of Physician HCHD

MALE APPLICANT

Name: First Christopher Middle John Last Hansen
Date of Birth: Month 10 Day 15 Year 69
Place of Birth (State or foreign country) Minnesota
Residence Address: Street or R.R. 4801 Vallachen Ave City St Louis County Hennepin State Mn
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. 0
6. (a) Full name of applicant's father Kenneth Hansen
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Arizona
   Birthplace of father (State or foreign country) Wisconsin
   (b) Full maiden name of applicant's mother Lorraine Hoffman
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) deceased
   Birthplace of mother (State or foreign country) Minnesota

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [signature] Date 9/28/00

The above applicant has objected to verifying 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 28 day of 9-00
Sharon Duggar
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Suzanne Middle Clair Last Watson
Date of Birth: Month 3 Day 18 Year 69
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 5717 Springhollow City Ct. Avon County In State
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) D L

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Stephen Watson
   (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 Linda Hanson
   (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 Suzanne C Watson Date 9/28/00

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 Suzanne C Watson
New Address 4801 Vallachen Ave, St Louis Park, MN 55416
Subscribed and sworn to before me this 28 day of 9-00
Sharon Duggar
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 28 2000, authorizing the marriage of Christopher John Hansen and Suzanne Clair Watson.
I further certify that the following marriage certificate was filed in my office: I, Michael K Hansen (name), certify that on Sept 30 2000 (date), at Indianapolis in Marion County, Indiana, Christopher J Hansen of Hennepin County, Minnesota (state), and Suzanne C Watson of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 28 2000. Signed by: /s/ Michael K Hansen, Reverend (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 2 2000 (date).

Signed Sharon Duggar Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 628
Sept 29 2000
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 9-26-00
Name of Physician _____

MALE APPLICANT

Name: First Jack Middle D. Last Birge
Date of Birth: Month 10 Day 8 Year 59
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 587 W. US 40 apt #1 City Clayton County Hendricks State In 46118
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 8-00
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. Lea Birge
6. (a) Full name of applicant's father Jack D. Birge
   (If adopted, list adoptive parents only) _____
   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 M. Clements
   (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 Jack D Birge Jr. Date 9-29-00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Jack D Birge Jr
New Address Same
Subscribed and sworn to before me this 29 day of 9-00
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

FEMALE APPLICANT

Name: First Carolyn Middle L. Last Cummings
Date of Birth: Month 5 Day 22 Year 55
Place of Birth (State or foreign country) California
Residence Address: Street or R.R. 587 W. US 40 apt #1 City Clayton County Hendricks State In 46118
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐ Date 8/92
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) DL

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Rebecca & Nathan Cummings
6. (a) Full name of applicant's father Lee Arnold
   (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 Wilma Inze ta Howard
   (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 Carolyn L. Cummings Date 9-29-00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Carolyn L. Cummings
New Address 54 Me
Subscribed and sworn to before me this 29 day of 9-00
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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 29 2000, authorizing the marriage of Jack D Birge and Carolyn L Cummings.
I further certify that the following marriage certificate was filed in my office: I, Sharon Dugan (name), certify that on Sept 29 2000 (date), at Danville in Hendricks County, Indiana, Jack D Birge of Hendricks County, Indiana (state), and Carolyn L Cummings of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 29 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 October 3 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 029
Sept 28, 2000
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 1-24-95
Name of Physician _____

MALE APPLICANT

Name: First Jeff Middle Alan Last Wineman
Date of Birth: Month 2 Day 17 Year 69
Place of Birth (State or foreign country) Indiana Hendricks
Residence Address: Street or R.R. 9420 S. CR 100 W City Clayton County Hendricks State In 46118
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Larry D Wineman
   (If adopted, list adoptive parents only) _____
   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 C. Miles
   (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 Wineman Date 9-29-2000

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Jeff Wineman
New Address Same as above
Subscribed and sworn to before me this 29 day of Sept 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

FEMALE APPLICANT

Name: First Terri Middle Ruth Last Lofton
Date of Birth: Month 1 Day 13 Year 66
Place of Birth (State or foreign country) Indiana Hendricks
Residence Address: Street or R.R. 9420 S. CR 100 W City Clayton County Hendricks State In 46118
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) D.L.

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Terri R. Lofton Date 09-29-2000

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Terri R. Lofton
New Address Same as above
Subscribed and sworn to before me this 29 day of Sept 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated September 29, 2000, authorizing the marriage of Jeff Alan Wineman and Terri Ruth Lofton.
I further certify that the following marriage certificate was filed in my office: I, Steven W.Ranson (name), certify that on October 21, 2000 (date), at Clayton in Hendricks County, Indiana, Jeff A. Wineman of Hendricks County, Indiana (state), and Terri R. Lofton of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept. 29, 2000. Signed by: /s/ Steven W. Ranson, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 24, 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 630
Sept 29, 2000
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 9-27-06
Name of Physician _____

MALE APPLICANT

Name: First Christopher Middle A Last Schweitzer
Date of Birth: Month 9 Day 3 Year 78
Place of Birth (State or foreign country): North Carolina
Residence Address: Street or R.R. 2315 E. Main St #14 City Plainfield County _____ State _____
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) D. L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Schweitzer
6. (a) Full name of applicant's father Michael C Schweitzer
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Georgia
   (b) Full maiden name of applicant's mother Annette Murphy
   (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 A Schweitzer Date 9/29/00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Christopher A Schweitzer
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

FEMALE APPLICANT

Name: First Nicole Middle Tarter Last _____
Date of Birth: Month 8 Day 10 Year 83
Place of Birth (State or foreign country): Indiana Hendricks Co
Residence Address: Street or R.R. 2315 E. Main St #14 City Plainfield County _____ State _____
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Schweitzer
6. (a) Full name of applicant's father Randy Tarter
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Evelina Ruiz
   (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 Nicole Tarter Date 9-29-00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Nicole Tarter
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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 29 2000, authorizing the marriage of Christopher A Schweitzer and Nicole Tarter.
I further certify that the following marriage certificate was filed in my office: I, Sharon Dugan (name), certify that on Sept 29 2000 (date), at Danville in Hendricks County, Indiana, Christopher Schweitzer of Hendricks County, Indiana (state), and Nicole Tarter of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 29 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 October 3 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 630
Sept 29, 2000
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 9-27-06
Name of Physician _____

MALE APPLICANT

Name: First Christopher Middle A Last Schweitzer
Date of Birth: Month 9 Day 3 Year 78
Place of Birth (State or foreign country) North Carolina
Residence Address: Street or R.R. 2315 E. Main St #14 City Plainfield County _____ State _____
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) D. L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Schweitzer
6. (a) Full name of applicant's father Michael C Schweitzer
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Georgia
   (b) Full maiden name of applicant's mother Arnetta Murphy
   (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 A Schweitzer Date 9/29/00

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment beca
Clerk of Court ____

State of Indiana
County of Hendricks
Signed ____
New Addr
Subscribed and swor
Sharon D

CONSENT OF PARE
We, the parents of thi
state facts which mak

State of Indiana
County of Hendricks
Father ____
Mother ____
Subscribed and swor

COMPLETE IF

and filed in _____

FEMALE APPLICANT

Name: First Nicole Middle _____ Last Tarter
Date of Birth: Month 8 Day 10 Year 83
Place of Birth (State or foreign country) Indiana Hendricks Co
Residence Address: Street or R.R. 2315 E. Main St #14 City Plainfield County _____ State _____
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) D. L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Schweitzer
6. (a) Full name of applicant's father Randy Tarter
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Enedina Cruz
   (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 Nicole Tarter Date 9-29-00

The above applicant has objected to verifying by oath or affirmation or signature to the above

I, Enedina Cross give my consent for Nicole Tarter (Name & Relationship) Daughter
to marry Christopher Schweitzer

Enedina Cross
Signature of Parent or Guardian

STATE OF INDIANA)
HENDRICKS COUNTY) SS:

Subscribed before me Sandra Jo Lee, a NOTARY PUBLIC
9-29-00 DATE Boone COUNTY Resident

SEAL
XXXXX Sandra J Lee DATE 9-29-00

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 29 2000, authorizing the marriage of Christopher A Schweitzer and Nicole Tarter.
I further certify that the following marriage certificate was filed in my office: I, Sharon Dugan (name), certify that on Sept 29 2000 (date), at Danville in Hendricks County, Indiana, Christopher Schweitzer of Hendricks County, Indiana (state), and Nicole Tarter of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 29 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 October 3 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 631
Oct. 4 2000
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 10-4-00
Name of Physician _____

MALE APPLICANT

Name First: David Middle: Brent Last: Wright
Date of Birth Month: July Day: 10 Year: 1973
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 725 S E Street 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) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Jerry 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 Joan Schaaf
   (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: Teresa Middle: Maria Last: Berry
Date of Birth Month: August Day: 6 Year: 1973
Place of Birth (State or foreign country): Texas
Residence Address Street or R.R.: 725 S. E. Street 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) D.L

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Franklin Berry
   (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 Rosemarie Pruitt
   (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 Brent Wright Date 10-4-00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed David Brent Wright
New Address SAME AS ABOVE
Subscribed and sworn to before me this 4 day of 10-2000
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 Teresa M Berry Date 10/4/00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Teresa M Berry
New Address SAME AS ABOVE
Subscribed and sworn to before me this 4 day of 10-2000
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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct 4 2000, authorizing the marriage of David Brent Wright and Teresa Maria Berry.
I further certify that the following marriage certificate was filed in my office: I, Sandra B Michels (name), certify that on Oct 28 2000 (date), at Zionsville in Boone County, Indiana, David B Wright of Hendricks County, Indiana (state), and Teresa M 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 Oct 4 2000. Signed by: /s/ Sandra B Michels, Rector (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 3 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 64
Page 632
Sept 29, 2000
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 9-28-00
Name of Physician _____

MALE APPLICANT

Name: First Tad Middle Andrew Last Limp
Date of Birth: Month 12 Day 11 Year 71
Place of Birth (State or foreign country) Indiana Hendricks
Residence Address: Street or R.R. 756 Rose Lane City Brownsburg County Hendricks State In 46112
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Jack Limp
   (If adopted, list adoptive parents only) _____
   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 Rhoades
   (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 Tad Andrew Limp Date 9/29/2000

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)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.
Signed Tad Andrew Limp
New Address 2725 Embassy Row #419 Speedway IN 46227
Subscribed and sworn to before me this 29 day of 9-2000
Sharon Degar Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Tamara Middle K Last Holle
Date of Birth: Month 8 Day 16 Year 73
Place of Birth (State or foreign country) Indiana Marion
Residence Address: Street or R.R. 2725 Embassy Row #419 City Speedway County Marion State In 46227
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. 0
6. (a) Full name of applicant's father Richard Holle
   (If adopted, list adoptive parents only) _____
   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 Swark
   (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 Tamara K. Holle Date 9/29/00

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)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.
Signed Tamara K. Holle
New Address Same
Subscribed and sworn to before me this 29 day of 9-2000
Sharon Degar Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Sept 29 2000, authorizing the marriage of Tad Andrew Limp and Tamara K Holle.
I further certify that the following marriage certificate was filed in my office: I, George W Curry (name), certify that on October 21 2000 (date), at Brownsburg in Hendricks County, Indiana, Tad A Limp of Hendricks County, Indiana (state), and Tamara K Holle 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 September 29 2000. Signed by: /s/ George W Curry, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 25 2000 (date).

Signed Sharon Degar Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 633
10-4-00
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 10-2-00
Name of Physician Mark Ritter

MALE APPLICANT

Name: First Nickolas Middle Carter Last York
Date of Birth: Month 8 Day 19 Year 71
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 7891 Maxwellton St. City Mooresville County Hend State IN 46158
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. NA
6. (a) Full name of applicant's father Robert Allen York 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 Linda Anne Carter
   (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 10/4/00

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)
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 4 day of October, 2000
Sharon Duggan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Kaye Middle Ellen Last Davisson
Date of Birth: Month 1 Day 7 Year 60
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 7891 Maxwellton St. City Mooresville County Hend. State IN 46158
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 male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Thomas C. Costin
   (If adopted, list adoptive parents only)
   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 Lee Ether
   (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 10-4-00

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)
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 4 day of October 2000
Sharon Duggan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 4 2000, authorizing the marriage of Nickolas Carter York and Kaye Ellen Davisson.
I further certify that the following marriage certificate was filed in my office: I, Stephen White (name), certify that on October 20 2000 (date), at Plainfield in Hendricks County, Indiana, Nickolas C York of Putnam County, Indiana (state), and Kaye E Davisson of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 4 2000. Signed by: /s/ Stephen White, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 27 2000 (date).

Signed Sharon Duggan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 64
Page 634
Oct 2, 2000
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: Troy Middle: Alan Last: Rader
Date of Birth Month: 8 Day: 6 Year: 62
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 419 S CR 200 W 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: 12-96
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify): D.L

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant: Troy A Rader Date: 10-2-00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed: Troy A. Rader
New Address: same
Subscribed and sworn to before me this 2 day of Oct 2000
Sharon Duzan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name First: Carrie Middle: B Last: Gregory
Date of Birth Month: 4 Day: 17 Year: 71
Place of Birth (State or foreign country): Illinois
Residence Address Street or R.R.: 3981 Wellington Way 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): D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. ∅
6. (a) Full name of applicant's father: Elisha E. Gregory
   (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: Judith A. Wallace
   (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: Carrie Gregory Date: 10-2-2000

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed: Carrie Gregory
New Address: 419 S. CR 200W Danville, IN 46122
Subscribed and sworn to before me this 2 day of Oct 2000
Sharon Duzan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 2 2000 authorizing the marriage of Troy Alan Rader and Carrie B Gregory.
I further certify that the following marriage certificate was filed in my office: I, John c Parsley (name), certify that on October 21 2000 (date), at Plainfield in Hendricks County, Indiana, Troy A Rader of Hendricks County, Indiana (state), and Carrie B Gregory of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 2 2000 Signed by: /s/ John C Parsley, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 25 2000 (date).

Signed Sharon Duzan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 64
Page 635
October 2, 2000
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 Sept 28, 2000
Name of Physician Dr. Clark

MALE APPLICANT

Name: First H. Middle Douglas Last VanDemark III
Date of Birth: Month May Day 16 Year 1963
Place of Birth (State or foreign country): Indiana Hendricks
Residence Address: Street or R.R. 644 Darlene St. City Plainfield County Hendricks State Ind.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 11-97
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. Tom, Eric, Eli VanDemark
6. (a) Full name of applicant's father H. Douglas VanDemark II
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Rhode Island
   (b) Full maiden name of applicant's mother Carolyn A. Polk
   (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 H Douglas VanDemark Date 10-2-00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed H Douglas VanDemark
New Address 1504 Fizers St. Plainfield IN 46168
Subscribed and sworn to before me this 2 day of October 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

FEMALE APPLICANT

Name: First Stephanie Middle Diane Last Phillips
Date of Birth: Month October Day 3, Year 1961
Place of Birth (State or foreign country): California Hendricks
Residence Address: Street or R.R. 804 French St. City Plainfield County Hendricks State Ind.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 1-94
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Alexandra Maitlen, Samantha Maitlen
6. (a) Full name of applicant's father Eric Phillips
   (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 Jewell Gray
   (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 Stephanie Phillips Date 10-2-00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Stephanie Phillips
New Address same as above
Subscribed and sworn to before me this 2 day of October 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 2 2000, authorizing the marriage of H Douglas VanDemark III and Stephanie Diane Phillips.
I further certify that the following marriage certificate was filed in my office: I, Amy Bentley Lamborn (name), certify that on November 4 2000 (date), at Plainfield in Hendricks County, Indiana, H Douglas VanDemark III of Hendricks County, Indiana (state), and Stephanie D Phillips of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 2 2000. Signed by: /s/ Amy Bentely Lamborn, Rector (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 15 2000 (date).

Sharon Dugan
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 64
Page 636
Oct 2, 2000
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 10-2-00
Name of Physician HCHD

MALE APPLICANT

Name: First Kerry Middle Daniel Last Thurlo
Date of Birth: Month 12 Day 16 Year 63
Place of Birth (State or foreign country) California
Residence Address: Street or R.R. 1100 HWY 13 City Blue Eye County Stone State MO 65611
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. -0-
6. (a) Full name of applicant's father Leland D. Thurlo
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Missouri
   Birthplace of father (State or foreign country) Oklahoma
   (b) Full maiden name of applicant's mother Renage Fichs
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Missouri
   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 Kerry D Thurlo Date 10-2-00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Kerry D Thurlo
Brides address New Address 4355 S. national ave #1902
Subscribed and sworn to before me this 2 day of Oct 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

FEMALE APPLICANT

Name: First Sandra Middle Lee Last Copeland
Date of Birth: Month 10 Day 4 Year 61
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 4355 S. National Ave #1902 City Greene County Springfield State MO
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 6 5 & 10
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. -0-
6. (a) Full name of applicant's father James E. Copeland
   (If adopted, list adoptive parents only) ____
   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 S. Hopkins
   (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 Sandra Copeland Date 10-2-00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Sandra Copeland
New Address Same as above
Subscribed and sworn to before me this 2 day of Oct 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 2 2000, authorizing the marriage of Kerry Daniel Thurlo and Sandra Lee Copeland.
I further certify that the following marriage certificate was filed in my office: I, John C Parsley (name), certify that on October 21 2000 (date), at Plainfield in Hendricks County, Indiana, Kerry D Thurlo of Stone County, Missouri (state), and Sandra L Copeland of Greene County, Missouri (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 2 2000. Signed by: /s/ John C Parsley, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 25 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 637
Oct 4, 2000
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 9-28-00
Name of Physician JSchaffer

MALE APPLICANT

Name: First Keith Middle Alan Last Gerke
Date of Birth: Month October Day 13 Year 1957
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 613 S. Locust Ln 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 Mar '00
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. D
6. (a) Full name of applicant's father Gustav Gerke
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Bernice Scheumann
   (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 Keith A Gerke Date 10/4/2000

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Keith A Gerke
New Address 1114 Briarwood Dr Browns Burg
Subscribed and sworn to before me this 4 day of 10-2000
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

FEMALE APPLICANT

Name: First Karen Middle Louise Last Dohrman
Date of Birth: Month July Day 3 Year 1961
Place of Birth (~~State~~ or foreign country) France
Residence Address: Street or R.R. 609 S Locust Ln City Brownsburg County Hendricks State In 46112
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date Jan 10-97
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Amanda J. Dohrman
6. (a) Full name of applicant's father Glenn R Shaw
   (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 E. Riley
   (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 Karen L Dohrman Date 10/4/00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Karen L Dohrman
New Address 1114 Briarwood Dr
Subscribed and sworn to before me this 4 day of 10-2000
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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 4 2000 authorizing the marriage of Keith Alan Gerke and Karen Louise Dohrman.
I further certify that the following marriage certificate was filed in my office: I, Don Kruegen (name), certify that on October 14 2000 (date), at Zionsville in Boone County, Indiana, Keith A Gerke of Hendricks County, Indiana (state), and Karen L Dohrman of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 4 2000. Signed by: /s/ Don Kruegen, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 17 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 638
Oct 5, 2000
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 10-5-00
Name of Physician _____

MALE APPLICANT

Name First Zoran Middle Cetusic Last
Date of Birth Month May Day 25 Year 1974
Place of Birth (~~State~~ or foreign country) Bosnia
Residence Address 10134 Cornith Way Street or R.R. Avon City Hendricks 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) D.L

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Zoran Cetusic Date 10/05/00

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 _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Zoran Cetusic
New Address same as above
Subscribed and sworn to before me this 5 day of Oct 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

FEMALE APPLICANT

Name First Jeannie Middle Rachel Last Phillips
Date of Birth Month November Day 28 Year 1969
Place of Birth (State or foreign country) Indiana
Residence Address 10134 Cornith Way Street or R.R. Avon City Hendricks 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) D.L

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Phillips
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Barbara (Bassett)
   (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 Jeannie R Phillips Date 10/5/00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Jeannie R Phillips
New Address same as above
Subscribed and sworn to before me this 5 day of Oct 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 5 2000, authorizing the marriage of Zoran Cetusic and Jeannie Rachel Phillips. I further certify that the following marriage certificate was filed in my office: I, Jerald W Mielhe (name), certify that on October 21 2000 (date), at Greenfield in Hancock County, Indiana, Zoran Cetusic of Hendricks County, Indiana (state), and Jeannie R Phillips of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 5 2000. Signed by: /s/ Jerald W Mielhe, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on October 25 2000 (date).

Signed Sharon Degan Clerk
Hendricks ~~Circuit~~ Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 639
October 5, 2000
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 9-22-00
Name of Physician _____

MALE APPLICANT

Name First Jesus Middle Q Last Revilla
Date of Birth Month December Day 16 Year 1976
Place of Birth (State or foreign country) Texas
Residence Address 6348 Street or R.R. Belfry Way City Indpls County Marion State In 46237
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) D.L.

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [signature] Date 10-5-00

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)
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 10-2000
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

FEMALE APPLICANT

Name First Cassondra Middle R. Last Holmes
Date of Birth Month October Day 5 Year 1982
Place of Birth (State or foreign country) Indiana
Residence Address 4521 Street or R.R. Connaught E Dr. City Plainfield County Hendricks State In 46168
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. -0-
6. (a) Full name of applicant's father John B. Holmes
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Jaanda S (Wildman)
   (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 Cassondra Holmes Date 10-5-00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Cassondra Holmes
New Address SAME Above
Subscribed and sworn to before me this 5 day of 10-2000
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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct 5 2000, authorizing the marriage of Jesus O Revilla and Cassondra R Holmes.
I further certify that the following marriage certificate was filed in my office: I, Jessica R Sappington (name), certify that on October 5 2000 (date), at Danville in Hendricks County, Indiana, Jesus Revilla of Marion County, Indiana (state), and Cassondra Holmes of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct 5 2000. Signed by: /s/ Jessica R Sappington, Deputy Clerk (official designation) Filed and recorded in accordance with the laws of the State of Indiana on October 5 2000 (date).

Signed Sharon Degan Clerk
Hendricks Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 640
Oct 11 2000
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 10-5-00
Name of Physician HCHD.

MALE APPLICANT

Name: First Jeff Middle Neal Last East
Date of Birth: Month April Day 3 Year 1963
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 321 W. Main St #1A City Danville County Hendricks State In 46122
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 1987
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children. Lisabeth East
6. (a) Full name of applicant's father Emery East
   (If adopted, list adoptive parents only)
   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 (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 Jeff East Date 10/11/00

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Jeff East Date 10/11/00

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Jeff East
New Address Same as above
Subscribed and sworn to before me this ____ day of 10/ '00
Thaior 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

FEMALE APPLICANT

Name: First Darla Middle Dee Last Wheeler
Date of Birth: Month Sept Day 23 Year 1958
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 321 W. Main St. #1A City Danville County Hendricks State In 46122
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date ?
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. 0
6. (a) Full name of applicant's father Robert Board
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Dora Mae (Winters)
   (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 Darla Wheeler Date 10/11/00

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Darla Wheeler Date 10/11/00

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Darla Wheeler
New Address SAME AS ABOVE
Subscribed and sworn to before me this ____ day of ____
Thaior 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 October 11, 2000, authorizing the marriage of Jeffery Neal East and Darla Dee Wheeler.
I further certify that the following marriage certificate was filed in my office: I, Roger Stroup (name), certify that on December 9, 2000 (date), at Danville in Hendricks County, Indiana, Jeff N. East of Hendricks County, Indiana (state), and Darla D. Wheeler of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 11, 2000. Signed by: /s/ Roger Stroup, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on December 12, 2000 (date).

Signed Thaior Dugas Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 64
Page 641
October 5, 2000
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 10-4-06
Name of Physician Rao

MALE APPLICANT

Name First Kevin Middle Christopher Last Jones
Date of Birth Month June Day 4 Year 1976
Place of Birth (State or foreign country) Indiana County Hendricks
Residence Address Street or R.R. 6339 B Capitol Ct. City Avon County In State
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) D.L

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 William 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 Joyce (Baiden)
   (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 Tippit
Date of Birth Month March Day 8 Year 1978
Place of Birth (State or foreign country) Indiana County Hendricks
Residence Address Street or R.R. 6339 B Capitol Ct City Avon County In State
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) D.L

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Dale Tippit
   (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 Kathleen Blakley
   (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 C Jones Date 10-5-00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Kevin C Jones
New Address Same as Above
Subscribed and sworn to before me this 5 day of Oct 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 Amy M. Tippit Date 10/5/00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Amy M. Tippit
New Address Same as Above
Subscribed and sworn to before me this 5 day of Oct 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 October 5 2000 authorizing the marriage of Kevin Christopher Jones and Amy Michelle Tippit.
I further certify that the following marriage certificate was filed in my office: I, Paul D Perry (name), certify that on October 21 2000 (date), at New Palestine in Hancock County, Indiana, Kevin C Jones of Hendricks County, Indiana (state), and Amy M Tippit of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 5 2000 Signed by: /s/ Paul D Perry, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 27 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 642
Oct 5, 2000
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 9-20-00
Name of Physician Dre Thomas Hutchison

MALE APPLICANT

Name: First Jason Middle Edward Last Hill
Date of Birth: Month 11 Day 18 Year 1975
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2274 Edgewater Circle City Anapls 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 Roy Edward Hill Jr.
   (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 Mary Jo Lamm
   (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 Jason Hill Date 10/5/00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Jason Hill
New Address 2274 EDGEWATER CIRCLE, PLAINFIELD
Subscribed and sworn to before me this 5 day of Oct 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

FEMALE APPLICANT

Name: First Amy Middle Sue Last Dreher
Date of Birth: Month 12 Day 09 Year 1973
Place of Birth (State or foreign country) Illinois
Residence Address: Street or R.R. 2274 Edgewater Cir City Anapls 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. N/A
6. (a) Full name of applicant's father Jack Harold Dreher 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 Wright
   (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 Amy Dreher Date 10/5/00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Amy Dreher
New Address 2274 Edgewater Circle, Plainfield In
Subscribed and sworn to before me this 5 day of Oct 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 5 2000 authorizing the marriage of Jason Edward Hill and Amy Sue Dreher.
I further certify that the following marriage certificate was filed in my office: I, Jason-Paul Mattison Channels (name), certify that on October 14 2000 (date), at Indianapolis in Marion County, Indiana, Jason E Hill of Hendricks County, Indiana (state), and Any S Dreher of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 5 2000 Signed by: /s/ Jason-Paul M Channels, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on October 17 2000 (date).

Sharon Dugan
Signed Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 643
October 6, 2000
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 10-6-00
Name of Physician HCHD

MALE APPLICANT

Name: First Brian Middle D. Last Summerlot
Date of Birth: Month May Day 8 Year 1959
Place of Birth (State or foreign country) Indiana Hendricks
Residence Address: Street or R.R. 5 Fairlane E. Ct City Danville County Hendricks State In
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date
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. Sabbatha Jammarae Travis Summerlot
6. (a) Full name of applicant's father Everly Summerlot
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Marjorie (Muncy)
   (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 D Summerlot Date 10-6-00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Brian D Summerlot
New Address Same as above
Subscribed and sworn to before me this 6 day of 10-2000
Thora 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

FEMALE APPLICANT

Name: First Cathy Middle J. Last Parr
Date of Birth: Month March Day 4 Year 1964
Place of Birth (State or foreign country) Indiana Hendricks
Residence Address: Street or R.R. 5 Fairlane E. Ct. City Danville County State In
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date
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. Jonathan & Christopher Parr
6. (a) Full name of applicant's father Marvin 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 Deana Lewis
   (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 Cathy J Parr Date 10-6-00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Cathy J Parr
New Address Same as above.
Subscribed and sworn to before me this 6 day of 10-2000
Thora 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 October 6 2000, authorizing the marriage of Brian D Summerlot and Cathy J Parr.
I further certify that the following marriage certificate was filed in my office: I, Paulette Frye (name), certify that on October 26 2000 (date), at Danville in Hendricks County, Indiana, Brian D Summerlot of Hendricks County, Indiana (state), and Cathy J Parr of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct 6 2000. Signed by: /s/ Paulette Frye, Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 2 2000 (date).

Signed Thora Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 644
10-6-00
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 10-5-00
Name of Physician David Gaddy

MALE APPLICANT	FEMALE APPLICANT
Name: First James Middle Last Shubert	Name: First Kerry Middle Lynn Last Zoucha
Date of Birth: Month 7 Day 15 Year 62	Date of Birth: Month 8 Day 28 Year 75
Place of Birth (State or foreign country) Pennsylvania	Place of Birth (State or foreign country) Nebraska
Residence Address: Street or R.R. 10225 Steeplechase Dr. Apt. H City Avon, IN County Hend State 46123	Residence Address: Street or R.R. 10225 Steeplechase Dr. Apt. H City Avon, IN County Hend State 46123
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages	Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date	Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) MO Drivers License	Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) NE Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐	1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐	If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐	2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐	4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. NA	5. List the full names of any dependent children. NA
6. (a) Full name of applicant's father James Michael Shubert	6. (a) Full name of applicant's father Timothy Rodney Zoucha
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Pennsylvania	Residence of father (if deceased, so state) Nebraska
Birthplace of father (State or foreign country) Pennsylvania	Birthplace of father (State or foreign country) Colorado
(b) Full maiden name of applicant's mother Alice Nelda Kerr	(b) Full maiden name of applicant's mother Bonnie Louise Letak
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Pennsylvania	Residence of mother (if deceased, so state) Nebraska
Birthplace of mother (State or foreign country) Pennsylvania	Birthplace of mother (State or foreign country) Nebraska
ACKNOWLEDGEMENT	ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [signature] Date 10/6/00	Signature of Applicant [signature] Date 10/6/00
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____	Clerk of Court _____ Date _____
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.	County of Hendricks) in this application is true and correct.
Signed [signature] 10/6/00	Signed [signature]
New Address SAME	New Address SAME
Subscribed and sworn to before me this 6th day of October, 2000	Subscribed and sworn to before me this 6 day of Oct, 2000
Sharon Dugan Clerk of the Hendricks Circuit Court	Sharon Dugan Clerk of the Hendricks Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)	State of Indiana)
County of Hendricks)	County of Hendricks)
Father _____ ID # _____	Father _____ ID # _____
Mother _____ ID # _____	Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____	Subscribed and sworn to before me this _____ day of _____
_____ Clerk	_____ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 645
October 6, 2000
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 10-4-00
Name of Physician Speicher

MALE APPLICANT

Name First Danny Middle Wayne Last Clark
Date of Birth Month August Day 17 Year 1975
Place of Birth (State or foreign country) Indiana Hendricks
Residence Address 1215 Lookout Pass Street or R.R. #6 City Danville County In State
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) D.L

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 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 Wanda Fiffinger
   (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 Danny Clark Date 10/6/00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Danny Clark
New Address Same
Subscribed and sworn to before me this 6 day of OCTOBER 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

FEMALE APPLICANT

Name First Melanie Middle Lynn Last King
Date of Birth Month May Day 30 Year 1974
Place of Birth (State or foreign country) Indiana Hendricks
Residence Address 1215 Lookout Pass Street or R.R. #6 City Danville County State In
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) D.L

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 King
   (If adopted, list adoptive parents only)
   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 Batte
   (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 Melanie King Date 10/6/00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Melanie King
New Address Same as above
Subscribed and sworn to before me this 6 day of October 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 6, 2000, authorizing the marriage of Danny Wayne Clark and Melanie Lynn King.
I further certify that the following marriage certificate was filed in my office: I, Richard Anthony Underwood (name), certify that on November 4, 2000 (date), at Boonville in Warrick County, Indiana, Danny W. Clark of Hendricks County, Indiana (state), and Melanie L. 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 October 6, 2000 Signed by: /s/ Richard Anthony Underwood Senior Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 29, 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 644
Page 646
10-6-00
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 7-21-00
Name of Physician Judith Baumschlag

MALE APPLICANT

Name: First Richard Middle Last Gaskin
Date of Birth: Month 09 Day 24 Year 59
Place of Birth (State or foreign country) Michigan
Residence Address: Street or R.R. 5445 Ridgehill Way 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 1996
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. Riccardo A. Gaskin
   Stefan A. Gaskin
6. (a) Full name of applicant's father Henry Fred Gaskin
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Michigan
   Birthplace of father (State or foreign country) Mississippi
   (b) Full maiden name of applicant's mother Willie Mae Turner
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Michigan
   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 Richard Gaskin Date 10-6-00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Richard Gaskin
New Address 5445 RIDGE HILL WAY AVON IN 46123
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

FEMALE APPLICANT

Name: First Daria Middle Lynn Last Thomas
Date of Birth: Month 04 Day 12 Year 64
Place of Birth (State or foreign country) New York
Residence Address: Street or R.R. 5445 Ridgehill Way City Avon County Hendricks State 46123
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 11-8-99
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. Alexander G. Thomas
   Garay D. Thomas. Daria A-L Thomas
6. (a) Full name of applicant's father David Lee Hood
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) N. Carolina
   Birthplace of father (State or foreign country) N. Carolina
   (b) Full maiden name of applicant's mother Doris Corina Reeves
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) New York
   Birthplace of mother (State or foreign country) S. 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 Daria L. Thomas Date 10-6-00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Daria L. Thomas
New Address 5445 RIDGEHILL WAY AVON IN 46123
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 October 6 2000, authorizing the marriage of Richard Gaskin and Daria Lynn Thomas.
I further certify that the following marriage certificate was filed in my office: I, Joy L Thornton (name), certify that on October 7 2000 (date), at Indianapolis in Marion County, Indiana, Richard Gaskin of Hendricks County, Indiana (state), and Daris L Thomas of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 6 2000. Signed by: /s/ Joy L Thornton, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 12 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 647
October 6, 2000
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 9-28-00
Name of Physician Bernardin

MALE APPLICANT

Name First: Monty Middle: C. Last: Scott
Date of Birth Month: May Day: 12 Year: 1960
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 5964 Williams Dr. City: Plainfield County: Hendricks State: In
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages: 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date: 11-89
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify): D.L

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Charles Bradley Scott, James Gregory Scott, Alayna Renae Scott
6. (a) Full name of applicant's father: Charles D. Scott
   (If adopted, list adoptive parents only)
   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 (Bryett)
   (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: Monty C Scott Date: 10-6-00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed: Monty C Scott
New Address: SAME AS ABOVE
Subscribed and sworn to before me this _____ day of _____
_____ Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name First: Lorra Middle: J. Last: Miller
Date of Birth Month: January Day: 21 Year: 1962
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 5964 Williams Dr. City: Plainfield County: Hendricks State: In
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages: _____
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date: 1-91
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify): D.L

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Macy Raeann Miller & Alayna Renae Scott
6. (a) Full name of applicant's father: George Kaiser
   (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 R. Framer
   (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: Lorra J Miller Date: 10/6/00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed: Lorra J Miller
New Address: SAME AS ABOVE
Subscribed and sworn to before me this _____ day of _____
_____ Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 6 2000, authorizing the marriage of Monty C Scott and Lorra J Miller.
I further certify that the following marriage certificate was filed in my office: I, Michael A Courtney (name), certify that on October 7 2000 (date), at Avon in Hendricks County, Indiana, Monty C Scott of Hendricks County, Indiana (state), and Lorra J 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 October 6 2000. Signed by: /s/ Michael A Courtney, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 12 2000 (date).

Signed _____ Clerk
Hendricks Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 648
Oct 9, 2000
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 9-5-00
Name of Physician _____

MALE APPLICANT

Name First Middle Last: Jason T. Kasprzak
Date of Birth Month Day Year: August 20 1976
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R. City County State: 7479 Grandview Dr. 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) DL

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. -0-
6. (a) Full name of applicant's father Henry Kasprzak
   (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 Sara (Jokes)
   (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 Kasprzak Date 10/9/00

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 _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Jason Kasprzak
New Address SAME AS ABOVE
Subscribed and sworn to before me this 9 day of October 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

FEMALE APPLICANT

Name First Middle Last: Kambra D. Rodewald
Date of Birth Month Day Year: July 18 1976
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R. City County State: 7479 Grandview Dr. 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) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Rodewald
   (If adopted, list adoptive parents only) _____
   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 (Mitchell)
   (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 Kambra Rodewald Date 10/9/00

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 _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Kambra Rodewald
New Address Same as above
Subscribed and sworn to before me this 9 day of October 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 9 2000, authorizing the marriage of Jason T Kasprzak and Kambra D Rodewald.
I further certify that the following marriage certificate was filed in my office: I, Burton M Harris (name), certify that on October 21 2000 (date), at Indianapolis in Marion County, Indiana, Jason T Kasprzak of Hendricks County, Indiana (state), and Kambra D Rodewald of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 9 2000. Signed by: /s/ Burton M Harris, Judge ProTempore (official designation) Filed and recorded in accordance with the laws of the State of Indiana on November 15 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 649
October 9, 2000
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 Jeremy Middle Lee Last Gosney
Date of Birth: Month January Day 16 Year 1976
Place of Birth (State or foreign country) Illinois
Residence Address: Street or R.R. 1098 Birch Dr. City Indpls County Hendricks State In 46234
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) D.L

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

FEMALE APPLICANT

Name: First Jennifer Middle Elaine Last Kimbrell
Date of Birth: Month July Day 10 Year 1973
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 133 Raceway Rd City Indpls County Marion State In 46234
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 7-98
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. Hailee Kimbrell
6. (a) Full name of applicant's father James Shepherd
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Freda (Blevins)
   (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 L Gosney Date 10-9-00

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 _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Jeremy L Gosney
New Address Same As ABOVE
Subscribed and sworn to before me this 9 day of October 2000
Marcia 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 Jennifer E. Kimbrell Date 10-9-00

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 _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Jennifer E. Kimbrell
New Address 1098 Birch Dr Indpls IN 46234
Subscribed and sworn to before me this 9 day of October 2000
Marcia 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 October 9 2000, authorizing the marriage of Jeremy Lee Gosney and Jennifer Elaine Kimbrell.
I further certify that the following marriage certificate was filed in my office: I, Cleon H Wright (name), certify that on October 14 2000 (date), at Franklin in Johnson County, Indiana, Jeremy L Gosney of Hendricks County, Indiana (state), and Jennifer E Kimbrell of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 9 2000. Signed by: /s/ Cleon H Wright, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 17 2000 (date).

Signed Marcia Dugan Clerk
Hendricks ~~Circuit~~ Court

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Book 64
Page 650
Oct. 9, 2000
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 10-9-00
Name of Physician Dr. Heavin

MALE APPLICANT

Name First: Christopher Middle: Michael Last: Millhorn
Date of Birth Month: February Day: 6 Year: 1974
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 514 Woodfield Cir. City: Avon County: Hendricks State: 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) D.L

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Michael Millhorn
   (If adopted, list adoptive parents only) ____
   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 (Gray)
   (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 10/9/00

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 ____

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 9 day of Oct 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

FEMALE APPLICANT

Name First: Heather Middle: Dawn Last: Barker
Date of Birth Month: August Day: 18 Year: 1976
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 514 Woodfield Cir. City: Avon County: Hendricks State: 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) D.L

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Rodney Barker
   (If adopted, list adoptive parents only) ____
   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 Clifford
   (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 Heather D Barker Date 10-9-00

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 ____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Heather Barker
New Address Same As Above
Subscribed and sworn to before me this 9 day of Oct, 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct 9 2000, authorizing the marriage of Christopher M Millhorn and Heather D Barker.
I further certify that the following marriage certificate was filed in my office: I, David Jefferson (name), certify that on November 4 2000 (date), at Plainfield in Hendricks County, Indiana, Christopher M Millhorn of Hendricks County, Indiana (state), and Heather D Barker . of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct 9 2000. Signed by: /s/ David Jefferson, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on November 8 2000 (date).

Signed [signature] Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 651
October 10, 2000
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 10-10-00
Name of Physician Dr. Stein

MALE APPLICANT

Name: First Karl Middle Louis Last Mockler
Date of Birth: Month July Day 26 Year 1977
Place of Birth (State or foreign country) Indiana Hendricks
Residence Address: Street or R.R. 1248 Neal Ct. City Avon County Hendricks State 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) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Erwin Mockler
   (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 Marilyn Decker
   (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 K-12 Mock Date 10/10/00

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)
I swear/affirm that the information given in this application is true and correct.
Signed K-12 Mock
New Address SAME ADDRESS AS ABOVE
Subscribed and sworn to before me this _____ day of _____
Thaiss 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

FEMALE APPLICANT

Name: First Amy Middle Michelle Last Roseboom
Date of Birth: Month December Day 27 Year 1976
Place of Birth (State or foreign country) Indiana Hendricks
Residence Address: Street or R.R. 1248 Neal Ct. City Avon County Hendricks State 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) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Harry D Roseboom
   (If adopted, list adoptive parents only)
   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 M. Henry
   (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 Amy M Roseboom Date 10/10/00

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)
I swear/affirm that the information given in this application is true and correct.
Signed Amy M Roseboom
New Address Same as above
Subscribed and sworn to before me this _____ day of _____
Thaiss 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 October 10, 2000, authorizing the marriage of Karl Louis Mockler and Amy Michelle Roseboom.
I further certify that the following marriage certificate was filed in my office: I, Ronald P. May (name), certify that on October 21, 2000 (date), at Indianapolis in Marion County, Indiana, Karl L. Mockler of Hendricks County, Indiana (state), and Amy M. Roseboom of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 10, 2000. Signed by: /s/ Ronald P. May, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on December 1, 2000 (date).

Signed Thaiss Dugan Clerk
Hendricks ~~Circuit~~ Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 652
October 11, 2000
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 10-11-00
Name of Physician HCHD

MALE APPLICANT

Name First Mikel Middle E. Last Johnson
Date of Birth Month March Day 23 Year 1959
Place of Birth (State or foreign country) Illinois
Residence Address - Street or R.R. 1025 Ridgeview Ct City Avon County Hendricks State In 46123
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 7-94
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Zachary, Stephanie, Nicholas, Christine Johnson
6. (a) Full name of applicant's father Charles Johnson
   (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 Barbara (Kiger)
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Oregon
   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 Mikel E. Johnson Date 10/11/00

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 _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Mikel E. Johnson
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

FEMALE APPLICANT

Name First Lisa Middle Marie Last Stewart
Date of Birth Month August Day 22 Year 1966
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. 1026 Ridgeview Ct. City Avon County Hendricks State 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) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Stewart
6. (a) Full name of applicant's father Lee Vires
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) unknown
   Birthplace of father (State or foreign country) unknown
   (b) Full maiden name of applicant's mother Vere Stewart
   (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 Lisa Marie Stewart Date 10/11/00

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 _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Lisa Marie Stewart
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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 11 2000 authorizing the marriage of Mikel E Johnson and Lisa Marie Stewart.
I further certify that the following marriage certificate was filed in my office: I, Clayton C Sparks *(name),* certify that on October 21 2000 (date), at Danville in Hendricks County, *Indiana,* Mikel E Johnson of Hendricks County, Indiana (state), and Lisa M Stewart of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 11 2000 Signed by: /s/ Clayton C Sparks, Reverend (official designation) Filed and recorded in accordance with the laws of the State of Indiana on October 25 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 653
Oct 12, 2000
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 10-10-00
Name of Physician Besold MD

MALE APPLICANT

Name First Middle Last: Michael C Miller
Date of Birth Month Day Year: March 22 1963
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R. City County State: 1802 Chatham Pl. Danville Hendricks In 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) DL

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Zachary & Nichole Miller
6. (a) Full name of applicant's father Vern 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 Dolly Kiser
   (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 C Miller Date 10-12-00

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 Michael C Miller
New Address _____
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

FEMALE APPLICANT

Name First Middle Last: Jill L Smith
Date of Birth Month Day Year: July 10 1976
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R. City County State: 1802 Chatham Pl. 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) DL

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. -0-
6. (a) Full name of applicant's father James 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 Myrna Dualitzo
   (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 Jill L Smith Date 10/12/00

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 Jill L Smith
New Address _____
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 October 12 2000 authorizing the marriage of Michael C Miller and Jill L Smith.
I further certify that the following marriage certificate was filed in my office: I, Stephen White (name), certify that on October 14 2000 (date), at Plainfield in Hendricks County, Indiana, Michael C Miller of Hendricks County, Indiana (state), and Jill L 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 October 12 2000 Signed by: /s/ Stephen White, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 17 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 64
Page 654
Oct. 12, 2000
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 10-9-00
Name of Physician Dr. Brown

MALE APPLICANT

Name First Brad Middle Michael Last Angrick
Date of Birth Month August Day 11 Year 1974
Place of Birth (State or foreign country) Indiana Hendricks In.
Residence Address Street or R.R. 6268 South St. P.O. Box 52 City Stilesville 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) D.L

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Peter Angrick
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Germany
   (b) Full maiden name of applicant's mother Carolyn Burney
   (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 10-12-00

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 Same as above
Subscribed and sworn to before me this ____ day of ____
Sharon Duggan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name First Rachael Middle Dawn Last Alderson
Date of Birth Month October Day 8 Year 1976
Place of Birth (State or foreign country) Indiana Hendricks
Residence Address Street or R.R. 6268 South St. P.O. Box 52 City Stilesville 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) D.L

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Alyssa Alderson
6. (a) Full name of applicant's father Kenneth Alderson
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Gail 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 Rachael D Alderson Date 10-12-00

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 Rachael D Alderson
New Address Same as above
Subscribed and sworn to before me this ____ day of ____
Sharon Duggan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 12 2000 authorizing the marriage of Brad Michael Angrick and Rachael Dawn Alderson.
I further certify that the following marriage certificate was filed in my office: I, Jimmy Johnson (name), certify that on October 21 2000 (date), at Hazelwood in Hendricks County, Indiana, Brad M Angrick of Hendricks County, Indiana (state), and Rachael D Alderson of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 12 2000 Signed by: /s/ Jimmy Johnson, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 25 2000 (date).

Signed Sharon Duggan Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 655
Oct 13, 2000
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 Jason Middle Travis Last Scherrer
Date of Birth: Month Sept. Day 21 Year 1975
Place of Birth (State or foreign country): Indiana County Hendricks
Residence Address: Street or R.R. 30 Martin Dr. City Danville State In 46122
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. -0-
6. (a) Full name of applicant's father Tom Scherrer
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Joan VanWarmer
   (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 Scherrer Date 10/13/00

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 _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Jason Scherrer
New Address Same as above
Subscribed and sworn to before me this 13 day of October 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

FEMALE APPLICANT

Name: First Karen Middle Lynn Last Colson
Date of Birth: Month May Day 1 Year 1977
Place of Birth (State or foreign country): Michigan County Hendricks
Residence Address: Street or R.R. 30 Martin Dr. City Danville State In 46122
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Isaiah Colson
6. (a) Full name of applicant's father Neal Colson
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Carol Lee
   (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 Karen L Colson Date 10/13/00

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 _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Karen L Colson
New Address Same as above
Subscribed and sworn to before me this 13 day of October 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 13, 2000, authorizing the marriage of Jason Travis Scherrer and Karen Lynn Colson.
I further certify that the following marriage certificate was filed in my office: I, Robert D. Spanton (name), certify that on November 18, 2000 (date), at Brownsburg in Hendricks County, Indiana, Jason T. Scherrer of Hendricks County, Indiana (state), and Karen L. Colson of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 13, 2000. Signed by: /s/ Robert D. Spanton, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on December 6, 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 6516
Oct. 12, 2000
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 10-12-00
Name of Physician _____

MALE APPLICANT

Name First: Eric Middle: M Last: Collyer
Date of Birth Month: October Day: 16 Year: 1974
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 855 Pinewood Dr. apt C City: Plainfield County: Hendricks State: In 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) D.L

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Erica Collyer
6. (a) Full name of applicant's father Jerome Collyer
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Florida
   Birthplace of father (State or foreign country) Michigan
   (b) Full maiden name of applicant's mother Jennifer Wells
   (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 Eric M. Collyer Date 10/12/00

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 Eric M. Collyer
New Address same as above
Subscribed and sworn to before me this 12 day of October 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

FEMALE APPLICANT

Name First: Amanda Middle: L Last: Reeves
Date of Birth Month: November Day: 21 Year: 1976
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 855 Pinewood Dr apt C City: Plainfield County: Hendricks State: In 46168
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) D.L

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Erica Collyer
6. (a) Full name of applicant's father Robert Reeves
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Unknown
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Mary 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 Amanda L Reeves Date 10/12/00

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 Amanda L Reeves
New Address same as above
Subscribed and sworn to before me this 12 day of October 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 12 2000, authorizing the marriage of Eric M Collyer and Amanda L Reeves.
I further certify that the following marriage certificate was filed in my office: I, Joseph G Riedman (name), certify that on October 14 2000 (date), at Indianapolis in Marion County, Indiana, Eric M Collyer of Hendricks County, Indiana (state), and Amanda L Reeves of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 12 2000 Signed by: /s/ Joseph G Riedman, Priest (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 18 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 165
Oct. 13, 2000
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 10-3-00
Name of Physician Liebschutz

MALE APPLICANT

Name: First James Middle Dennis Last Gordon II
Date of Birth: Month December Day 1 Year 1975
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 1282 Silver Ridge Lane City Brownsburg County Hendricks State In
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Mackayla Marie Gordon
6. (a) Full name of applicant's father James D. Gordon
   (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 Brenda S. Dudley
   (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 D. Gordon II Date 10-13-00

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 _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed James D. Gordon II
New Address
Subscribed and sworn to before me this 13 day of October 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

FEMALE APPLICANT

Name: First Kristina Middle Ann Last Phillips
Date of Birth: Month January Day 19 Year 1979
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 1282 Silver Ridge Lane City Brownsburg County Hendricks State In
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Mackayla Marie Gordon
6. (a) Full name of applicant's father Eddie Phillips
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Cindy Tucker
   (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 Kristina A. Phillips Date 10-13-00

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 _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Kristina A. Phillips
New Address same as above
Subscribed and sworn to before me this 13 day of October 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 13, 2000, authorizing the marriage of James Dennis Gordon II and Kristin Ann Phillips.
I further certify that the following marriage certificate was filed in my office: I, Andrea Hughes Leininger (name), certify that on November 4, 2000 (date), at Brownsburg in Hendricks County, Indiana, James D. Gordon II of Hendricks County, Indiana (state), and Kristin Ann Phillips of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 13, 2000. Signed by: /s/ Andrea Hughes Leininger Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on December 13, 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 658
October 13, 2000
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 10-13-00
Name of Physician Dr. Cripple

MALE APPLICANT

Name: First Christopher Middle Allen Last Summers
Date of Birth: Month March Day 20 Year 1981
Place of Birth (State or foreign country): Indiana Hendricks
Residence Address: Street or R.R. 9710 S. CR 0 City Clayton County Hendricks State In 46118
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) D.L

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Grace C. Summers
6. (a) Full name of applicant's father Randall L. Summers
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Rhonda Krise
   (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 Haley Gastineau Date 10-13-00

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 _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Haley Gastineau
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

FEMALE APPLICANT

Name: First Haley Middle Suzanne Last Gastineau
Date of Birth: Month October Day 4 Year 1977
Place of Birth (State or foreign country): Indiana Hendricks
Residence Address: Street or R.R. 9710 S. CR 0 City Clayton County Hendricks State In 46118
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 5-98
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. Hannah E Gastineau, Jacob A Gastineau, Grace C. Summers
6. (a) Full name of applicant's father Steven Hazelwood
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Kelly Wilkerson
   (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 Chris Summers Date 10-13-00

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 _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Chris Summers
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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 13 2000 authorizing the marriage of Christopher Allen Summers and Haley Suzanne Gastineau.
I further certify that the following marriage certificate was filed in my office: I, Jimmy Johnson (name), certify that on Ocotber 21 2000 (date), at Hazelwood in Hendricks County, Indiana, Christopher A Summers of Hendricks County, Indiana (state), and Haley S 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 October 13 2000. Signed by: /s/ Jimmy Johnson, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 25 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 659
October 17, 2000
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 9-29-00
Name of Physician Vaughnotain

MALE APPLICANT

Name: First Samuel Middle R. Last Stader
Date of Birth: Month February Day 23 Year 1954
Place of Birth (State or foreign country) Montana
Residence Address: Street or R.R. 317 N. Center St. City Plainfield County Hendricks State In
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 7-00
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children. Amanda McPherson James Stader
6. (a) Full name of applicant's father Robert Stader
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Iva Epperson
   (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 Samuel R. Stader Date 10-17-00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Samuel R. Stader
New Address SAME
Subscribed and sworn to before me this 17 day of October 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

FEMALE APPLICANT

Name: First K. Middle Darlene Last Rogers
Date of Birth: Month February Day 27 Year 1958
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1040 White Ash Ln City Mooresville County Morgan State In
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2-91
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) D.L.

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

The above applicant has objected to verifying 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. Darlene Rogers
New Address _____
Subscribed and sworn to before me this 17 day of October 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 17 2000 authorizing the marriage of Samuel R Stader and K Darlene Rogers.
I further certify that the following marriage certificate was filed in my office: I, Paul E Sterrett (name), certify that on October 22 2000 (date), at Mooresville in Morgan County, Indiana, Samuel R Stader of Hendricks County, Indiana (state), and K Darlene Rogers 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 October 17 2000 Signed by: /s/ Paul E Sterrett, Judge (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 25 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 64
Page 660
Oct 17, 2000
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: Charles Homer Cole
Date of Birth Month Day Year: October 22 1932
Place of Birth (State or foreign country): Missouri Hendricks
Residence Address Street or R.R. City County State: 2209 W. Highway 40 Lot 13 Clayton
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 7-00
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. -0-
6. (a) Full name of applicant's father: Thomas Cole
   (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: Clara D. Baxter
   (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: Joyce Ann Burdine
Date of Birth Month Day Year: October 12 1939
Place of Birth (State or foreign country): Indiana Hendricks
Residence Address Street or R.R. City County State: 2209 W. US HWY 40 Clayton In
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 1992
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify)
D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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: Paul A Whaley
   (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: Cleo I Edgerton
   (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 Charles H. Cole Date 10/12/00

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 Charles H. Cole
New Address SAME
Subscribed and sworn to before me this 17 day of October 2000
Thora 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 Joyce A Burdine Date 10/26/00

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 Joyce A Burdine
New Address Same as Above
Subscribed and sworn to before me this 26 day of October 2000
Thora 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 October 26, 2000, authorizing the marriage of Charles Homer Cole and Joyce Ann Burdine.
I further certify that the following marriage certificate was filed in my office: I, M. Frank Sams (name), certify that on November 11, 2000 (date), at Brooklyn in Morgan County, Indiana, Charles H. Cole of Hendricks County, Indiana (state), and Joyce A. Burdine of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 26, 2000. Signed by: /s/ Rev. M. Frank Sams, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 29, 2000 (date).

Signed Thora Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 184 6661
10-17-00
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 7-24-00
Name of Physician Dr. Koehler

MALE APPLICANT

Name First: Donald Middle: Roger Last: Bruneau
Date of Birth Month: 03 Day: 30 Year: 71
Place of Birth (State or foreign country): Canada
Residence Address Street or R.R.: 2490 E. Main St. City: Plainfield County: Hendricks State: In.
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) 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: Roger Bruneau
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state): Canada
   Birthplace of father (State or foreign country): Canada
   (b) Full maiden name of applicant's mother: Loraine Hachey
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state): Canada
   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 Donald Bruneau Date 10-17-00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Donald Bruneau
New Address 2490 E main ST Plainfield IN.
Subscribed and sworn to before me this 17th day of October, 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

FEMALE APPLICANT

Name First: Rachael Middle: Joy Last: Fultz
Date of Birth Month: 05 Day: 11 Year: 76
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 2490 E. Main St. Lot 24 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: 8-00
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.
6. (a) Full name of applicant's father: David Wayne Fultz
   (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: Lisa Kay Frazee
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state): Kentucky
   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 Rachael Fultz Date 10-17-00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Rachael Fultz
New Address 2490 East Main St. Lot 24 Plainfield, IN
Subscribed and sworn to before me this 17th day of October, 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 17 2000 authorizing the marriage of Donald Roger Bruneau and Rachael Joy Fultz.
I further certify that the following marriage certificate was filed in my office: I, Jessica Sappington (name), certify that on October 17 2000 (date), at Danville in Hendricks County, Indiana, Donald R Bruneau of Hendricks County, Indiana (state), and Rachael J 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 October 17 2000. Signed by: /s/ Jessica Sappington, Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 18 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 602
10-17-00
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 ☑ 4
If No, Medical Examination or Report Dated 4-8-97
Name of Physician Mark E Gentry

MALE APPLICANT

Name: First Jason Middle Scott Last Henshilwood
Date of Birth: Month 5 Day 10 Year 76
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 7933 W 350S City Coatesville County Hend State IN 46121
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Steven J. Henshilwood
   (If adopted, list adoptive parents only) ____
   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 Bartley
   (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 Henshilwood Date 10-17-00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Jason Henshilwood
New Address same
Subscribed and sworn to before me this 17th day of Oct. 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

FEMALE APPLICANT

Name: First Annette Middle Dawn Last Gibbs
Date of Birth: Month 5 Day 2 Year 78
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 7933 W 350S City Coatesville County Hend State IN 46121
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 male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Daniela Brooke Gibbs
6. (a) Full name of applicant's father J. Montgomery
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) unknown
   Birthplace of father (State or foreign country) unknown
   (b) Full maiden name of applicant's mother Lydia Ellen Cope
   (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 Annette D. Gibbs Date 10-17-00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Annette D Gibbs
New Address same
Subscribed and sworn to before me this 17 day of Oct. 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 17 2000, authorizing the marriage of Jason Scott Henshilwood and Annette Dawn Gibbs.
I further certify that the following marriage certificate was filed in my office: I, Jessica R Sappington (name), certify that on October 17 2000 (date), at Danville in Hendricks County, Indiana, Jason S Henshilwood of Hendricks County, Indiana (state), and Annette D Gibbs of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 17 2000. Signed by: /s/ Jessica R Sappington, Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 17 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 663
October 19, 2000
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 10-12-00
Name of Physician Dr. Shaw

MALE APPLICANT

Name: First David Middle Maynard Last Morton
Date of Birth: Month August Day 21 Year 1963
Place of Birth (State or foreign country) West Virginia
Residence Address: Street or R.R. 605 Pine #29 City Normal County McLean State IL 61761
Previous Marital Status: 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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Willie E. Morton
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Illinois
   Birthplace of father (State or foreign country) West Virginia
   (b) Full maiden name of applicant's mother Ester A. Gamble
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Illinois
   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 David Morton Date 10-19-00

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed David Morton
New Address 1008 E Front, Bloomington, IL 61701
Subscribed and sworn to before me this day of
Sharon Degar
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Kendra Middle Leigh Last Burns
Date of Birth: Month December Day 14 Year 1975
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1008 E Front St. City Bloomington County McLean State IL 61701
Previous Marital Status: 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. 0
6. (a) Full name of applicant's father Donald W 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 Patricia Clearwater
   (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 Kendra L Burns Date 10/19/00

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Kendra L Burns
New Address same as above
Subscribed and sworn to before me this day of
Sharon Degar
Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 19 2000 authorizing the marriage of David Maynard Morton and Kendra Leigh Burns.
I further certify that the following marriage certificate was filed in my office: I, Joy Bilger Goehring (name), certify that on October 21 2000 (date), at Avon in Hendricks County, Indiana, David M Morton of Mclean County, Illinois (state), and Kendra L Burns of Mclean County, Illinois (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 19 2000 Signed by: /s/ Joy Bilger Goehring, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 25 2000 (date).

Signed Sharon Degar Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 604
Page 0064
10-17-00
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 10-12-00
Name of Physician Clarian Health/Methodist Hosp.

MALE APPLICANT

Name: First Marc Middle Robert Last Sandberg
Date of Birth: Month 5 Day 12 Year 72
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 8320 E Old Maple Ave City Terre Haute County Vigo State IN 47803
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date 12-98
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. Ashlyne Morgayne Sandberg
6. (a) Full name of applicant's father Robert Sandberg
   (If adopted, list adoptive parents only)
   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 French
   (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 Marc Sandberg Date 10/17/00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Marc Sandberg
New Address Same as above
Subscribed and sworn to before me this 17 day of October 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

FEMALE APPLICANT

Name: First Tiffany Middle Danielle Last Thorpe
Date of Birth: Month 6 Day 6 Year 74
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 387 Glenbrook Ln. City Avon County Hend State 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 male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Thorpe
   (If adopted, list adoptive parents only)
   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 Brooking
   (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 Tiffany Thorpe Date 10-17-00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Tiffany Thorpe
New Address _____
Subscribed and sworn to before me this 17 day of October 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct 17 2000, authorizing the marriage of Marc Robert Sandberg and Tiffany Danielle Thorpe.
I further certify that the following marriage certificate was filed in my office: I, Mark Layton (name), certify that on October 21 2000 (date), at Plainfield in Hendricks County, Indiana, Marc R Sandberg of Vigo County, Indiana (state), and Tiffany D Thorpe of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct 17 2000. Signed by: /s/ Mark Layton, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 2 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 665
October 18, 2000
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 10-6-00
Name of Physician Foley

MALE APPLICANT

Name First Shawn Middle Michial Last Schwartz
Date of Birth Month February Day 11 Year 1973
Place of Birth (State or foreign country) Indiana County Hendricks
Residence Address Street or R.R. 212 Eastern Ave City Plainfield County In State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1-96
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)
Military 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. Alexander Michial Schwartz
6. (a) Full name of applicant's father Ira Schwartz
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Kesley Beeker
   (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 Jona Middle Leigh Last Rector
Date of Birth Month April Day 9 Year 1978
Place of Birth (State or foreign country) Indiana County Hendricks
Residence Address Street or R.R. 212 Eastern Ave City Plainfield County In State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 9-97
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)
DL.

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Jona L Schwartz Date 10/18

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Shawn Schwartz
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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Jona Rector Date 10/18

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Jona Rector
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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 18 2000, authorizing the marriage of Shawn M Schwartz and Jona L Rector.
I further certify that the following marriage certificate was filed in my office: I, Phil R Deckard (name), certify that on October 21 2000 (date), at Plainfield in Hendricks County, Indiana, Shawn M Schwartz of Hendricks County, Indiana (state), and Jona Leigh Rector of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 18 2000. Signed by: /s/ Phil R Deckard, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 25 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 606
10-19-00
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: First Charles Middle Eric Last Weber
Date of Birth: Month 3 Day 9 Year 70
Place of Birth (State or foreign country) Texas
Residence Address, Street or R.R. 92 Bosstick Ave City Danville County Hendricks State In
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding 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 Charles Weber Date 10/19/00

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 _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Charles Weber
New Address Same As Above
Subscribed and sworn to before me this 19 day of October
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

FEMALE APPLICANT

Name: First Gina Middle Rae Last Phegley
Date of Birth: Month 4 Day 27 Year 78
Place of Birth (State or foreign country) Indiana
Residence Address, Street or R.R. 92 Bosstick Ave. City Danville County Hendricks State In
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father Donald Ray Phegley
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Virginia Darlene Findley
   (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 Gina R. Phegley Date 10/19/00

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 _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Gina R. Phegley
New Address Same As Above
Subscribed and sworn to before me this 19 day of October 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 19 2000 authorizing the marriage of Charles Eric Weber and Gina Rae Phegley.
I further certify that the following marriage certificate was filed in my office: I, Randall L McNeely (name), certify that on October 28 200 (date), at Sullivan in Sullivan County, Indiana, Charles E Weber of Hendricks County, Indiana (state), and Gina R Phegley of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 19 2000 Signed by: /s/ Randall L McNeely, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 1 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 667

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 9-26-00
Name of Physician IU Medical Group

MALE APPLICANT

Name First Joseph Middle Bable Last Sanderlin
Date of Birth Month November Day 19 Year 1944
Place of Birth (State or foreign country) Virginia
Residence Address Street or R.R. 7829 Cobblesprings Dr. City Avon County Hendricks State In
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 4
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 10-00
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. 1 Kyle Lee Sanderlin
6. (a) Full name of applicant's father Joseph B. Sanderlin
   (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 Iris L. Williams
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) deceased
   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 [signature] Date Oct 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 7829 Cobblesprings Dr Avon IN 46123
Subscribed and sworn to before me this 20 day of October 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

FEMALE APPLICANT

Name First Marcia Middle Glea Last Burdine
Date of Birth Month September Day 24 Year 1959
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. 1381 N Furman Ave City Indianapolis County Marion State In
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2-9-93
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. 2 Amber Rose, Jamie Leigh Burdine
6. (a) Full name of applicant's father Donald Runyan
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Nebraska
   (b) Full maiden name of applicant's mother Glea Ming
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   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 Marcia G. Runyan Burdine Date 10-20-2000

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Marcia G. Runyan Burdine
New Address 7829 Cobblesprings Drive, Avon, In 46123
Subscribed and sworn to before me this 20 day of October 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 20, 2000, authorizing the marriage of Joseph Bable Sanderlin and Marcia G. Runyan Burdine.
I further certify that the following marriage certificate was filed in my office: I, Jessica Sappington (name), certify that on October 20, 2000 (date), at Danville in Hendricks County, Indiana, Joseph Sanderlin of Hendricks County, Indiana (state), and Marcia Burdine 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 Oct. 20, 2000. Signed by: /s/ Jessica Sappington, Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 24, 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 669
10-19-00
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 3-1-00
Name of Physician Dr. Maretto

MALE APPLICANT

Name: First Thomas Middle Joseph Last Smith
Date of Birth: Month 4 Day 7 Year 71
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 9170 N CO Rd 800 E. City Brownsburg County Hendricks State In
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)
Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. ____
6. (a) Full name of applicant's father Thomas Smith
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother Janice Marie 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 Thomas J Smith Date 10-19-00

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 ____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗Signed Thomas J Smith
New Address 8313 W 640 S Bulsville In 46171
Subscribed and sworn to before me this 19 day of October 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

FEMALE APPLICANT

Name: First Peggy Middle Elaine Last Gillespie
Date of Birth: Month 10 Day 28 Year 70
Place of Birth (State or foreign country) Illinois
Residence Address: Street or R.R. 344 Coquina Bay Lane City Indianapolis County Marion State In
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)
Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Smith Gillespie
   (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 Sharon Kay Ballinger
   (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 Peggy E Gillespie Date 10-19-00

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 ____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗Signed Peggy E Gillespie
New Address 8313 W. 640 S. Bulsville In. 46171
Subscribed and sworn to before me this 19 day of October 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 19, 2000, authorizing the marriage of Thomas Joseph Smith and Peggy Elaine Gillespie.
I further certify that the following marriage certificate was filed in my office: I, Stephon A. Yeaton (name), certify that on November 11, 2000 (date), at Brownsburg in Hendricks County, Indiana, Thomas J. Smith of Hendricks County, Indiana (state), and Peggy E. Gillespie 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 Oct. 19, 2000. Signed by: /s/ Stephen A. Yeaton, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 29, 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 604
Page 669
Oct 20, 2000
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 10-6-00
Name of Physician Partners In Care

MALE APPLICANT

Name: First Allen Middle Dale Last Cranfill
Date of Birth: Month June Day 1 Year 1963
Place of Birth (State or foreign country): Indiana Hendricks
Residence Address: Street or R.R. 1720 Purpura Dr. City Danville County In State 46122
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) D.L

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Allen Dale Cranfill II
6. (a) Full name of applicant's father Ronald Cranfill
   (If adopted, list adoptive parents only)
   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 Cranfill
   (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 10-20-00

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 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

FEMALE APPLICANT

Name: First Tammy Middle Lynn Last Cambridge
Date of Birth: Month April Day 9 Year 1965
Place of Birth (State or foreign country): Indiana Hendricks
Residence Address: Street or R.R. 1720 Purpura Dr. City Danville County In State 46122
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 6-95
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) D.L

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Chegra Lynn, Damion Wayne, Talia Laura Westerfield
6. (a) Full name of applicant's father Cecil Edward Cambridge
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) unknown
   (b) Full maiden name of applicant's mother Linda Elaine Smith
   (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 Tammy L Cambridge Date 10-20-00

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 Tammy L Cambridge
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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct 20 2000, authorizing the marriage of Allen Dale Cranfill and Tammy Lynn Cambridge.
I further certify that the following marriage certificate was filed in my office: I, Kenneth Smith (name), certify that on October 31 2000 (date), at Danville in Hendricks County, Indiana, Allen D Cranfill of Hendricks County, Indiana (state), and Tammy L Cambridge of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 20 2000. Signed by: /s/ Kenneth Smith, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 2 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 670
10-19-00
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 10-18-00
Name of Physician Dr Daddy

MALE APPLICANT	FEMALE APPLICANT
Name First: Leslie Middle: Alan Last: Kennedy	Name First: Miranda Middle: Jean Last: Brummett
Date of Birth Month: 3 Day: 5 Year: 67	Date of Birth Month: 3 Day: 3 Year: 79
Place of Birth (State or foreign country): Indiana	Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 8262 Captain Dr. City: Avon County: Hendricks State: In	Residence Address Street or R.R.: 334 Ellis St. City: Plainfield County: Hendricks State: In
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages: 1	Previous Marital Status: Never Married ☒ OR No. of Previous Marriages:
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date:	Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date:
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License	Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐	1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐	If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐	2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐	4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Brandon & Alex Kennedy	5. List the full names of any dependent children.
6. (a) Full name of applicant's father: Elmore Dale Kennedy	6. (a) Full name of applicant's father: Jimmy Leon Brummett
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state): Deceased	Residence of father (if deceased, so state): Indiana
Birthplace of father (State or foreign country): Kansas	Birthplace of father (State or foreign country): Indiana
(b) Full maiden name of applicant's mother: Betsy Diane Britton	(b) Full maiden name of applicant's mother: Pamela Sue Dunn
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state): Indiana	Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): Indiana	Birthplace of mother (State or foreign country): Indiana

ACKNOWLEDGEMENT

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

✗Signature of Applicant: Leslie A. Kennedy Date: 10/19/00

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 _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗Signed: Leslie A. Kennedy
New Address: 8262 Captain Dr. Avon IN. 46123
Subscribed and sworn to before me this 19 day of October 2000
Horace 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: Miranda J Brummett Date: 10/19/00

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 _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗Signed: Miranda J Brummett
New Address: 8263 Captain Dr Avon In 46123
Subscribed and sworn to before me this 19 day of October 2000
Horace 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 October 19 2000, authorizing the marriage of Leslie Alan Kennedy and Miranda Jean Brummett.

I further certify that the following marriage certificate was filed in my office: I, Jerry & Jeremy Vanhue (name), certify that on October 21 2000 (date), at Danville in Hendricks County, Indiana, Leslie A Kennedy of Hendricks County, Indiana (state), and Miranda J Brummett of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 19 2000 Signed by: /s/ Jerry & Jeremy Vanhue, Ministers (official designation) Filed and recorded in accordance with the laws of the State of Indiana on October 25 2000 (date).

Signed Horace Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 671
October 23, 2000
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 5-22-99
Name of Physician Dr. Brown

MALE APPLICANT

Name: First John Middle Patrick Last McElroy
Date of Birth: Month December Day 30 Year 1970
Place of Birth (State or foreign country) Indiana Hendricks In
Residence Address: Street or R.R. 2408 Meadowlark Way 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) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the 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 McElroy
   (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 Patricia Williams
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state)
   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 John P McElroy Date

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

State of Indiana)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.
Signed X John P McElroy
New Address Same
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

FEMALE APPLICANT

Name: First April Middle Lynn Last Gibson
Date of Birth: Month April Day 5 Year 1971
Place of Birth (State or foreign country) Indiana Hendricks In
Residence Address: Street or R.R. 2408 Meadowlark Way City Plainfield County Hendricks State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date July 1998
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. Joseph Austin Gibson
6. (a) Full name of applicant's father Glenn Gibson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Virginia
   Birthplace of father (State or foreign country) Virginia
   (b) Full maiden name of applicant's mother Marilyn Bowden
   (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 April Gibson Date Oct 23 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)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.
Signed April Gibson
New Address Same
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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 23 2000, authorizing the marriage of John Patrick McElroy and April Lynn Gibson.
I further certify that the following marriage certificate was filed in my office: I, Carmen R Altop (name), certify that on October 23 2000 (date), at Nashville in Brown County, Indiana, John P McElroy of Hendricks County, Indiana (state), and April Lynn Gibson of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 23 2000. Signed by: /s/ Carmen R Altop, Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 26 2000 (date).

Signed Sharon Degan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 672
October 20, 2000
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 10-19-00
Name of Physician Dr. Johnstone

MALE APPLICANT

Name First Kerry Middle Brian Last Zapp
Date of Birth Month April Day 19 Year 1966
Place of Birth (State or foreign country) Illinois
Residence Address 353 W. Clinton St. Street or R.R. Danville City Hendricks County In State
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

FEMALE APPLICANT

Name First Paula Middle Sue Last Smith
Date of Birth Month May Day 15 Year 1967
Place of Birth (State or foreign country) Indiana
Residence Address 353 W. Clinton St. Street or R.R. Danville City Hendricks County In State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1991
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. 2
6. (a) Full name of applicant's father Paul E. Makey
   (If adopted, list adoptive parents only)
   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 S. Fellows
   (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 Kerry B Zapp Date 10-20-00

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 Kerry B Zapp
New Address Same As Above
Subscribed and sworn to before me this _____ day of _____
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 Paula Smith Date 10-20-00

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 Paula Smith
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 Oct 20 2000, authorizing the marriage of Kerry Brian Zapp and Paula Sue Smith.
I further certify that the following marriage certificate was filed in my office: I, William T Breeden (name), certify that on October 21 2000 (date), at Danville in Hendricks County, Indiana, Kerry B Zapp of Hendricks County, Indiana (state), and Paula S 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 Oct 20 2000. Signed by: /s/ William T Breeden, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 1 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 673
October 26, 2000
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 10-9-00
Name of Physician Shull

MALE APPLICANT	FEMALE APPLICANT
Name: First Todd Middle Charles Last Hanke	Name: First Bethany Middle Joy Last Hill
Date of Birth: Month July Day 2 Year 1974	Date of Birth: Month October Day 26 Year 1973
Place of Birth (State or foreign country): Ohio	Place of Birth (State or foreign country): Michigan
Residence Address: Street or R.R. 526 Enderly Ave #2 City Brownsburg County Hendricks State In 46112	Residence Address: Street or R.R. 526 Enderly Ave #2 City Brownsburg County Hendricks State In
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages	Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date	Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) D.L.	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 ☐	1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐	If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐	2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐	4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. -0-	5. List the full names of any dependent children. Caleb Hill
6. (a) Full name of applicant's father Myron Hanke	6. (a) Full name of applicant's father Kenneth Hill
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Virginia	Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Virginia	Birthplace of father (State or foreign country) Michigan
(b) Full maiden name of applicant's mother Michele Bellante	(b) Full maiden name of applicant's mother Joyce Gladwell
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Ohio	Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) New York	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 10/26/00

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 1229 Silver Ridge Ln

Subscribed and sworn to before me this 26 day of October 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 Bethany Hill Date 10-26-00

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 Bethany Hill
New Address 1229 Silver Ridge Lane Brownsburg IN 46112 (11-30-00)

Subscribed and sworn to before me this 26 day of October 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct 26 2000, authorizing the marriage of Todd Charles Hanke and Bethany Joy Hill.

I further certify that the following marriage certificate was filed in my office: I, Paul Koetter (name), certify that on October 28 2000 (date), at Indianapolis in Marion County, Indiana, Todd C Hanke of Hendricks County, Indiana (state), and Bethany J 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 Oct 26 2000. Signed by: /s/ Paul Koetter, Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on November 1 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 64
Page 674
10-20-00
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 9-18-00
Name of Physician _____

MALE APPLICANT

Name: First Timmy Middle Lee Last Schrier
Date of Birth: Month 5 Day 26 Year 61
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 375 W CO Rd 175 W City Lizton County Hendricks State 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. Malea, Elizabeth, Samantha
6. (a) Full name of applicant's father Leslie Loren Schrier
   (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 Verna Mai Hall
   (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 Timmy Lee Schrier Date _____

The above applicant has objected to verifying 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 Timmy Lee Schrier
New Address _____
Subscribed and sworn to before me this 20 day of October 2000
Thora 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

FEMALE APPLICANT

Name: First Holly Middle A. Last Clouse
Date of Birth: Month April Day 10 Year 1966
Place of Birth (State or foreign country): Indiana Marion
Residence Address: Street or R.R. 3547 West Michigan St. City Indpls County State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 1987
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) D.L

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Barbara Clouse, Heather Meyers
6. (a) Full name of applicant's ~~father~~ mother Barbara Foreman
   (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~~ father Edmond Abel
   (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 Holly Clouse Date 10-20-00

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 Holly Clouse
New Address _____
Subscribed and sworn to before me this 20 day of October 2000
Thora 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 October 20, 2000, authorizing the marriage of Timmy Lee Schrier and Holly Anne Clouse.
I further certify that the following marriage certificate was filed in my office: I, Chester A. Mayflower (name), certify that on December 9, 2000 (date), at Speedway in Marion County, Indiana, Timmy L. Schrier of Hendricks County, Indiana (state), and Holly A. Clouse 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 Oct. 20, 2000. Signed by: /s/ Chester A. Mayflower, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on December 11, 2000 (date).

Signed Thora Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 675
10-26-00
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 10-5-00
Name of Physician Dr - Routledge

MALE APPLICANT

Name: First William Middle Presley Last Murphy
Date of Birth: Month 6 Day 13 Year 58
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 652 Alpha Ave City Brownsburg County Hendricks State In
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Kimberly Jo Murphy
6. (a) Full name of applicant's father Bernard Earl Murphy
   (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 Wilma Jean Barr
   (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 William P. Murphy Date 10/26/00

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 William P. Murphy
New Address Same as Above
Subscribed and sworn to before me this 26 day of October 2000
Sharon Drigas Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Deborah Middle Lynn Last Monson
Date of Birth: Month 4 Day 4 Year 65
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 652 Alpha Ave 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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Lee Monson
   Michael Patrick Monson
6. (a) Full name of applicant's father Hermit Lee Abell
   (If adopted, list adoptive parents only)
   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 Ludlow
   (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 Deborah Lynn Monson Date 10-26-00

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 Deborah Lynn Monson
New Address Same as Above
Subscribed and sworn to before me this 26 day of October 2000
Sharon Drigas Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct 26 2000, authorizing the marriage of William P Murphy and Deborah L Monson.
I further certify that the following marriage certificate was filed in my office: I, Myron Barnard (name), certify that on November 4 2000 (date), at Brownsburg in Hendricks County, Indiana, William P Murphy of Hendricks County, Indiana (state), and Deborah L Monson of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 26 2000. Signed by: /s/ Myron Barnard, Judge (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 8 2000 (date).

Signed Sharon Drigas Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 675
10-23-00
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	FEMALE APPLICANT
Name: First Charles Middle Fenton Last Crane	Name: First Ruby Middle Lee Last Gould
Date of Birth: Month 2 Day 4 Year 44	Date of Birth: Month 10 Day 9 Year 38
Place of Birth (State or foreign country): Indiana	Place of Birth (State or foreign country): Kentucky
Residence Address: Street or R.R. 1143 Pinewood Dr Apt D City Plainfield County Hendricks State In	Residence Address: Street or R.R. 435 N. Berwick City Indianapolis County Marion State In
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1	Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date _____	Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License	Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐	1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐	If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐	2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐	4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. _____	5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father: Fenton Thomas Crane	6. (a) Full name of applicant's father: Lwallen Curtis
(If adopted, list adoptive parents only) _____	(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Deceased	Residence of father (if deceased, so state) Deceased
Birthplace of father (State or foreign country) Indiana	Birthplace of father (State or foreign country) Kentucky
(b) Full maiden name of applicant's mother: Dcie Fern Branson	(b) Full maiden name of applicant's mother: Mitty Yakley
(If adopted, list adoptive parents only) _____	(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana	Residence of mother (if deceased, so state) Deceased
Birthplace of mother (State or foreign country) 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 Charles Crane Date 10/23/00

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 Charles Crane
New Address Same as Above

Subscribed and sworn to before me this 23 day of October 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 Ruby L Gould Date _____

The above applicant has objected to verifying 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 Ruby L Gould
New Address 1143 Pinewood Dr. Apt D Plainfield

Subscribed and sworn to before me this 23 day of October 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 23, 2000, authorizing the marriage of Charles Fenton Crane and Ruby Lee Gould.

I further certify that the following marriage certificate was filed in my office: I, John Caldwell (name), certify that on December 16, 2000 (date), at Avon in Hendricks County, Indiana, Charles F. Crane of Hendricks County, Indiana (state), and Ruby L. Gould 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 Oct. 23, 2000. Signed by: /s/ John Caldwell, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on December 19, 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 677
October 24, 2000
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 10-17-00
Name of Physician Dr. Bush

MALE APPLICANT

Name: First Adrian Middle Michael Last Crady
Date of Birth: Month December Day 2 Year 1976
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 121 Brixton Woods E. Dr. City Pittsboro County Hendricks State In
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) D.L

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Raymond J. Crady
   (If adopted, list adoptive parents only)
   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 L. Miller
   (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 Adrian Crady Date 10-24-00

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 Adrian Crady
New Address Same as above
Subscribed and sworn to before me this 24 day of October 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

FEMALE APPLICANT

Name: First Julia Middle Ann Last Brown
Date of Birth: Month January Day 31 Year 1978
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 4062 Forest 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) DL

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. 2
6. (a) Full name of applicant's father Walter J. 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 Sherry J. Bowen
   (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 Julia A. Brown Date 10/24/00

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 Julia A. Brown
New Address 121 Brixton Woods E. Dr
Subscribed and sworn to before me this 24 day of October 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct 24 2000, authorizing the marriage of Adrian Michael Crady and Julia Ann Brown.
I further certify that the following marriage certificate was filed in my office: I, Larry L Bellville (name), certify that on November 4 2000 (date), at Brownsburg in Hendricks County, Indiana, Adrian M Crady of Hendricks County, Indiana (state), and Julia A Brown of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct 24 2000. Signed by: /s/ Larry L Bellville, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 6 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 64
Page 678
10.2400
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: Odie Middle: Roy Last: Mitchell
Date of Birth Month: 1 Day: 16 Year: 63
Place of Birth (State or foreign country): Michigan
Residence Address Street or R.R.: 1193 Turnberry Lane City: Brownsberg 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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father Odie Roy Mitchell
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of applicant's mother Ruth Ann Lynch
   (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: Linda Middle: Renee Last: Mijares
Date of Birth Month: 9 Day: 16 Year: 63
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 1193 Turnbury City: Brownsburg County: Hendricks State: In
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages: 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Melinda Ledger Nicholas Ledger Amanda Ledger
6. (a) Full name of applicant's father Bobby C. 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 Gloria Peters
   (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 Odie Roy Mitchell Date 10/24/00

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 Odie Roy Mitchell
New Address Same as Above
Subscribed and sworn to before me this 24 day of October 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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Linda Renee Mij Date 10/24/00

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 Linda Renee Mij
New Address Same as Above
Subscribed and sworn to before me this 24 day of October 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 Dugas Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 64
Page 678
October 24, 2000
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 10-24-00
Name of Physician HCHD

MALE APPLICANT

Name First: Jeremy Middle: Russell Last: Mackey
Date of Birth Month: July Day: 8 Year: 1981
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 221 S. Jefferson City: Danville County: Hendricks State: In
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) D.L

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Rebecca Mackey
6. (a) Full name of applicant's father Bill Mackey
   (If adopted, list adoptive parents only)
   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 Stranger
   (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 R Mackey Date 10-24-00

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 Jeremy R Mackey
New Address 8869 W 150 S. Coatesville IN 46121
Subscribed and sworn to before me this 24 day of October 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

FEMALE APPLICANT

Name First: Kara Middle: Janine Last: Lowe
Date of Birth Month: May Day: 15 Year: 1981
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 8869 W. CR 150 S. City: Coatesville County: Hendricks State: In
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
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. 0
6. (a) Full name of applicant's father Donald Lowe
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Odetta Snyder
   (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 Kara Lowe Date 10-24-00

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 Kara Lowe
New Address 8869 W. 150 S. Coatesville IN 46121-9142
Subscribed and sworn to before me this 24 day of October 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct 24 2000, authorizing the marriage of Jeremy Russell Mackey and Kara Janine Lowe.
I further certify that the following marriage certificate was filed in my office: I, Bruce Fennig (name), certify that on October 28 2000 (date), at Coatesville in Putnam County, Indiana, Jeremy R Mackey of Hendricks County, Indiana (state), and Kara J Lowe of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct 24 2000. Signed by: /s/ Bruce Fennig, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 1 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 64
Page 489
10-25-00
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 9-15-00
Name of Physician Beth Norman, M.D.

MALE APPLICANT	FEMALE APPLICANT
Name: First Jerome Middle John Last Lacek	Name: First Gretchen Middle Kathleen Last Hontz
Date of Birth: Month Oct. Day 25 Year 1961	Date of Birth: Month May Day 21 Year 1973
Place of Birth (State or foreign country) Delaware	Place of Birth (State or foreign country) Pennsylvania
Residence Address: Street or R.R. 719 Slate Hill Dr. City Oxford County Chester State PA 19363	Residence Address: Street or R.R. 270 Aintree Way Apt C City Avon County Hendricks State In
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1	Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 6-96	Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) D.L.	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 ☐	1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐	If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐	2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐	4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. 0	5. List the full names of any dependent children. 0
6. (a) Full name of applicant's father John J. Lacek	6. (a) Full name of applicant's father Richard Hontz
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Delaware	Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Pennsylvania	Birthplace of father (State or foreign country) Pennsylvania
(b) Full maiden name of applicant's mother Catherine Muha	(b) Full maiden name of applicant's mother Rose Mary Bittner
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Delaware	Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Pennsylvania	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 Jerome Lacek Date 10/25/00

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 Jerome Lacek
New Address SAME AS ABOVE
Subscribed and sworn to before me this 25 day of October 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 Gretchen Hontz Date 10-25-00

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 Gretchen Hontz
New Address 719 SLATE HILL DR OXFORD PA 19363
Subscribed and sworn to before me this 25 day of October 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 25 2000, authorizing the marriage of Jerome John Lacek and Gretchen Kathleen Hontz.

I further certify that the following marriage certificate was filed in my office: I, Joe Ridenour (name), certify that on October 28 2000 (date), at Speedway in Marion County, Indiana, Jerome J Lacek of Chester County, Pennsylvania (state), and Gretchen K Hontz of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 25 2000. Signed by: /s/ Joe Ridenour, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on November 1 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 680
October 27, 2000
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 10-25-00
Name of Physician _____

MALE APPLICANT

Name First: Jason Middle: Byron Last: Barker
Date of Birth Month: March Day: 27 Year: 1973
Place of Birth (State or foreign country): Indiana Hendricks
Residence Address Street or R.R.: 5629 S. CR 150 E. 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: 98
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. 0
6. (a) Full name of applicant's father Dennis Barker
   (If adopted, list adoptive parents only) _____
   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 Barth
   (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 10/27/00

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 _____

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 27 day of October 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

FEMALE APPLICANT

Name First: Janelle Middle: Joy Last: Magoun
Date of Birth Month: January Day: 3 Year: 1976
Place of Birth (State or foreign country): Indiana Hendricks
Residence Address Street or R.R.: 5629 S. CR 150 E. City: Clayton County: Hendricks State: In 46118
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages: _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)
D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Dan Magoun
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Christine Daire
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) Indiana
   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 10-27-00

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 _____

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 27 day of October 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct 27 2000 uthorizing the marriage of Jason Byron Barker and Janelle Joy Magoun.
I further certify that the following marriage certificate was filed in my office: I, Darwin Bacon (name), certify that on November 3 2000 (date), at Indianapolis in Marion County, Indiana, Jason B Barker of Hendricks County, Indiana (state), and Janelle J Magoun of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct 27 2000 Signed by: /s/ Darwin Bacon, Reverend (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 8 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 64
Page 682
October 27, 2000
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 10-23-00
Name of Physician Dr. Johnston

MALE APPLICANT

Name First Terry Middle Anthony Last Morford
Date of Birth Month January Day 30 Year 1951
Place of Birth (State or foreign country) Indiana Hendricks
Residence Address Street or R.R. 523 E. College Ave City Brownsburg County Hendricks State In
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 12-98
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. Benjamin Z Terry Jr. Morford
6. (a) Full name of applicant's father Thomas G. Morford
   (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 Nadine Elyea
   (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 Terry A. Morford Date 10-27-00

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 _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Terry A Morford
New Address 523 E. College
Subscribed and sworn to before me this 27 day of October 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

FEMALE APPLICANT

Name First Arlene Middle Rosal Last Morales
Date of Birth Month November Day 13 Year 1972
Place of Birth (State or foreign country) Philippines Hendricks
Residence Address Street or R.R. 523 E. College Ave 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 1999
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. Adrian Baker
6. (a) Full name of applicant's father Feliz C. Morales
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Philippines
   Birthplace of father (State or foreign country) Philippines
   (b) Full maiden name of applicant's mother Lucia Rosal
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Philippines
   Birthplace of mother (State or foreign country) Philippines

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Arlene R Baker Date 10-27-00

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 _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Arlene R Baker
New Address 523 E. College Ave.
Subscribed and sworn to before me this 27 day of October 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 27 2000, authorizing the marriage of Terry A Morford and Arlene R Morales.
I further certify that the following marriage certificate was filed in my office: I, Manfred Agloor (name), certify that on November 11 2000 (date), at Brownsburg in Hendricks County, Indiana, Terry A Morford of Hendricks County, Indiana (state), and Arlene R Morales of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 27 2000. Signed by: /s/ Manfred Agloor, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 15 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 64
Page 683
10-27-00
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 10-26-00
Name of Physician Maria Fletcher - Brownsburg

MALE APPLICANT

Name: First Phillip Middle Allen Last Smith
Date of Birth: Month 10 Day 8 Year 64
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 6130 Carex Ct City Pittsboro County Hend State IN 46167
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 10-26-00
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. Lyndsey Jean Smith, Megan Irene Smith
6. (a) Full name of applicant's father Donald Eugene 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 Elizabeth Irene Imhausen
   (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 Phillip A. Smith Date 10-27-2000

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Phillip A. Smith
New Address Same
Subscribed and sworn to before me this 27 day of Oct. 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

FEMALE APPLICANT

Name: First Sarah Middle Jane Last Snapp
Date of Birth: Month 11 Day 10 Year 72
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 6130 Carex Ct. City Pittsboro County Hend State IN 46167
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 97
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Lexus Rae Snapp
6. (a) Full name of applicant's father Thomas Edward Parsons
   (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 Barbara Jean Collins
   (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 Sarah J. Snapp Date 10-27-2000

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Sarah J. Snapp
New Address Same
Subscribed and sworn to before me this 27 day of Oct. 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 27 2000, authorizing the marriage of Phillip allen Smith and Sarah Jane Snapp.
I further certify that the following marriage certificate was filed in my office: I, Maurici C Bratcher (name), certify that on October 28 2000 (date), at Pittsboro in Hendricks County, Indiana, Phillip A Smith of Hendricks County, Indiana (state), and Sarah J Snapp of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 27 2000 Signed by: /s/ Maurici C Bratcher, Reverend (official designation) Filed and recorded in accordance with the laws of the State of Indiana on November 1 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 684
10-27-00
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 10-6-00
Name of Physician Charles Tripple, MD

MALE APPLICANT

Name: First George Middle Allen Last Abney
Date of Birth: Month 5 Day 11 Year 63
Place of Birth (State or foreign country) Georgia
Residence Address: Street or R.R. 336 Country Ln Apt E City Plainfield County IN State 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 12-99
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. Erin Michelle Abney
6. (a) Full name of applicant's father Joseph Bevil Abney
   (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 Pauline Claire Duprois
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Florida
   Birthplace of mother (State or foreign country) Massachusetts

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Allen Abney Date 10-27-00

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 _____

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

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Kristie Middle Lee Last Abney
Date of Birth: Month 10 Day 9 Year 67
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 336 Country Ln Apt E City Plainfield County Hend. State IN 46168
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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children. Erin Michelle Abney
6. (a) Full name of applicant's father Albert Ron Wessel
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Donna Ruth Manuel
   (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 Kristie Lee Abney Date 10-27-00

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 _____

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

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct 27 2000, authorizing the marriage of George Allen Abney and Kristie Lee Abney.
I further certify that the following marriage certificate was filed in my office: I, Jessica Sappington (name), certify that on October 27 2000 (date), at Danville in Hendricks County, Indiana, George A Abney of Hendricks County, Indiana (state), and Kristie L Abney of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 27 2000. Signed by: /s/ Jessica Sappington, Deputy Clerk (official designation) Filed and recorded in accordance with the laws of the State of Indiana on October 27 2000 (date).

Signed Sharon Degase Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 685
10-27-00
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: First Michael Middle Ronald Last Penn
Date of Birth: Month 12 Day 30 Year 70
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 10418 Cornith Way City Avon County Hendricks State In
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father Ronald McKeel Penn
   (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 Carolyn Faye Pressley
   (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 Carriann Middle Elizabeth Last Richey
Date of Birth: Month 9 Day 19 Year 72
Place of Birth (State or foreign country) California
Residence Address: Street or R.R. 8588 Cypress Hill Passing City Avon County Hendricks State In
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father Darrell Steven Richey
   (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 Karen Mere Shields
   (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 Penn Date 10/27/00

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 _____

State of Indiana)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.
Signed Michael Penn
New Address 8588 Cypress Hill Passing Avon IN 46123
Subscribed and sworn to before me this 27 day of October 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 Carriann E Richey Date 10/27/00

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 _____

State of Indiana)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.
Signed Carriann E Richey
New Address Same as above
Subscribed and sworn to before me this 27 day of October 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 October 27, 2000, authorizing the marriage of Michael Ronald Penn and Carriann Elizabeth Richey.
I further certify that the following marriage certificate was filed in my office: I, James R. Bonke (name), certify that on November 25, 2000 (date), at Indianapolis in Marion County, Indiana, Michael R. Penn of Hendricks County, Indiana (state), and Carriann E. Richey of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 26, 2000. Signed by: /s/ Rev. James R. Bonke, Roman Catholic Priest (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 29, 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 64
Page 686
October 27, 2000
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 10-17-00
Name of Physician Leedy

MALE APPLICANT

Name First Adam Middle Glen Last Biddle
Date of Birth Month June Day 5 Year 1975
Place of Birth (State or foreign country) Indiana Hendricks
Residence Address Street or R.R. 10205 E. 206th St. City Noblesville 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)
D.L

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. D
6. (a) Full name of applicant's father Andrew Biddle
   (If adopted, list adoptive parents only)
   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 Galloway
   (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 Ann Middle Marie Last Mullen
Date of Birth Month July Day 12 Year 1977
Place of Birth (State or foreign country) Indiana Hendricks
Residence Address Street or R.R. 13 Fox Trail 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)
D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. D
6. (a) Full name of applicant's father Clark Mullen
   (If adopted, list adoptive parents only)
   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 Stites
   (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 Adam G. Biddle Date 10-27

The above applicant has objected to verifying 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 G. Biddle
New Address same
Subscribed and sworn to before me this 27 day of October 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 Ann M. Mullen Date 10-27-00

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 _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Ann M. Mullen
New Address 10205 E 206th St, Noblesville, IN 46060
Subscribed and sworn to before me this 27 day of October 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 DEC. 27 2000, authorizing the marriage of ADAM G BIDDLE and ANN M MULLEN.
I further certify that the following marriage certificate was filed in my office: I, HAROLD LEININGER II (name), certify that on DECEMBER 23, 2000 (date), at BROWNSBURG in HENDRICKS County, Indiana, ADAM G BIDDLE of MONTGOMERY County, INDIANA (state), and ANN M MULLEN of HENDRICKS County, INDIANA (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated DEC. 27,2000. Signed by: /s/ HAROLD LEININGER II, PASTOR (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on DECEMBER 29, 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 087
Oct 27 2000
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 10-27-00
Name of Physician Dr. Dadey

MALE APPLICANT

Name: First Mark Middle E. Last Parkey
Date of Birth: Month August Day 10 Year 1972
Place of Birth (State or foreign country): Indiana City Decatur
Residence Address: Street or R.R. 5248 White River St. City Greensburg 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) D.L

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Doug Parkey
   (If adopted, list adoptive parents only)
   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 Swearingen
   (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 E. Parkey Date 10/27/00

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 _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed ☒ Mark E. Parkey
New Address 911 Pinewood Dr. apt C Plfd.
Subscribed and sworn to before me this 27 day of October 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

FEMALE APPLICANT

Name: First Amber Middle Marie Last Thomas
Date of Birth: Month 11 Day 4 Year 70
Place of Birth (State or foreign country): Illinois
Residence Address: Street or R.R. 911 Pinewood Dr Apt C City Plainfield County Hendricks State
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father Joseph Jay Thomas
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Brigitte Adelheid Ingram
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Illinois
   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 ☒ Amber Thomas Date 10-31-00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed ☒ Amber Thomas
New Address Same as Above
Subscribed and sworn to before me this 27 day of October 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 27, 2000, authorizing the marriage of Mark E. Parkey and Amber Marie Thomas.
I further certify that the following marriage certificate was filed in my office: I, Doug Parkey (name), certify that on November 11, 2000 (date), at Plainfield in Hendricks County, Indiana, Mark E. Parkey of Johnson County, Indiana (state), and Amber M. Thomas of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct. 27, 2000. Signed by: /s/ Doug Parkey, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 29, 2000 (date).

Signed Sharon Degan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 688
October 30, 2000
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 10-20-00
Name of Physician _____

MALE APPLICANT	FEMALE APPLICANT
Name First: Byron Middle: Samuel Last: Helton	Name First: Toni Middle: Marie Last: Traynor
Date of Birth Month: June Day: 6 Year: 1978	Date of Birth Month: May Day: 30 Year: 1981
Place of Birth (State or foreign country): Indiana	Place of Birth (State or foreign country): Flordia
Residence Address: 4413 NW 5th Ave	Residence Address: 4413 NW 5th Ave.
Street or R.R.	Street or R.R.
City: Pompano Beach	City: Pompano Beach
County: Broward	County: Broward
State: FL	State: Fl.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages _____	Previous Marital Status: Never Married ☒ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____	Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) D.L	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 ☐	1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐	If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐	2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐	4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Corbin	5. List the full names of any dependent children. 0
6. (a) Full name of applicant's father: Gary B Helton	6. (a) Full name of applicant's father: Michael A. Traynor
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state): Indiana	Residence of father (if deceased, so state): Flordia
Birthplace of father (State or foreign country): Indiana	Birthplace of father (State or foreign country): New Jersey
(b) Full maiden name of applicant's mother: Cynthia L Johnson	(b) Full maiden name of applicant's mother: Karen M. Spinale
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state): Indiana	Residence of mother (if deceased, so state): Flordea
Birthplace of mother (State or foreign country): Indiana	Birthplace of mother (State or foreign country): Massachusettes

ACKNOWLEDGEMENT

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

Signature of Applicant Byron Helton Date 10/30/00

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)
County of Hendricks)

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

Signed Byron Helton
New Address same as above

Subscribed and sworn to before me this 30 day of October 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 Toni Traynor Date 10/30/00

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)
County of Hendricks)

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

Signed Toni Traynor
New Address same as above

Subscribed and sworn to before me this 30 day of October 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct 30 2000, authorizing the marriage of Byron S Helton and Toni Marie Traynor.

I further certify that the following marriage certificate was filed in my office: I, Billy Strother (name), certify that on November 4 2000 (date), at Danville in Hendricks County, Indiana, Byron S Helton of Broward County, Florida (state), and Toni M Traynor of Broward County, Florida (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct 30 2000. Signed by: /s/ Billy Strother, Preacher (official designation) Filed and recorded in accordance with the laws of the State of Indiana on November 8 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 604
Page 689
October 30, 2000
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 10-19-00
Name of Physician Dr. Kelley

MALE APPLICANT

Name First: Larry Middle: A. Last: Kennedy Jr.
Date of Birth Month: October Day: 4 Year: 1974
Place of Birth (State or foreign country): Indiana County: Hendricks
Residence Address Street or R.R.: 2330 Nowling Ct. City: Indpls, State: In 46234
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children. Brooke Gordon
6. (a) Full name of applicant's father Anthony Schmitt
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Deborah Wright
   (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 Larry A. Kennedy Date 10-30-00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Larry A. Kennedy
New Address Same as above
Subscribed and sworn to before me this 30 day of October 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

FEMALE APPLICANT

Name First: Aliesha Middle: Carol Last: Gordon
Date of Birth Month: January Day: 25 Year: 1974
Place of Birth (State or foreign country): Indiana County: Hendricks
Residence Address Street or R.R.: 2330 Nowling Ct. City: Indpls State: In 46234
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children. Brooke Gordon, Ariel Todd
6. (a) Full name of applicant's father Gregory Gordon
   (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 Deanah Bailey
   (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 Aliesha C. Gordon Date 10-30-00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Aliesha C. Gordon
New Address Same as above
Subscribed and sworn to before me this 30 day of October 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 30 2000, authorizing the marriage of Larry A Kennedy Jr and Aliesha C Gordon.
I further certify that the following marriage certificate was filed in my office: I, Sharon Dugan (name), certify that on November 10 2000 (date), at Danville in Hendricks County, Indiana, Larry A Kennedy Jr of Hendricks County, Indiana (state), and Aliesha C Gordon of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 30 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 November 15 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 6098
10-30-00
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 First: William Middle: B. Last: Kelley
Date of Birth Month: June Day: 6 Year: 1944
Place of Birth (State or foreign country): Indiana County: Hendricks
Residence Address: 4780 Roxbury Dr. City: Pittsboro County: In State: 46167
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)
D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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: William H. Kelley
   (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: Elsie Bulmer
   (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 B Kelley Date _____

The above applicant has objected to verifying 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: William B Kelley
New Address: SAME AS ABOVE
Subscribed and sworn to before me this 30 day of October 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

FEMALE APPLICANT

Name First: Betty Middle: J. Last: Kelley
Date of Birth Month: February Day: 27 Year: 1948
Place of Birth (State or foreign country): North Carolina County: Hamilton
Residence Address: 210 Broadway City: Arcadia County: In State: 46030
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages: 3
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date: 5/00
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. 0
6. (a) Full name of applicant's father: Richard Howard
   (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: Lou Croft
   (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: Betty J Kelley Date _____

The above applicant has objected to verifying 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: Betty J Kelley
New Address _____
Subscribed and sworn to before me this 30 day of October 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 30 2000, authorizing the marriage of William B Kelley and Betty J Kelley.
I further certify that the following marriage certificate was filed in my office: I, Jessica R Sappington (name), certify that on October 30 2000 (date), at Danville in Hendricks County, Indiana, William Kelley of Hendricks County, Indiana (state), and Betty Kelley of Hamilton County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 30 2000. Signed by: /s/ Jessica R Sappington, Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on October 30 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 6901
October 31, 2000
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 9-18-00
Name of Physician _____

MALE APPLICANT

Name First Gregory Middle James Last Dana
Date of Birth Month March Day 4 Year 1971
Place of Birth (State or foreign country) Missouri
Residence Address Street or R.R. 556 Hamlet Dr. City Avon County Hendricks State 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) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Fred Dana
   (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 Mary Lippert
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) Missouri
   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 Gregory Dana Date 10/31/00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Gregory Dana
New Address same as above
Subscribed and sworn to before me this 31 day of October 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

FEMALE APPLICANT

Name First Jill Middle Suzanne Last McKenna
Date of Birth Month April Day 24 Year 1972
Place of Birth (State or foreign country) Missouri
Residence Address Street or R.R. 556 Hamlet Dr. City Avon County Hendricks State 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) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 William D. McKenna
   (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 Jane L. Rauls
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) Missouri
   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 Jill McKenna Date 10/31/00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Jill McKenna
New Address same as above
Subscribed and sworn to before me this 31 day of October 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 31 2000 authorizing the marriage of Gregory J Dana and Jill Suzanne McKenna.
I further certify that the following marriage certificate was filed in my office: I, Daniel J Staublin (name), certify that on November 4 2000 (date), at Brownsburg in Hendricks County, Indiana, Gregory Dana of Hendricks County, Indiana (state), and Jill McKenna of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct 31 2000. Signed by: /s/ Daniel J Staublin, Priest (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 8 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 692
October 30, 2000
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 Guy Middle Carman Last
Date of Birth: Month February Day 14 Year 1954
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 3248 Clover Dr. City Plainfield County Hendricks State In 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date Aug 91
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Guy E. Carman
6. (a) Full name of applicant's father Jack E. Carman
   (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 Norma J. Judkins
   (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 Guy Carman Date 31 Oct 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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Guy Carman
New Address Same as above
Subscribed and sworn to before me this 31 day of October
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

FEMALE APPLICANT

Name: First Nancy Middle Joann Last Brown
Date of Birth: Month 8 Day 3 Year 57
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 3248 Clover Dr. City Plainfield County Hendricks State In 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date April 97
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. Lauren Brown
6. (a) Full name of applicant's father Henry C. Remster
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Wisconsin
   (b) Full maiden name of applicant's mother Dorna J. Decker
   (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 Nancy J Brown Date 10/31/00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Nancy J. Brown
New Address Same As Above
Subscribed and sworn to before me this 31 day of October
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 October 31 2000, authorizing the marriage of Guy Carman and Nancy Joann Brown.
I further certify that the following marriage certificate was filed in my office: I, Jessica Sappington (name), certify that on October 31 2000 (date), at Danville in Hendricks County, Indiana, Guy Carman of Hendricks County, Indiana (state), and Nancy J Brown of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 31 2000. Signed by: /s/ Jessica Sappington, Deputy Clerk (official designation) Filed and recorded in accordance with the laws of the State of Indiana on November 1 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 693
November 1, 2000
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 10-30-00
Name of Physician Fletcher

MALE APPLICANT

Name: First Ernest Middle Antone Last Bierschbach
Date of Birth: Month September Day 11 Year 1948
Place of Birth (State or foreign country): Michigan Hendricks
Residence Address: Street or R.R. 821 Cross Bridge Ct. City Plainfield County Hendricks State In
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date 7/96
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) D.L

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. 0
6. (a) Full name of applicant's father Victor Bierschbach
   (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 Dorothy M. Bond
   (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 Ernest A Bierschbach Date 11/01/00

The above applicant has objected to verifying 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 Ernest A Bierschbach
New Address Same as above
Subscribed and sworn to before me this 1 day of November 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

FEMALE APPLICANT

Name: First Cynthia Middle May Last Durham
Date of Birth: Month June Day 4 Year 1957
Place of Birth (State or foreign country): Florida Hendricks
Residence Address: Street or R.R. 821 Cross Bridge Ct. City Plainfield County Hendricks State In 46168
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 10-2000
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. Jason C. Kerry
6. (a) Full name of applicant's father Robert C. 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 Ella Mae Hedgecraft
   (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 Cyndi Durham Date 11-1-00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Cyndi Durham
New Address same as above
Subscribed and sworn to before me this 1 day of November 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov 1 2000, authorizing the marriage of Ernest Antone Bierschbach and Cynthia May Durham.
I further certify that the following marriage certificate was filed in my office: I, Robert Bradfield (name), certify that on November 11 2000 (date), at Plainfield in Hendricks County, Indiana, Ernest A Bierschbach of Hendricks County, Indiana (state), and Cynthia M Durham of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated November 1 2000 Signed by: /s/ Robert Bradfield, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 14 2000 (date).

Signed Sharon Degan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 694
11-2-00
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 10-26-00
Name of Physician Dr. Fowler

MALE APPLICANT

Name: First Patrick Middle Joseph Last Spegal
Date of Birth: Month 8 Day 4 Year 76
Place of Birth (State or foreign country) Ohio
Residence Address: Street or R.R. 4823 N CO Rd 100E City Danville County Hendricks State In
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Kaylee Marie Spegal, Cale William Spegal
6. (a) Full name of applicant's father William Leslie Spegal
   (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 Kathleen Marie Zeller
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Illinois
   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).
X Signature of Applicant Patrick J Spegal Date 11-2-00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Patrick J Spegal
New Address Same as Above
Subscribed and sworn to before me this 2 day of Nov. 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

FEMALE APPLICANT

Name: First Sheryl Middle Ann Last Armstrong
Date of Birth: Month 4 Day 14 Year 80
Place of Birth (State or foreign country) Wisconsin
Residence Address: Street or R.R. 4823 N CO Rd 100E City Danville County Hendricks State In
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Kaylee Marie Spegal, Cale William Spegal
6. (a) Full name of applicant's father David Wayne Armstrong
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Illinois
   Birthplace of father (State or foreign country) Wisconsin
   (b) Full maiden name of applicant's mother Dawn Marie Vyse
   (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).
X Signature of Applicant Sheryl Armstrong Date 11-2-00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Sheryl Armstrong
New Address Same as Above
Subscribed and sworn to before me this 2 day of Nov. 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated November 2 2000 authorizing the marriage of Patrick Joseph Spegal and Sheryl Ann Armstrong.
I further certify that the following marriage certificate was filed in my office: I, Kenneth Smith (name), certify that on November 3 2000 (date), at Danville in Hendricks County, Indiana, Patrick J Spegal of Hendricks County, Indiana (state), and Sheryl A 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 November 2 2000 Signed by: /s/ Kenneth Smith, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 15 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 695
November 2, 2000
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 11-2-00
Name of Physician _____

MALE APPLICANT

Name First Middle Last: Jason G. Henson
Date of Birth Month Day Year: May 5 1970
Place of Birth (State or foreign country): Oklahoma
Residence Address Street or R.R. City County State: 4450 N SR 39 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)
ID Card / SS 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. -0-
6. (a) Full name of applicant's father G. E. Henson
   (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 Nora Cockrell (Carlgiel)
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) Kentucky
   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 Jason Henson Date NOV. 2, 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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Jason Henson
New Address Same as above
Subscribed and sworn to before me this 2 day of November 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

FEMALE APPLICANT

Name First Middle Last: Tiffany M Ebmeyer
Date of Birth Month Day Year: September 26 1980
Place of Birth (State or foreign country): Florida
Residence Address Street or R.R. City County State: 4450 N SR 39 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)
D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Ebmeyer
   (If adopted, list adoptive parents only) _____
   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 Weggam
   (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 Tiffany M Ebmeyer Date 11/2/00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Tiffany M Ebmeyer
New Address Same as above
Subscribed and sworn to before me this 2 day of November 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated November 2, 2000, authorizing the marriage of Jason G. Henson and Tiffany Marie Ebmeyer.
I further certify that the following marriage certificate was filed in my office: I, Richard A. Alstott (name), certify that on November 18, 2000 (date), at Lizton in Hendricks County, Indiana, Jason G. Henson of Hendricks County, Indiana (state), and Tiffany M. Ebmeyer of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 2, 2000. Signed by: /s/ Richard A. Alstott, United Methodist Clergy (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on December 6, 2000 (date).

Signed _____ Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 164
Page 696
November 2, 2000
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 11-2-00
Name of Physician _____

MALE APPLICANT

Name: First Dujuan Middle Wayman Last Haynes
Date of Birth: Month October Day 29 Year 1976
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 727 Kennedy Ave #3 City Indpls County Marion State In 46226
Previous Marital Status: 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. Quotin Haynes
6. (a) Full name of applicant's father Wayman Haynes
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Sharon Ingram
   (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 DuQuan W. Haynes Date 11/2/00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed DuQuan W. Haynes
New Address _____
Subscribed and sworn to before me this 2 day of November 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

FEMALE APPLICANT

Name: First Deanna Middle M Last Bowers
Date of Birth: Month December Day 19 Year 1976
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 6935 E. CR 425 N City Brownsburg County Hendricks State In 46112
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 10/99
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. Mariah Bowers
6. (a) Full name of applicant's father Fredrick Rybort
   (If adopted, list adoptive parents only) _____
   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 Young
   (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 Deanna Bowers Date Nov 2, 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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Deanna Bowers
New Address _____
Subscribed and sworn to before me this 2 day of November 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Oct 2 2000, authorizing the marriage of Dujuan Haynes and Deanna Bowers.
I further certify that the following marriage certificate was filed in my office: I, Jessica Sappington (name), certify that on October 3 2000 (date), at Danville in Hendricks County, Indiana, Dujuan Haynes of Marion County, Indiana (state), and Deanna Bowers of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated October 2 2000 Signed by: /s/Jessica Sappington, Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 3 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 697
11-3-00
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 11-1-00
Name of Physician Dr. Hostetter

MALE APPLICANT

Name: First Lindsay Middle Alan Last Shaw II
Date of Birth: Month 10 Day 4 Year 77
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 1205 Lookout Pass Apt B City Danville County Hendricks State IN
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Indiana Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Lindsay Alan Shaw
   (If adopted, list adoptive parents only)
   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 Keller
   (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).
X Signature of Applicant Lindsay Shaw Date 11/3/00

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 _____

X State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Lindsay Shaw
New Address 1205 Lookout Pass Apt B Danville IN 46122
Subscribed and sworn to before me this 3RD day of November 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

FEMALE APPLICANT

Name: First Stephanie Middle Renee Last Porter
Date of Birth: Month 5 Day 16 Year 77
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 1205 Lookout Pass Apt B. City Danville County Hendricks State 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) 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. Hannah Rae Porter
6. (a) Full name of applicant's father Stephen Michael Porter
   (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 Sally Beth Richmond
   (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 Stephanie Porter Date 11.3.00

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 _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Stephanie Porter
New Address Same
Subscribed and sworn to before me this 3rd day of November 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated November 3 2000 authorizing the marriage of Lindsay Alan Shaw II and Stephanie Renee Porter.
I further certify that the following marriage certificate was filed in my office: I, Charles E Hostetter (name), certify that on November 12 2000 (date), at Brownsburg in Hendricks County, Indiana, Lindsay A Shaw II of Hendricks County, Indiana (state), and Stephanie R Porter of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated November 12 2000 Signed by: /s/ Charles E Hostetter, Judge (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 15 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 698
11-3-00
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 10-30-00
Name of Physician Dr. Mark Lamb

MALE APPLICANT

Name: First Corey Middle Linn Last Gillespie
Date of Birth: Month 1 Day 26 Year 71
Place of Birth (State or foreign country): Kansas
Residence Address: Street or R.R. 1668 S SR 267 City Avon County Hend State 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 Carl Wayne Gillespie
   (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 Helen Marie Roberts
   (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 Corey Gillespie Date 11-3-00

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 _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Corey Gillespie
New Address 6855 B CAPITOL LN.
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

FEMALE APPLICANT

Name: First Carla Middle Ruth Last Cree
Date of Birth: Month 12 Day 8 Year 78
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 6855 B Capitol Ln. City Avon County Hendricks State 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) SOC Card - Student 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 male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Robert Gene Cree
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Catherine Grace Blackhurst
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Pennsylvania
   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 Carla Cree Date 11-3-00

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 _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Carla Cree
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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated November 3 2000, authorizing the marriage of Corey Linn Gillespie and Carla Ruth Cree.
I further certify that the following marriage certificate was filed in my office: I, Fred Rodkey (name), certify that on November 4 2000 (date), at Avon in Hendricks County, Indiana, Corey L Gillespie of Hendricks County, Indiana (state), and Carla R Cree of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated November 3 2000. Signed by: /s/ Fred Rodkey, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 8 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 64
Page 699
Nov 3, 2000
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 10-18-00
Name of Physician _____

MALE APPLICANT

Name: First Larry Middle D. Last Jones
Date of Birth: Month July Day 22 Year 1954
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 6036 E. Co. Rd 700 S. City Plainfield County Hendricks State In
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date March 91
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) D.L.

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

FEMALE APPLICANT

Name: First Karen Middle Sue Last Kendall
Date of Birth: Month September Day 7 Year 1966
Place of Birth (State or foreign country) Kentucky
Residence Address: Street or R.R. 6036 E. Co. Rd 700 S. City Plainfield County Hendricks State In
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date Sept 98
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Ashley, Nicholas & Christy Morris (Kendall)
6. (a) Full name of applicant's father Gene Deeton
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Georgia
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother (Arlene Sue (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 ✕ Larry D Jones Date 11-3-00

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 _____

State of Indiana)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.
Signed ✕ Larry D Jones
New Address _____
Subscribed and sworn to before me this 3rd day of Nov.
Marsa 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 Karen S. Kendall Date 11-3-00

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 _____

State of Indiana)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.
Signed Karen S. Kendall
New Address _____
Subscribed and sworn to before me this 3 day of November 2000
Marsa 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 November 3, 2000, authorizing the marriage of Larry D. Jones and Karen Sue Kendall.
I further certify that the following marriage certificate was filed in my office: I, Vickie Kivett (name), certify that on November 25, 2000 (date), at Plainfield in Hendricks County, Indiana, Larry D. Jones of Hendricks County, Indiana (state), and Karen S. Kendall of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 25, 2000. Signed by: /s/ Vickie Kivett, Morgan County Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on December 1, 2000 (date).

Signed Marsa Dugan Clerk
Hendricks Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page ~~699~~ 700
November 6, 2000
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 10-31-00
Name of Physician Keltner

MALE APPLICANT

Name First: Jeramy Middle: D Last: Poteet
Date of Birth Month: April Day: 5 Year: 1974
Place of Birth (State or foreign country): Indiana
Residence Address: 6203 Vigo Dr. Street or R.R. Clayton City In 46118 County: Hendricks State
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Nichelas Poteet, Taylor Pike
6. (a) Full name of applicant's father Gerald Poteet
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) North Carolina
   Birthplace of father (State or foreign country) Virginia
   (b) Full maiden name of applicant's mother Libby Bedford
   (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 x Jeramy Poteet Date 11-6-00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed x Jeramy Poteet
New Address Same as above
Subscribed and sworn to before me this 6 day of November 2000
Honor 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

FEMALE APPLICANT

Name First: Nichole Middle: Ann Last: Snodgrass
Date of Birth Month: November Day: 2 Year: 1979
Place of Birth (State or foreign country): Illinois
Residence Address: 6203 Vigo Dr. Street or R.R. Clayton City In 46118 County: Hendricks State
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) D.L.

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant x Nichole Ann Snodgrass Date 11.06.00

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 _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed x Nichole Ann Snodgrass
New Address Same as above
Subscribed and sworn to before me this 6 day of November 2000
Honor 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 November 6, 2000, authorizing the marriage of Jeramy David Poteet and Nichole Ann Snodgrass.
I further certify that the following marriage certificate was filed in my office: I, Harold D. Smith (name), certify that on November 11, 2000 (date), at Clayton in Hendricks County, Indiana, Jeramy D. Poteet of Hendricks County, Indiana (state), and Nichole A. Snodgrass of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 6, 2000. Signed by: /s/ Harold D. Smith, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 29, 2000 (date).

Signed Honor Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 7001
11-3-00
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 1-27-95
Name of Physician Marilyn Graham

MALE APPLICANT

Name: First Patrick Middle Dean Last Flanagan
Date of Birth: Month October Day 18 Year 1954
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 88 C. Penn Dr. City Avon County Hendricks State In 46123
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date Aug 2000
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. Shawn, Neil Flanagan
6. (a) Full name of applicant's father Duane Flanagan
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Janis (Hodgin)
   (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 Beverly Middle Sha Last Holloway
Date of Birth: Month December Day 15 Year 1959
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 8026 Winham City Lake Why County 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) D.L

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Holloway
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Sybil (Sell)
   (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 Patrick D. Flanagan Date 11-3-00

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 _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Patrick D. Flanagan
New Address 8020 Winham Lake Way, Indpls. In.
Subscribed and sworn to before me this 3 day of November 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 Beverly D Holloway Date 11/3/00

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 _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Beverly D. Holloway
New Address Same as above.
Subscribed and sworn to before me this 3 day of November 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 November 3, 2000, authorizing the marriage of Patrick Dean Flanagan and Beverly Sha Holloway.
I further certify that the following marriage certificate was filed in my office: I, George F. Kehler (name), certify that on November 25, 2000 (date), at New Winchester in Hendricks County, Indiana, Patrick D. Flanagan of Hendricks County, Indiana (state), and Beverly S. Holloway 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 Nov. 3, 2000. Signed by: /s/ George F. Kehler, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 29, 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 702
11-3-00
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 10-16-00
Name of Physician Dr. Sellmer - Thap's

MALE APPLICANT

Name: First David Middle Mark Last Seymour
Date of Birth: Month 5 Day 2 Year 53
Place of Birth (State or foreign country) Colordo
Residence Address: Street or R.R. 1011 Hess St City Plainfield County Hend State IN 46168
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) 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 Arthur Evers Seymour
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Colorado
   Birthplace of father (State or foreign country) Colorado
   (b) Full maiden name of applicant's mother Ewa Mae Baldrey
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Colorado
   Birthplace of mother (State or foreign country) Colorado

FEMALE APPLICANT

Name: First Joann Middle Susan Last McCormick
Date of Birth: Month 6 Day 14 Year 46
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1011 Hess St. City Plainfield County Hend State IN 46168
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) drives license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Harold L Snyder
   (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 Maxine Hutty
   (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 David Seymour Date 11-3-00

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 _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed David Seymour
New Address Same
Subscribed and sworn to before me this 3 day of NOV 2000
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 JoAnn McCormick Date 11-3-00

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 _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed JoAnn McCormick
New Address Same
Subscribed and sworn to before me this 3 day of NOV, 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 November 3, 2000, authorizing the marriage of David Mark Seymour and JoAnn Susan McCormick.
I further certify that the following marriage certificate was filed in my office: I, D. Bruce Roberts & S. Susan Roberts (name), certify that on November 25, 2000 (date), at Indianapolis in Marion County, Indiana, David M. Seymour of Hendricks County, Indiana (state), and JoAnn S. McCormick of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 3, 2000. Signed by: /s/ D. Bruce Roberts & S. Susan Roberts Clergy (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 29, 2000 (date).

Signed _____ Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 703
10-8-00
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 10-27-00
Name of Physician Lovell

MALE APPLICANT

Name First Steven Middle D. Last Elliott
Date of Birth Month October Day 19 Year 1959
Place of Birth (State or foreign country) Indiana Hendricks
Residence Address 214 N Jefferson Street or R.R. Brownsburg City In County 46112 State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2/7/00
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)
D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Robert Elliott
   (If adopted, list adoptive parents only) —
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Cornelia Glenn
   (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 Steven D. Elliott Date Nov. 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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
× Signed Steven D. Elliott
New Address Same as above
Subscribed and sworn to before me this 8 day of November 2000
Thora 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

FEMALE APPLICANT

Name First Wanda Middle J. Last Elliott
Date of Birth Month October Day 1 Year 1959
Place of Birth (State or foreign country) Indiana Hendricks
Residence Address 214 N Jefferson Street or R.R. Brownsburg City In County 46112 State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2-7-00
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. 0
6. (a) Full name of applicant's father Fred Beck
   (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 Myrtle Nicely
   (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 Wanda J. Elliott Date 11/8/00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Wanda J. Elliott
New Address —
Subscribed and sworn to before me this 8 day of November 2000
Thora 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 Nov 8 2000, authorizing the marriage of Steven D Elliott and Wanda J Elliott.
I further certify that the following marriage certificate was filed in my office: I, Jessica Sappington (name), certify that on November 8 2000 (date), at Danville in Hendricks County, Indiana, Steven Elliott of Hendricks County, Indiana (state), and Wanda Elliott of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated November 8 2000 Signed by: /s/Jessica Sappington, Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 8 2000 (date).

Signed Thora Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 64
Page 704
11-6-00
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 8-24-00
Name of Physician Dr. Graham

MALE APPLICANT

Name First Gerrit Middle Frank Last Luider
Date of Birth Month 8 Day 21 Year 64
Place of Birth (State or foreign country) Ohio
Residence Address Street or R.R. 10252 Pawnee Dr. Box 34311 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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father (If adopted, list adoptive parents only) Gerrit Luider Sr.
   Residence of father (if deceased, so state) ohio
   Birthplace of father (State or foreign country) Netherlands
   (b) Full maiden name of applicant's mother (If adopted, list adoptive parents only) Carol Ann Resnick
   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 Gerrit Frank Luider Date 11-6-00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Gerrit Frank Luider
New Address Same As Above
Subscribed and sworn to before me this 6 day of November 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

FEMALE APPLICANT

Name First Glenda Middle Kaye Last Brewer
Date of Birth Month 5 Day 26 Year 62
Place of Birth (State or foreign country) California
Residence Address Street or R.R. 10252 Pawnee Dr. Box 34311 City Indpls County Hendricks State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 5-98
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 male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Curtas Glenn Brewer
6. (a) Full name of applicant's father Glenn Edward Masonia Sr.
   Residence of father (if deceased, so state) Alabama
   Birthplace of father (State or foreign country) Alabama
   (b) Full maiden name of applicant's mother Shirley Lucille Truckey
   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 Glenda Kaye Brewer Date 11-6-00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Glenda Kaye Brewer
New Address Same As Above
Subscribed and sworn to before me this 6 day of November 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated November 6 2000, authorizing the marriage of Gerrit Frank Luider and Glenda Kaye Brewer.
I further certify that the following marriage certificate was filed in my office: I, David L Powell (name), certify that on November 6 2000 (date), at Indianapolis in Marion County, Indiana, Gerrit F Luider of Hendricks County, Indiana (state), and Glenda K Brewer of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated November 6 2000. Signed by: /s/ David L Powell, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 15 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 I477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 705
November 8, 2000
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 10-10-2000
Name of Physician _____

MALE APPLICANT

Name: First Dennis Middle Alan Last Barnard
Date of Birth: Month September Day 27 Year 1957
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1570 E apt 142 City Danville County Hendricks State In 46122
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 01-80
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. Joshua Barnard & Lynn Fall
6. (a) Full name of applicant's father Freddie Monroe Barnard
   (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 Miriam Brown
   (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 11-8-00

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)
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 8 day of November 2000
Thora 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

FEMALE APPLICANT

Name: First Michelle Middle Lynn Last Sams
Date of Birth: Month February Day 5 Year 1978
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 417 W. Main St. City Jamestown County Boone State In 46147
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☑ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Milton F. Sams
   (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 A. Walters
   (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 Michelle L. Sams Date 11-08-2000

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Michelle L. Sams
New Address _____
Subscribed and sworn to before me this 8 day of November 2000
Thora 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 November 8 2000 authorizing the marriage of Dennis Alan Barnard and Michelle Lynn Sams.
I further certify that the following marriage certificate was filed in my office: I, Jessica Sappington (name), certify that on November 8 2000 (date), at Danville in Hendricks County, Indiana, Dennis A Barnard of Hendricks County, Indiana (state), and Michelle L Sams 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 November 8 2000 Signed by: /s/Jessica R Sappington, Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 8 2000 (date).

Signed Thora Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 44
Page 706
11-8-00
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: First Michael Middle James Last Lombardo
Date of Birth: Month 7 Day 17 Year 27
Place of Birth (State or foreign country): Ohio
Residence Address: Street or R.R. 210 Welcome Way Blvd. City Indpls County Marion State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Vincent Lombardo
   (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 Lucille Cuva
   (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 Michael James Lombardo Date 10/8/00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✗Signed Michael James Lombardo
New Address 608 Hanley Plainfield
Subscribed and sworn to before me this 8 day of November 2000
Clerk of the Hendricks Circuit Court Honor 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 _____

FEMALE APPLICANT

Name: First Della Middle Elizabeth Last Hensley
Date of Birth: Month 10 Day 21 Year 15
Place of Birth (State or foreign country): Missouri
Residence Address: Street or R.R. 608 Hanley City Plainfield County Hendricks State In
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father Edgar Butler
   (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 Lilly Weisner
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) Deceased
   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 Della E. Hensley Date _____

The above applicant has objected to verifying 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 Della E. Hensley
New Address Same as Above
Subscribed and sworn to before me this 8 day of November 2000
Clerk of the Hendricks Circuit Court Honor 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 _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated NOV. 8 2000, authorizing the marriage of MICHAEL J LOMBARDO and DELLA E HENSLEY.
I further certify that the following marriage certificate was filed in my office: I, JEFFREY V BOLES (name), certify that on JANUARY 2, 2001 (date), at DANVILLE in HENDRICKS County, Indiana, MICHAEL J LOMBARDO of MARION County, INDIANA (state), and DELLA E HENSLEY of HENDRICKS County, INDIANA (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated NOV. 8, 2000. Signed by: /s/ JEFFREY V BOLES, JUDGE (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on JANUARY 5, 2001 (date).

Signed Honor Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 707
November 9, 2000
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 11-6-00
Name of Physician Dr. Johns

MALE APPLICANT

Name: First Charles Middle Timothy Last Graf
Date of Birth: Month February Day 9 Year 1978
Place of Birth (State or foreign country) South Dakota Hendricks
Residence Address: Street or R.R. 7255 Mastella Dr. City Brownsburg County State
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Mark Graf
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) California
   Birthplace of father (State or foreign country) South Dakota
   (b) Full maiden name of applicant's mother Sheila Smith
   (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 Charles T. Graf Date 11/9/00

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Sharon Dugan Date 11/9/00

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Charles T. Graf
New Address 6721 CROWN DR BROWNSBURG IN 46112
Subscribed and sworn to before me this 7 day of November 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

FEMALE APPLICANT

Name: First Elizabeth Middle Anne Last Mischler
Date of Birth: Month February Day 12 Year 1980
Place of Birth (State or foreign country) Indiana Hendricks
Residence Address: Street or R.R. 6721 Crown 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) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Mark Mischler
   (If adopted, list adoptive parents only)
   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 Kinsch
   (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 Elizabeth A Mischler Date 11-9-00

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Elizabeth A Mischler Date 11-9-00

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Elizabeth A Mischler
New Address 6721 Crown Dr Brownsburg, In 46112
Subscribed and sworn to before me this 9 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated November 9, 2000, authorizing the marriage of Charles Timothy Graf and Elizabeth Anne Mischler.
I further certify that the following marriage certificate was filed in my office: I, Steven T. Reeves (name), certify that on November 18, 2000 (date), at Brownsburg in Hendricks County, Indiana, Charles T. Graf of Hendricks County, Indiana (state), and Elizabeth A. Mishcler of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 9, 2000. Signed by: /s/ Steven T. Reeves, Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on November 29, 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 708
November 9, 2000
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 10-17-00
Name of Physician _____

MALE APPLICANT	FEMALE APPLICANT
Name First: Patrick Middle: Eugene Last: Ploughe	Name First: Tracey Middle: Lynn Last: Denny
Date of Birth Month: February Day: 23 Year: 1973	Date of Birth Month: March Day: 15 Year: 1975
Place of Birth (State or foreign country): Indiana	Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 14 E. College Ave City: Brownsburg County: Hendricks State:	Residence Address Street or R.R.: 14 E. College Ave City: Brownsburg County: Hendricks State:
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages:	Previous Marital Status: Never Married ☑ OR No. of Previous Marriages:
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date:	Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date:
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) D.L.	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 ☐	1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐	If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐	2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐	4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. 0.	5. List the full names of any dependent children. 0
6. (a) Full name of applicant's father: Vernon E. Ploughe	6. (a) Full name of applicant's father: Randall Denny
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state): Indiana	Residence of father (if deceased, so state): Indiana
Birthplace of father (State or foreign country): Indiana	Birthplace of father (State or foreign country): Indiana
(b) Full maiden name of applicant's mother: Theresa Wynne	(b) Full maiden name of applicant's mother: Peggy Collins
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state): Indiana	Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): New York	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 E. Ploughe Date 11-9-00

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 _____

State of Indiana)
County of Hendricks)

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

Signed: Patrick E. Ploughe
New Address _____

Subscribed and sworn to before me this 9 day of Nov. 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: Tracey Denny Date 11/9/00

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 _____

State of Indiana)
County of Hendricks)

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

Signed: Tracey Denny
New Address _____

Subscribed and sworn to before me this 9 day of Nov. 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated November 9 2000, authorizing the marriage of Patrick E Ploughe and Tracey L Denny.

I further certify that the following marriage certificate was filed in my office: I, Russell R Zint (name), certify that on November 11 2000 (date), at Indianapolis in Marion County, Indiana, Patrick E Ploughe of Hendricks County, Indiana (state), and Tracey L Denny of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated November 9 2000. Signed by: /s/ Russell R Zint, Priest (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on November 15 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 709
11-9-00
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 10-31-00
Name of Physician Dr Johnston

MALE APPLICANT

Name First J. Middle David Last Eastwood
Date of Birth Month 11 Day 25 Year 74
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. 111 S. Street City Plainfield County Hendricks State In
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Logan Eastwood
6. (a) Full name of applicant's father Terry Lee Eastwood
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Mexico
   (b) Full maiden name of applicant's mother Bessie Eleanor Reeves
   (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 J. David Eastwood Date 11-9-00

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 _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✕ Signed J. David Eastwood
New Address Same as Above
Subscribed and sworn to before me this 9 day of November 2000
Honor 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

FEMALE APPLICANT

Name First Christina Middle Dawn Last Means
Date of Birth Month 12 Day 17 Year 76
Place of Birth (State or foreign country) Kentucky
Residence Address Street or R.R. 1111 South St. City Plainfield County Hendricks State In
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Catarina Brackin Alexis Simpson
6. (a) Full name of applicant's father John Lee Means
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Wanda June Carlile
   (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 Christina Means Date 11-9-00

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 _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
✕ Signed Christina Means
New Address Same as Above
Subscribed and sworn to before me this 9 day of November 2000
Honor 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 November 9 2000 authorizing the marriage of J David Eastwood and Christina Dawn Means.
I further certify that the following marriage certificate was filed in my office: I, Richard A Haynes (name), certify that on November 11 2000 (date), at Pittsboro in Hendricks County, Indiana, J David Eastwood of Hendricks County, Indiana (state), and Christina D Means of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated November 9 2000 Signed by: /s/ Richard A Haynes, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 15 2000 (date).

Signed Honor Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

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

Book 604
Page 710
November 9, 2000
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 11-9-00
Name of Physician _____

MALE APPLICANT

Name First Middle Last: Kevin Bryan Dowden
Date of Birth Month Day Year: November 29 1957
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R. City County State: 320 N. Jefferson #8 Brownsburg Hendricks In
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 2-24-99
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify)
Florida Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Harold Dowden
   (If adopted, list adoptive parents only) _____
   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 J. Alverson
   (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 Kevin B Dowden Date 11-9-00

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Steven T. Reeves Date 11-9-00

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Kevin B. Dowden
New Address same as above
Subscribed and sworn to before me this 9 day of Nov. 2000
Thaier 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

FEMALE APPLICANT

Name First Middle Last: Ella Mae Burdine
Date of Birth Month Day Year: April 4 1952
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R. City County State: 320 N. Jefferson #8 Brownsburg Hendricks In
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 9-98
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify)
DL

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. -0-
6. (a) Full name of applicant's father Orcil Blankenship
   (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 Rosealee Lay
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) deceased
   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 Ella M. Burdine Date 11-9-00

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 _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Ella M. Burdine
New Address same as above
Subscribed and sworn to before me this 9 day of Nov. 2000
Thaier 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 November 9, 2000, authorizing the marriage of Kevin Bryan Dowden and Ella Mae Burdine.
I further certify that the following marriage certificate was filed in my office: I, Steven T. Reeves (name), certify that on November 22, 2000 (date), at Brownsburg in Hendricks County, Indiana, Kevin B. Dowden of Hendricks County, Indiana (state), and Ella M. Burdine of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 9, 2000. Signed by: /s/ Steven T. Reeves, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 29, 2000 (date).

Signed Thaier Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 711
Nov. 9, 2000
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 11-9-00
Name of Physician Dr. Cooper

MALE APPLICANT

Name First Middle Last: Walter Eugene Dann
Date of Birth Month Day Year: October 28 1964
Place of Birth (State or foreign country): Indiana Hendricks
Residence Address Street or R.R. City County State: 2322 Bruland Dr. Indpls In
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)
D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Brittney Michelle Dann
6. (a) Full name of applicant's father John Dann
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) Florida
   (b) Full maiden name of applicant's mother Daisy Pittman
   (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 Dann Date 11/9/00

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 _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Walter E Dann
New Address Same
Subscribed and sworn to before me this 9 day of November 2000
Thaior 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

FEMALE APPLICANT

Name First Middle Last: Susan Marie Flowers
Date of Birth Month Day Year: February 25, 1967
Place of Birth (State or foreign country): Indiana Hendricks
Residence Address Street or R.R. City County State: 2322 Bruland Dr. Indpls In
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify)
D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Herbert Flowers
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Patricia Kopp
   (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 Susan Flowers Date 11/9/a

The above applicant has objected to verifying 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 Susan Flowers
New Address Same
Subscribed and sworn to before me this 9 day of November 2000
Thaior 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 November 9, 2000, authorizing the marriage of Walter Eugene Dann and Susan Marie Flowers.
I further certify that the following marriage certificate was filed in my office: I, Lee Reese (name), certify that on November 18, 2000 (date), at Indianapolis in Marion County, Indiana, Walter E. Dann of Hendricks County, Indiana (state), and Susan M. Flowers of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 9, 2000. Signed by: /s/ Lee Reese, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on December 1, 2000 (date).

Signed Thaior Dugan Clerk
Hendricks Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 712
11-10-00
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 10-30-00
Name of Physician Dr. Washington

MALE APPLICANT

Name First: James Middle: Duncan Last: Lyon
Date of Birth Month: 12 Day: 14 Year: 62
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 9 N Jefferson St 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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☑ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Kaitlyn Breann Lyon, Lukas Robert Lyon
6. (a) Full name of applicant's father John Duncan Lyon
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Dorothy Ketcham
   (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 James D. Lyon Date 11/10/00

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)
I swear/affirm that the information given in this application is true and correct.
Signed James D. Lyon
New Address Same as above
Subscribed and sworn to before me this 10 day of November 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

FEMALE APPLICANT

Name First: Wendy Middle: Suzzanne Last: Staples
Date of Birth Month: 4 Day: 20 Year: 69
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 233 N Grant St 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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Macyn Elizabeth Staples
6. (a) Full name of applicant's father Ronald Stephen Sammons
   (If adopted, list adoptive parents only)
   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 Jean Mayhew
   (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 Wendy Staples Date 11/10/00

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)
I swear/affirm that the information given in this application is true and correct.
Signed Wendy Staples
New Address 9N Jefferson Brownsburg
Subscribed and sworn to before me this 10 day of November 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated November 10 2000 authorizing the marriage of James Duncan Lyon and Wendy Suzzanne Staples.
I further certify that the following marriage certificate was filed in my office: I, Steven T Reeves (name), certify that on November 10 2000 (date), at Brownsburg in Hendricks County, Indiana, James D Lyon of Hendricks County, Indiana (state), and Wendy S Staples of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated November 10 2000 Signed by: /s/ Steven T Reeves, Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on November 15 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 713
November 14, 2000
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 11-7-00
Name of Physician Planned Parenthood

MALE APPLICANT

Name First: Mark Middle: Anthony Last: Harting
Date of Birth Month: September Day: 17 Year: 1961
Place of Birth (State or foreign country): Indiana County: Hendricks
Residence Address, Street or R.R.: 558 Woodfield Circle City: Avon State: In 46123
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages: 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date: 6/92
Date of Birth Verified By: ☐ Birth Certificate ☐ Other (Specify): D.L

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. 0
6. (a) Full name of applicant's father: Larry Darling
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state): Indiana
   Birthplace of father (State or foreign country): Indiana
   (b) Full maiden name of applicant's mother: Lois E. 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 X Mark A. Harting Date 11/14/00

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 X Mark A. Harting
New Address _____
Subscribed and sworn to before me this 14 day of November
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

FEMALE APPLICANT

Name First: Robin Middle: Michelle Last: Satterly
Date of Birth Month: June Day: 6 Year: 1963
Place of Birth (State or foreign country): Indiana County: Hendricks
Residence Address, Street or R.R.: 558 Woodfield Circle City: Avon State: In 46123
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): D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Victoria + Ashley Satterly
6. (a) Full name of applicant's father: Roger Atwell
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state): Indiana
   Birthplace of father (State or foreign country): Indiana
   (b) Full maiden name of applicant's mother: Elora Meadors
   (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 X Robin M Satterly Date 11-14-00

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 X Robin M Satterly
New Address _____
Subscribed and sworn to before me this 14 day of November
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 November 14, 2000, authorizing the marriage of Mark Anthony Harting and Robin Michelle Satterly.
I further certify that the following marriage certificate was filed in my office: I, Christopher D. Yates (name), certify that on November 18, 2000 (date), at Indianapolis in Marion County, Indiana, Mark A. Harting of Hendricks County, Indiana (state), and Robin M. 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 Nov. 14, 2000. Signed by: /s/ Christopher D. Yates, Ordained Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on December 6, 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 714
November 14, 2000
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: James Middle: Eugene Last: Warner Jr
Date of Birth Month: August Day: 6 Year: 1949
Place of Birth (State or foreign country): Pennsylvania
Residence Address Street or R.R.: 10908 Delphi Dr. City: Cmby, In County: Hendricks State: 46113
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages: 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date: 11-16-00
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. -0-
6. (a) Full name of applicant's father: Donald Warner
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state): Pennsylvania
   Birthplace of father (State or foreign country): Pennsylvania
   (b) Full maiden name of applicant's mother: Helen Kellogg
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state): deceased
   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 X James E. Warner Sr. Date 14 Nov 00

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed X James E. Warner Sr.
New Address same as above
Subscribed and sworn to before me this 14 day of November 2000
Sharon Duzan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name First: Bonnie Middle: Eileen Last: Powell
Date of Birth Month: March Day: 30 Year: 1951
Place of Birth (State or foreign country): Maryland
Residence Address Street or R.R.: 10908 Delphi Dr. City: Cmby, In County: Hendricks State: 46113
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages: 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date: 7-6-00
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify): Colorado 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: Samuel Powell
   (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: Doris Brasnacht
   (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 X Bonnie E. Powell Date 11/14/00

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 X Bonnie E. Powell
New Address same as above
Subscribed and sworn to before me this 14 day of November 2000
Sharon Duzan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated NOVEMBER 14 2000, authorizing the marriage of JAMES EUGENE WARNER, SR. and BONNIE EILEEN POWELL.
I further certify that the following marriage certificate was filed in my office: I, DONALD B WARNER (name), certify that on NOVEMBER 24, 2000 (date), at INDIANAPOLIS in MARION County, Indiana, JAMES E WARNER, SR. of HENDRICKS County, INDIANA (state), and BONNIE E 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 NOV. 14, 2000. Signed by: /s/ DONALD B WARNER, PASTOR (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on DECEMBER 14, 2000 (date).

Signed Sharon Duzan Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 715
November 14, 2000
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 11-14-00
Name of Physician HCHD

MALE APPLICANT

Name First Jason Middle Lee Last Scheurer
Date of Birth Month June Day 27 Year 1975
Place of Birth (State or foreign country) Indiana
Residence Address 7302-L River Walk Street or R.R. Indianapolis City Marion County In State
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) D.L

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

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

State of Indiana)
County of Hendricks) I swear/affirm that the information given in this application is true and correct.
Signed X Jason Scheurer
New Address 7302-L River walk
Subscribed and sworn to before me this 14 day of November 2000
Theresa 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

FEMALE APPLICANT

Name First Sarah Middle Elizabeth Last Faires
Date of Birth Month November Day 1 Year 1976
Place of Birth (State or foreign country) Indiana
Residence Address 9771 Patterson Dr. Street or R.R. Plainfield City Hendricks County In State
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. D.
6. (a) Full name of applicant's father Dennis Faires
   (If adopted, list adoptive parents only)
   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 Kepper
   (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 X Sarah Faires Date 11-14-00

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 Sarah Faires
New Address X 7302-L River Walk Dr
Subscribed and sworn to before me this 14 day of November 2000
Theresa 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 November 14 2000 authorizing the marriage of Jason L Scheurer and Sarah Elizabeth Faires.
I further certify that the following marriage certificate was filed in my office: I, Jessica Sappington (name), certify that on November 14 2000 (date), at Danville in Hendricks County, Indiana, Jason L Scheurer of Marion County, Indiana (state), and Sarah E Faires of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated November 14 2000. Signed by: /s/ Jessica Sappington, Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 15 2000 (date).

Signed Theresa Dugan Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 716
November 14, 2000
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 10-18-00
Name of Physician _____

MALE APPLICANT

Name: First James Middle Matthew Last Bennett
Date of Birth: Month September Day 15 Year 1970
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 773 Maple Lane 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 10-93
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. -0-
6. (a) Full name of applicant's father Richard 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 Myrna <Horigan>
   (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 James Bennett Date 11-14-00

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 James Bennett
New Address Same as above
Subscribed and sworn to before me this 14 day of November 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

FEMALE APPLICANT

Name: First Amy Middle Jo Last Saldana
Date of Birth: Month November Day 1 Year 1969
Place of Birth (State or foreign country) Nebraska
Residence Address: Street or R.R. 773 Maple Lane City Brownsburg County Hendricks State In
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☐ Other (Specify) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Jessie Saldana
6. (a) Full name of applicant's father Frank Poynter
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Unknown
   (b) Full maiden name of applicant's mother Susie <Rice>
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) Indiana
   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 Amy Saldana Date 11/14/00

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 Amy Saldana
New Address Same as above
Subscribed and sworn to before me this 14 day of November 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated November 14, 2000, authorizing the marriage of James Matthew Bennett and Amy Jo Saldana.
I further certify that the following marriage certificate was filed in my office: I, Daniel J. Staublin (name), certify that on November 18, 2000 (date), at Brownsburg in Hendricks County, Indiana, James M. Bennett of Hendricks County, Indiana (state), and Amy J. Saldana of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 14, 2000. Signed by: /s/ Rev. Daniel J. Staublin R.C. Priest (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 29, 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

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

Book 64
Page 717
November 16, 2000
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 11-10-00
Name of Physician ?

MALE APPLICANT

Name First: Ron Middle: Merritt Last: Mallery
Date of Birth Month: 10 Day: 8 Year: 70
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 10283 Cornith Way City: Avon County: Hendricks State: 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) D.L

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Mallory
6. (a) Full name of applicant's father Gary Mallory
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Belinda Callahan
   (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: Angel Middle: Marie Last: Dixon
Date of Birth Month: 12 Day: 12 Year: 75
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 10283 Cornith Way City: Avon County: Hendricks State: In 46123
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 7-95
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) D.L.

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

The above applicant has objected to verifying 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 Ron Mallery
New Address Same as Above
Subscribed and sworn to before me this 16 day of November 2000
Sharon Duggan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

The above applicant has objected to verifying 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 Angel Dixon
New Address Same as Above
Subscribed and sworn to before me this 16 day of November 2000
Sharon Duggan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated November 16, 2000, authorizing the marriage of Ron Merritt Mallory and Angel Marie Dixon.
I further certify that the following marriage certificate was filed in my office: I, Richard S. Kassel (name), certify that on December 2, 2000 (date), at Avon in Hendricks County, Indiana, Ron M. Mallory of Hendricks County, Indiana (state), and Angel M. Dixon of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 16, 2000. Signed by: /s/ Richard S. Kassel, Chaplain (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on December 6, 2000 (date).

Signed Sharon Duggan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 64
Page 718
November 16, 2000
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 5-5-00
Name of Physician _____

MALE APPLICANT

Name First: John Middle: Leslie Last: Neal
Date of Birth Month: 11 Day: 16 Year: 49
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 3900 N CR 625 W City: North Salem County: Hendricks State: In 46165
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages: 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date: 6-20-99
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. Shelley Leslie Kimberlie Neal Smotherman Steinmetz
6. (a) Full name of applicant's father Harold Neal
   (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 Lola Williams
   (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 X John L Neal Date 11-16-00

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 X John L Neal
New Address _____
Subscribed and sworn to before me this 16 day of November 2000
Karen 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

FEMALE APPLICANT

Name First: Linda Middle: Ann Last: Wilcox
Date of Birth Month: 5 Day: 1 Year: 63
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 3900 N CR 625 W City: North Salem County: Hendricks State: In 46165
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages: 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date: 8-97
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. Lindsey Easley
6. (a) Full name of applicant's father James Wilcox
   (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 Beverly Fain
   (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 Linda Wilcox Date 11-16-00

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 _____
New Address Linda Wilcox
Subscribed and sworn to before me this 16 day of November 2000
Karen 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 Nov 16 2000, authorizing the marriage of John Leslie Neal and Linda Ann Wilcox.
I further certify that the following marriage certificate was filed in my office: I, Jessica Sappington (name), certify that on November 16 2000 (date), at Danville in Hendricks County, Indiana, John L Neal of Hendricks County, Indiana (state), and Linda A Wilcox of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated November 16 2000. Signed by: /s/ Jessica Sappington, Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on November 16 2000 (date).

Signed Karen Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 64
Page 719
11-17-00
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 7-24-00
Name of Physician Dr. Kolwler

MALE APPLICANT

Name First Thomas Middle Samuel Last Robinson Jr.
Date of Birth Month 1 Day 5 Year 79
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. 226 N Nebraska City North Salem County Hendricks State 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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Haley Nicole Robinson
6. (a) Full name of applicant's father Thomas Samuel Robinson Sr.
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Priscilla Ann Wedridge
   (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 Sam Robinson Date 11

The above applicant has objected to verifying 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 Sam Robinson
New Address Same as Above
Subscribed and sworn to before me this 17 day of November 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

FEMALE APPLICANT

Name First Tina Middle Maria Last Manning
Date of Birth Month 9 Day 30 Year 80
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. 226 N Nebraska City North Salem County Hendricks State 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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Haley Nicole Robinson
6. (a) Full name of applicant's father Steven Lee Manning
   (If adopted, list adoptive parents only) ____
   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 Kathleen Russell
   (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 Tina Manning Date ____

The above applicant has objected to verifying 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 Manning
New Address Same as Above
Subscribed and sworn to before me this 17 day of November 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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated November 17, 2000, authorizing the marriage of Thomas Samuel Robinson, Jr. and Tina Maria Manning.
I further certify that the following marriage certificate was filed in my office: I, Sharon Dugan (name), certify that on December 5, 2000 (date), at Danville in Hendricks County, Indiana, Thomas S. Robinson, Jr. of Hendricks County, Indiana (state), and Tina M. Manning of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 17, 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 December 6, 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 64
Page 720
Nov. 17, 2000
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 11-8-00
Name of Physician _____

MALE APPLICANT

Name: First Ernest Middle Roe Last Hickman
Date of Birth: Month 8 Day 25 Year 68
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 3191 N CR 575E City Danville County Hendricks State In 46122
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 6-22-99
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) D.L

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Ryan M & Tiffany M Hickman
6. (a) Full name of applicant's father Fredrick Heckman
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Eloise Wilkins
   (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 X Ernest R. Hickman Date 11-16-00

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 Ernest R Hickman
New Address 3191 N. 575 E Danville, In. 46122
Subscribed and sworn to before me this 17 day of November 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

FEMALE APPLICANT

Name: First Dawn Middle _____ Last Gibboney
Date of Birth: Month 11 Day 5 Year 65
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 8774 Bald Eagle Court City Marion County Indpls State 46234
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 11-12-99
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. 0
6. (a) Full name of applicant's father Rick Gibboney
   (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 Karla Sue Warren
   (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 X Dawn Gibboney Date 11-16-00

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 X Dawn Gibboney
New Address 3191 E N 575 E, Danville IN 46122
Subscribed and sworn to before me this 17 day of November 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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated November 17, 2000, authorizing the marriage of Ernest Roe Hickman and Dawn Elizabeth Gibboney.
I further certify that the following marriage certificate was filed in my office: I, Rick Pearson (name), certify that on November 25, 2000 (date), at Brownsburg in Hendricks County, Indiana, Ernest R. Hickman of Hendricks County, Indiana (state), and Dawn E. Gibboney 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 Nov. 17, 2000. Signed by: /s/ Rick Pearson, Elder (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on December 6, 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 64
Page 721
11-20-00
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 11-13-00
Name of Physician Dr. Hooker

MALE APPLICANT

Name First: Woodrow Middle: Grover Last: LeCompte
Date of Birth Month: 11 Day: 3 Year: 79
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 4505 Connaught E. Dr. City: Plainfield County: Hendricks State: In
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)
Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Lester L. Compte 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 Martha Jo Lemley
   (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 Woodrow G. LeCompte Date 11-20-00

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 Woodrow G. LeCompte
New Address Same As Above
Subscribed and sworn to before me this 20 day of November 2000
Thora 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

FEMALE APPLICANT

Name First: RaeJean Middle: Last: Sandberg
Date of Birth Month: 1 Day: 15 Year: 66
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 7624 Quail Ridge N. City: Plainfield County: Hendricks State: In
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)
Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Sandberg, Candice Sandberg
6. (a) Full name of applicant's father Raymond Allen Clodfelter
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Judith Kay 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 RaeJean Sandberg Date 11-20-00

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 RaeJean Sandberg
New Address 4505 Connaught E Dr. Plfd In 46168
Subscribed and sworn to before me this 20 day of November 2000
Thora 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 November 20, 2000, authorizing the marriage of Woodrow Grover LeCompte and RaeJean Sandberg.

I further certify that the following marriage certificate was filed in my office: I, Stevan W. Ranson (name), certify that on November 25, 2000 (date), at Clayton in Hendricks County, Indiana, Woodrow G. LeCompte of Hendricks County, Indiana (state), and RaeJean Sandberg of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 20, 2000. Signed by: /s/ Stevan W. Ranson, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on November 29, 2000 (date).

Signed Thora Dugan Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 64
Page 722
11-21-00
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 11-15-00
Name of Physician 1434 Chester Rd. Richmond, IN 47374

MALE APPLICANT

Name: First Tommy Middle Ray Last Vickous

Date of Birth: Month 2 Day 11 Year 72

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 8752 Taggart Dr. City Camby County Hend. State IN 46113

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 10-2000

Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)

IN 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. Amanda Lynn Rogers
6. (a) Full name of applicant's father Jerry Thomas Vickous
   (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 Mary Belle Gann
   (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 [1] Date

The above applicant has objected to verifying 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 [2]
New Address same
Subscribed and sworn to before me this 21 day of Nov. 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

FEMALE APPLICANT

Name: First Lisa Middle Ann Last Dawson

Date of Birth: Month 5 Day 12 Year 63

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 8752 Taggart Dr. City Camby County Hendricks State IN 46113

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)

IN 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. Truman Kenneth Sexton
6. (a) Full name of applicant's father Jerry Gerald Dawson
   (If adopted, list adoptive parents only)
   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 Ellen Ervin
   (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 [1] Date

The above applicant has objected to verifying 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 [2]
New Address same
Subscribed and sworn to before me this 21 day of Nov. 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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated November 21, 2000, authorizing the marriage of Tommy Ray Vickous and Lisa Ann Dawson.
I further certify that the following marriage certificate was filed in my office: I, Grant Hodges (name), certify that on December 16, 2000 (date), at Lebanon in Boone County, Indiana, Tommy R. Vickous of Hendricks County, Indiana (state), and Lisa A. Dawson of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 21, 2000. Signed by: /s/ Grant Hodges, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on December 19, 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 64
Page 723
11-22-00
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 11-6-00
Name of Physician Dr. Patrick Foley

MALE APPLICANT

Name: First Kevin Middle William Last Doyle
Date of Birth: Month 07 Day 15 Year 75
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1477 Maria Lane City Plainfield County Hendricks State IN
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) 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 Albert Louis Doyle
   (If adopted, list adoptive parents only)
   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 Kay Bennett
   (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 Doyle Date 11/22/00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Kevin Doyle
New Address 1477 Maria Lane, Avon IN 46123
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

FEMALE APPLICANT

Name: First Amy Middle Nora Last Erickson
Date of Birth: Month 05 Day 26 Year 76
Place of Birth (State or foreign country) North Dakota
Residence Address: Street or R.R. 567 Northfield Rd City Plainfield County Hendricks State IN
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) 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 Lyonel Erickson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) North Dakota
   Birthplace of father (State or foreign country) North Dakota
   (b) Full maiden name of applicant's mother Kathleen Nora Grover
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) North Dakota
   Birthplace of mother (State or foreign country) North Dakota

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Erickson Date 11/22/00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Amy Erickson
New Address 1477 Maria Lane, Avon IN 46123
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 NOVEMBER 22 2000, authorizing the marriage of KEVIN WILLIAM DOYLE and AMY NORA ERICKSON.
I further certify that the following marriage certificate was filed in my office: I, REV. ROYCE T WILLERTON PASTOR (name), certify that on DECEMBER 16, 2000 (date), at AVON in HENDRICKS County, Indiana, KEVIN WILLIAM DOYLE of HENDRICKS County, INDIANA (state), and AMY NORA ERICKSON of HENDRICKS County, INDIANA (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated NOV. 22, 2000. Signed by: /s/ REV. ROYCE T WILLERTON, PASTOR (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on JANUARY 2, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 64
Page 724
11-27-00
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: First William Middle Jesse Last Andrews
Date of Birth: Month 8 Day 25 Year 19
Place of Birth (State or foreign country) Tennessee
Residence Address: Street or R.R. 514 Simmons 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 _____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father Jesse Foster Andrews
   (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 Nellie Clarisa Brown
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Tennessee

FEMALE APPLICANT

Name: First Betty Middle Jean Last Donica
Date of Birth: Month 5 Day 2 Year 32
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 936 Brookside City Plainfield County Hendricks State In
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☑ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father Frank Dickey
   (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 Stella Adams
   (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. Andrews Date 11/27/00

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 _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed William J. Andrews
New Address 936 Brookside Plainfield In
Subscribed and sworn to before me this 27 day of Nov. 2000
Thora 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 Betty J. Donica Date 11-27-00

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 _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Betty J. Donica
New Address Same as Above
Subscribed and sworn to before me this 27 day of Nov. 2000
Thora 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 November 27, 2000, authorizing the marriage of William Jesse Andrews and Betty Jean Donica.
I further certify that the following marriage certificate was filed in my office: I, Stephen Hardin (name), certify that on December 16, 2000 (date), at Plainfield in Hendricks County, Indiana, William J. Andrews of Hendricks County, Indiana (state), and Betty Jean Donica of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 27, 2000. Signed by: /s/ Stephen Hardin, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on December 19, 2000 (date).

Signed Thora Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 64
Page 725
11-27-00
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 10-31-00
Name of Physician Dr. Hazlett

MALE APPLICANT

Name First: Alex Middle: Joseph Last: Berg
Date of Birth Month: 12 Day: 14 Year: 73
Place of Birth (State or foreign country): Indiana
Residence Address: 141 S Maple Street or R.R.: P.O. Box 231 City: Pittsboro County: Hendricks State: In. 46167
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. ____
6. (a) Full name of applicant's father Allen Joseph Berg
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Linda Ann Bittinger
   (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 11-27-00

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 ____

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 27 day of Nov. 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

FEMALE APPLICANT

Name First: Carolyn Middle: Christine Last: Craig
Date of Birth Month: 6 Day: 7 Year: 74
Place of Birth (State or foreign country): Indiana
Residence Address: 141 S Maple Street or R.R.: P.O. Box 231 City: Pittsboro County: Hendricks State: In. 46167
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. ____
6. (a) Full name of applicant's father Richard Gilbert Craig
   (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 Janet Suzanne Bennett
   (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 11-2700

The above applicant has objected to verifying 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 27 day of Nov 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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated November 27, 2000, authorizing the marriage of Alex Joseph Berg and Carolyn Christine Craig.
I further certify that the following marriage certificate was filed in my office: I, Sharon Dugan (name), certify that on December 1, 2000 (date), at Danville in Hendricks County, Indiana, Alex J. Berg of Hendricks County, Indiana (state), and Carolyn C. Craig of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 27, 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 December 6, 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 604
Page 726
11-28-00
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 10-25-00
Name of Physician Dr. Schmall

MALE APPLICANT	FEMALE APPLICANT
Name First: Robert Middle: Charles Last: Magee	Name First: Mitzi Middle: Renigar Last: Gasque
Date of Birth Month: 4 Day: 8 Year: 64	Date of Birth Month: 11 Day: 18 Year: 61
Place of Birth (State or foreign country): Illinois	Place of Birth (State or foreign country): North Carolina
Residence Address Street or R.R.: 713 Mayfield Dr. City: Brownsburg County: Hendricks State: In 46112	Residence Address Street or R.R.: 713 Mayfield Dr. City: Brownsburg County: Hendricks State: In 46112
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages:	Previous Marital Status: Never Married ☐ OR No. of Previous Marriages: 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date:	Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date:
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License	Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐	1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐	If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐	2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐	4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children: Jessica L. Magee, Joshua A. Magee	5. List the full names of any dependent children: Jordan Kimberly Gasque, Brian Scott Gasque
6. (a) Full name of applicant's father: Robert L Magee	6. (a) Full name of applicant's father: Jack Thomas Renigar
(If adopted, list adoptive parents only):	(If adopted, list adoptive parents only):
Residence of father (if deceased, so state): Illinois	Residence of father (if deceased, so state): North Carolina
Birthplace of father (State or foreign country): Illinois	Birthplace of father (State or foreign country): North Carolina
(b) Full maiden name of applicant's mother: Carol Williams	(b) Full maiden name of applicant's mother: Blenda Faye Burke
(If adopted, list adoptive parents only):	(If adopted, list adoptive parents only):
Residence of mother (if deceased, so state): Michigan	Residence of mother (if deceased, so state): Deceased
Birthplace of mother (State or foreign country): Illinois	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: Robert Magee Date: 11-28-00

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: Robert Magee
New Address: Same As Above
Subscribed and sworn to before me this 28 day of Nov. 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: Mitzi R. Gasque Date: 11-28-00

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: Mitzi R. Gasque
New Address: Same As Above
Subscribed and sworn to before me this 28 day of Nov. 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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated November 28, 2000, authorizing the marriage of Robert Charles Magee and Mitzi Renigar Gasque.
I further certify that the following marriage certificate was filed in my office: I, Don Moran (name), certify that on December 9, 2000 (date), at Brownsburg in Hendricks County, Indiana, Robert C. Magee of Hendricks County, Indiana (state), and Mitzi R. Gasque of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 28, 2000. Signed by: /s/ Donald Moran, Reverand (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on December 13, 2000 (date).

Signed: Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 64
Page 727
11-28-00
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 11-3-00
Name of Physician Dr. Boothe

MALE APPLICANT

Name First: John Middle: Lynn Last: Garver
Date of Birth Month: 6 Day: 29 Year: 52
Place of Birth (State or foreign country): Indiana
Residence Address: 3048 S CR 550 Street or R.R.: Coatesville City: Hendricks County: In State: 46121
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages: 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)
Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Zachary Garver, Kayla Garver
6. (a) Full name of applicant's father Bernard K. Garver
   (If adopted, list adoptive parents only)
   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 Posey
   (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 John L Garver Date 11/28/00

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 John L Garver
New Address 3048 S. CR 550 W Coatesville, IN 46121
Subscribed and sworn to before me this 28th day of November
Thora 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

FEMALE APPLICANT

Name First: Kelly Middle: Ann Last: Smith
Date of Birth Month: 9 Day: 23 Year: 67
Place of Birth (State or foreign country): Indiana
Residence Address: 707 Sharon Ct Street or R.R.: Plainfield City: Hendricks County: In State:
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages: 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)
Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. William Smith, Alexandra Smith, Christian Smith
6. (a) Full name of applicant's father Daniel Ernest Carlisle
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Barbara Jean Sanders
   (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 Kelly Ann Smith Date 11/28/00

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 Kelly Ann Smith
New Address 3048 S C.R. 550 W. Coatesville, In 46121
Subscribed and sworn to before me this 28th day of November
Thora 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 November 28, 2000, authorizing the marriage of John Lynn Garver and Kelly Ann Smith.
I further certify that the following marriage certificate was filed in my office: I, Stevan W. Ranson (name), certify that on December 6, 2000 (date), at Clayton in Hendricks County, Indiana, John L. Garver of Hendricks County, Indiana (state), and Kelly A. 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 Nov. 28, 2000. Signed by: /s/ Stevan W. Ranson, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on December 11, 2000 (date).

Signed Thora Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Book 64
Page 728
11/30/00
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 11-29-00
Name of Physician Trudgeon

MALE APPLICANT

Name: First Jon Middle Michael Last Hayse Jr.
Date of Birth: Month July Day 17 Year 1980
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 9083 E. US 36 City Avon County Hendricks State 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. Adrienne Marie Hayse
   Jon Michael Hayse III
6. (a) Full name of applicant's father Jon Michael Hayse 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 Paula Rose Couch
   (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 Jon M Hayse Jr Date 11-30-00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Jon M Hayse Jr
X 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

FEMALE APPLICANT

Name: First Jamie Middle Rae Last Trent
Date of Birth: Month June Day 30 Year 1979
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 9083 E. US 36 City Avon County Hendricks State In. 46123
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 10/2000
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. Aaron Thomas Kestler
   Jon Michael Hayse III
6. (a) Full name of applicant's father Ross Eugene 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 Nancy Jo Heinlein
   (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 Jamie R Trent Date 11/30/00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Jamie R Trent
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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated November 30, 2000, authorizing the marriage of Jon Michael Hayse, Jr. and Jamie Rae Trent.
I further certify that the following marriage certificate was filed in my office: I, Sharon Dugan (name), certify that on November 30, 2000 (date), at Danville in Hendricks County, Indiana, Jon M. Hayse, Jr. of Hendricks County, Indiana (state), and Jamie R. Trent of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Nov. 30, 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 November 30, 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 64
Page 729
12-4-00
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 11-28-00
Name of Physician Eric Clark

MALE APPLICANT

Name First: Ronald Middle: Lloyd Last: Beaman
Date of Birth Month: May Day: 24 Year: 1948
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 906 Street Andrews Drive City: Avon County: Hendricks State: In. 46123
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages: 3
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date: 1991
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)
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. Corey Lynn Beaman
6. (a) Full name of applicant's father Albert Lee Beaman
   (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 Ethel Mary Lloyd
   (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).
X Signature of Applicant Ronald Lloyd Beaman Date 12/4/00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Ronald Lloyd Beaman
New Address Same
Subscribed and sworn to before me this _____ day of _____
Sharon Degax Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name First: Shannon Middle: Lea Last: Hogan
Date of Birth Month: April Day: 4 Year: 1973
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 906 Street Andrews Dr. City: Avon County: Hendricks State: 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 male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father Jerry Thomas Hogan
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Nancy Ann Keppler
   (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).
X Signature of Applicant Shannon Lea Hogan Date 12/4/00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Shannon Lea Hogan
New Address Same
Subscribed and sworn to before me this _____ day of _____
Sharon Degax Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated DECEMBER 23 2000, authorizing the marriage of RONALD BEAMAN and SHANNON HOGAN.
I further certify that the following marriage certificate was filed in my office: I, BRIAN CARTER (name), certify that on DECEMBER 23, 2000 (date), at INDIANAPOLIS in MARION County, Indiana, RONALD BEAMAN of HENDRICKS County, INDIANA (state), and SHANNON HOGAN of HENDRICKS County, INDIANA (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated DEC. 23, 2000. Signed by: /s/ BRYAN CARTER, PASTOR (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on DECEMBER 27, 2000 (date).

Signed Sharon Degax Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 64
Page 230
12-1-00
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 11-30-00
Name of Physician Dr. Freeman

MALE APPLICANT	FEMALE APPLICANT
Name: First Raynaldo Middle David Last DeLarosa	Name: First Kimberly Middle Michelle Last Pointer
Date of Birth: Month 4 Day 10 Year 55	Date of Birth: Month 12 Day 28 Year 72
Place of Birth (State or foreign country): Illinois	Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 34 Northridge Ct. City Brownsburg County Hendricks State In	Residence Address: Street or R.R. 34 Northridge Ct City Brownsburg County Hendricks State In
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1	Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date	Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License	Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐	1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐	If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐	2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐	4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.	5. List the full names of any dependent children. Kelsy Clore, Kristopher Clore
6. (a) Full name of applicant's father Raynaldo DeLarosa	6. (a) Full name of applicant's father Richard Paul Pointer
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Indiana	Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Texas	Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Delphina Elizondo	(b) Full maiden name of applicant's mother Shirley Lee Burch
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Indiana	Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) 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 Raynaldo DeLarosa Date 12/1/00

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)
County of Hendricks)

I swear/affirm that the information given in this application is true and correct.

✕Signed Raynaldo DeLarosa
New Address Same as Above
Subscribed and sworn to before me this 1 day of Dec. 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 Kimberly Michelle Pointer Date 12/1/00

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)
County of Hendricks)

I swear/affirm that the information given in this application is true and correct.

Signed Kimberly Michelle Pointer
New Address Same as Above
Subscribed and sworn to before me this 1 day of Dec. 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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated December 1, 2000, authorizing the marriage of Raynaldo David DeLarosa and Kimberly Michelle Pointer.

I further certify that the following marriage certificate was filed in my office: I, Charles E. Hostetter (name), certify that on December 1, 2000 (date), at Brownsburg in Hendricks County, Indiana, Raynaldo D. DeLarosa of Hendricks County, Indiana (state), and Kimberly M. Pointer of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 1, 2000. Signed by: /s/ Charles E. Hostetter, Judge (official designation) Filed and recorded in accordance with the laws of the State of Indiana on December 15, 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 64
Page 731
12-1-00
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 11-29-00
Name of Physician Dr. Hasbrook

MALE APPLICANT	FEMALE APPLICANT
Name: First Travis Middle Andrew Last McCarthy	Name: First Sarah Middle Jean Last Messmer
Date of Birth: Month 12 Day 11 Year 80	Date of Birth: Month 3 Day 9 Year 81
Place of Birth (State or foreign country) Indiana	Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 755 N State Rd 75 City Danville County Hendricks State In	Residence Address: Street or R.R. 1003 Valley View Dr. Apt 2 City Plainfield County Hendricks State In
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages	Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date	Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)	Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)
Drivers License	Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐	1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐	If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐	2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐	4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father John A. McCarthy	6. (a) Full name of applicant's father Ronald DeWayne Messmer
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Indiana	Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Illinois	Birthplace of father (State or foreign country) Michigan
(b) Full maiden name of applicant's mother Mary Jean Eckenbrock	(b) Full maiden name of applicant's mother Rebecca Lee Dutter
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Indiana	Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Indiana	Birthplace of mother (State or foreign country) Indiana
ACKNOWLEDGEMENT	ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Travis A. McCarthy Date	Signature of Applicant Sarah Messmer Date
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Travis A. McCarthy Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.	County of Hendricks) in this application is true and correct.
Signed New Address 5371 N CR 200 N Danville	Signed Sarah Messmer New Address 5371 N CR 200 N Danville
Subscribed and sworn to before me this 1 day of Dec. 2000	Subscribed and sworn to before me this 1 day of Dec. 2000
Sharon Dugan Clerk of the Hendricks Circuit Court	Sharon Dugan Clerk of the Hendricks Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of Hendricks)	County of Hendricks)
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me this day of	Subscribed and sworn to before me this day of
Sharon Dugan Clerk	Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated December 1, 2000, authorizing the marriage of Travis Andrew McCarthy and Sarah Jean Messmer.

I further certify that the following marriage certificate was filed in my office: I, Sharon Dugan (name), certify that on December 1, 2000 (date), at Danville in Hendricks County, Indiana, Travis A. McCarthy of Hendricks County, Indiana (state), and Sarah J. Messmer of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 1, 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 December 6, 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 64
Page 732
12-1-00
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 9-25-00
Name of Physician 321 E Northfield Dr. Ste 100

MALE APPLICANT

Name: First Jian Middle — Last Lin

Date of Birth: Month 11 Day 19 Year 78

Place of Birth (State or foreign country): China

Residence Address: Street or R.R. 1450 Auburn Dr. City Brownsburg County Hend State IN

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____

Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. NA
6. (a) Full name of applicant's father Sheng Li Lin
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) China
   (b) Full maiden name of applicant's mother Xue H Zheng
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) China

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Jian Li Date ____

The above applicant has objected to verifying 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 Jian Li
New Address same
Subscribed and sworn to before me this 1st day of December, 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

FEMALE APPLICANT

Name: First Qiong Middle Hui Last Zheng

Date of Birth: Month 11 Day 18 Year 80

Place of Birth (State or foreign country): China

Residence Address: Street or R.R. 1450 Auburn Dr. City Brownsburg County Hend State IN 46112

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____

Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. NA
6. (a) Full name of applicant's father Wei He Zheng
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Pennsylvania
   Birthplace of father (State or foreign country) China
   (b) Full maiden name of applicant's mother Zhi Xiang Ni
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Pennsylvania
   Birthplace of mother (State or foreign country) China

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Qiong Hui Zheng Date ____

The above applicant has objected to verifying 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 Qiong Hui Zheng
New Address same
Subscribed and sworn to before me this 1st day of December, 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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated December 1, 2000, authorizing the marriage of Jian Lin and Qiong Hui Zheng.
I further certify that the following marriage certificate was filed in my office: I, Don Krueger (name), certify that on December 2, 2000 (date), at Brownsburg in Hendricks County, Indiana, Jian Lin of Hendricks County, Indiana (state), and Qiong H. Zheng of Alleghany County, Pennsylvania (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 1, 2000. Signed by: /s/ Don Krueger, Baptist Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on December 6, 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 64
Page 733
12-1-00
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 11-30-00
Name of Physician Dr. Lamb

MALE APPLICANT

Name: First Ronald Middle Ray Last Brown
Date of Birth: Month 11 Day 25 Year 81
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 636 Lakeside Dr. Apt D City Plainfield County Hendricks State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father 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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 12/1/00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Ronald R. Brown
New Address Same as Above
Subscribed and sworn to before me this 1 day of Dec. 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

FEMALE APPLICANT

Name: First Rebecca Middle Sue Last McDaniel
Date of Birth: Month 9 Day 29 Year 81
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 636 Lakeside Dr. Apt D City Plainfield County Hendricks State In.
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father 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 Alice 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 Rebecca S McDaniel Date 12-1-00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Rebecca S McDaniel
New Address Same as Above
Subscribed and sworn to before me this 1 day of Dec. 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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated December 1, 2000, authorizing the marriage of Ronald Ray Brown and Rebecca Sue McDaniel.
I further certify that the following marriage certificate was filed in my office: I, Sharon Dugan (name), certify that on December 8, 2000 (date), at Danville in Hendricks County, Indiana, Ronald R. Brown of Hendricks County, Indiana (state), and Rebecca S. McDaniel of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 1, 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 December 11, 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 64
Page 734
12-4-00
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 11-22-00
Name of Physician Rebecca Haak

MALE APPLICANT

Name: First Michael Middle Gerald Last Cox
Date of Birth: Month July Day 21 Year 1961
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 8177 West C.R. 300 South City Coatesville County Hendricks State In. 46121
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)
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. Jennifer Michaela Cox, Michael Gerald Cox II, Nathaniel David Cox, Katie Mae Cox, Jarod James Cox, Luke Anthony Cox
6. (a) Full name of applicant's father Gerald Cloon Cox
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) California
   (b) Full maiden name of applicant's mother Eloise Mae Gardner
   (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 Michael D. Cox Date 12-4-00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Michael D. Cox
New Address RR #10 Box 522 Crawfordsville, IN. 47933
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

FEMALE APPLICANT

Name: First Barbara Middle Sue Last Etcheson
Date of Birth: Month August Day 21 Year 1959
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. RR #10 Box 522 City Crawfordsville County Montgomery State In. 47933
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)
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. Braden Wayne Etcheson, Leanna Rose Etcheson, Shelby Renee Etcheson
6. (a) Full name of applicant's father Forrest Eugene McFarland
   (If adopted, list adoptive parents only)
   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 Joan Westfall
   (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 Barbara S Etcheson Date 12-4-00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Barbara S Etcheson
X 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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated December 4, 2000, authorizing the marriage of Michael Gerald Cox and Barbara Sue Etcheson.
I further certify that the following marriage certificate was filed in my office: I, Bill Cox (name), certify that on December 16, 2000 (date), at Plainfield in Hendricks County, Indiana, Michael G. Cox of Hendricks County, Indiana (state), and Barbara S. Etcheson 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 Dec. 4, 2000. Signed by: /s/ Bill Cox, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on December 19, 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 64
Page 735
12-8-00
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 12-4-00
Name of Physician Deborah Williams

MALE APPLICANT	FEMALE APPLICANT
Name: First James Middle William Last Jarvis	Name: First Bari Middle Lynn Last Jent
Date of Birth: Month 3 Day 14 Year 60	Date of Birth: Month 8 Day 14 Year 60
Place of Birth (State or foreign country): Indiana	Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 505 Woodberry Dr. City Danville County Hendricks State IN	Residence Address: Street or R.R. 505 Woodberry Dr. City Danville County Hendricks State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2	Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date	Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 8/10/00
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License	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 ☐	1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐	If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐	2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐	4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children: Joseph Riley Jarvis	5. List the full names of any dependent children. Helen Josephine Jent, Meredith Joan Jent
6. (a) Full name of applicant's father: Joseph Moore Jarvis	6. (a) Full name of applicant's father: Harold Eugene Jargent
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state): Indiana	Residence of father (if deceased, so state): Indiana
Birthplace of father (State or foreign country): Indiana	Birthplace of father (State or foreign country): Indiana
(b) Full maiden name of applicant's mother: Shirley Mae Beach	(b) Full maiden name of applicant's mother: Faye Diane Rudy
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state): Indiana	Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): Indiana	Birthplace of mother (State or foreign country): 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: James William Jarvis Date 12/8/00

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)
County of Hendricks)

I swear/affirm that the information given in this application is true and correct.

Signed: James William Jarvis
New Address: same as above

Subscribed and sworn to before me this 8 day of Dec. 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: Bari L. Jent Date 12/8/00

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)
County of Hendricks)

I swear/affirm that the information given in this application is true and correct.

Signed: Bari L. Jent
New Address: same as above

Subscribed and sworn to before me this 8 day of Dec. 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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated December 8, 2000, authorizing the marriage of James W. Jarvis and Bari L. Jent.

I further certify that the following marriage certificate was filed in my office: I, Ann Pitman Runnion (name), certify that on December 29, 2000 (date), at Plainfield in Hendricks County, Indiana, James W. Jarvis of Hendricks County, Indiana (state), and Bari L. Jent of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 8, 2000. Signed by: /s/ Ann Pitman Runnion, Reverend (official designation) Filed and recorded in accordance with the laws of the State of Indiana on December 8, 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 14
Page 734
12-5-00
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 11-28-00
Name of Physician Dr. Maynard

MALE APPLICANT

Name First: Kevin Middle: Andru Last: Wells
Date of Birth Month: 6 Day: 26 Year: 70
Place of Birth (State or foreign country): Indiana
Residence Address: 434 N Dell St. Street or R.R. Brownsburg City Hendricks County Indiana State
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)
Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Richard Allen Wells
   (If adopted, list adoptive parents only)
   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 Rosemary Parker
   (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 K A Wells Date 12/5/00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed K A Wells
New Address Same As Above
Subscribed and sworn to before me this 5 day of Dec. 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

FEMALE APPLICANT

Name First: Karen Middle: Evelyn Last: Price
Date of Birth Month: 4 Day: 28 Year: 74
Place of Birth (State or foreign country): Indiana
Residence Address: 424 N O'Dell Street City: Brownsburg County: Hendricks State: In
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)
Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Tommy Myral Price
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Kentucky
   Birthplace of father (State or foreign country) California
   (b) Full maiden name of applicant's mother Charlene Francis Sick
   (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 Karen Price Date 12/5/2000

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 _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Karen Price
New Address Same As Above
Subscribed and sworn to before me this 5 day of Dec. 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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated December 5, 2000, authorizing the marriage of Kevin Andru Wells and Karen Evelyn Price.
I further certify that the following marriage certificate was filed in my office: I, Steve P. Blaydes, Jr. (name), certify that on December 23, 2000 (date), at Greencastle in Putnam County, Indiana, Kevin A. Wells of Hendricks County, Indiana (state), and Karen E. Price of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 5, 2000. Signed by: /s/ Steve P. Blaydes, Jr., Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on December 28, 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 64
Page 137
12-7-00
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 Dr. King 11-30-00
Name of Physician

MALE APPLICANT

Name First: Zachary Middle: Scott Last: Condre
Date of Birth Month: 12 Day: 13 Year: 78
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 14 Candlewood Ct City: Brownsburg County: Hendricks State: In
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Michael David Condre
   (If adopted, list adoptive parents only)
   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 Hadaway
   (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 Zachary S Condre Date 12-7-2000

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

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Zachary S Condre
New Address Same as Above
Subscribed and sworn to before me this 7 day of Dec. 2000
Thora 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

FEMALE APPLICANT

Name First: Candace Middle: Kaye Last: Lents
Date of Birth Month: 3 Day: 22 Year: 81
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 14 Candlewood Ct City: Brownsburg County: Hendricks State: In
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Richard Andrew Lents
   (If adopted, list adoptive parents only)
   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 Ethelyn Brammer
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Arizona

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Date 12/7/00

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)
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 7 day of Dec. 2000
Thora 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 , 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 Thora Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 64
Page 738
12-13-00
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 11-16-00
Name of Physician Richard Floyd

MALE APPLICANT

Name First: Michael Middle: Earl Last: Wright
Date of Birth Month: 8 Day: 15 Year: 1973
Place of Birth (State or foreign country): Michigan
Residence Address Street or R.R.: 1208 Linden Way City: Indpls. County: Marion State: IN 46234
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Daniel William Wright
   (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 Kathy Louise Ross
   (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 Michael Wright Date 12/13/00

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 _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Michael Wright
New Address SAME
Subscribed and sworn to before me this 13th day of Dec. 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

FEMALE APPLICANT

Name First: Sherry Middle: Ann Last: Baker
Date of Birth Month: 2 Day: 11 Year: 1970
Place of Birth (State or foreign country): Missouri
Residence Address Street or R.R.: 1208 Linden Way City: Indpls. County: Marion State: IN 46234
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) 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 Johnnie B. Baker
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Missouri
   (b) Full maiden name of applicant's mother Wanda Joan Hathman
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Missouri
   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 Sherry Baker Date 12-13-00

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 _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Sherry Baker
New Address SAME AS ABOVE
Subscribed and sworn to before me this 13 day of December
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 DECEMBER 13 2000, authorizing the marriage of MICHAEL EARL WRIGHT and SHERRY ANN BAKER.
I further certify that the following marriage certificate was filed in my office: I, TERRY HURSH (name), certify that on DECEMBER 16, 2000 (date), at INDIANAPOLIS in MARION County, Indiana, MICHAEL EARL WRIGHT of HENDRICKS County, INDIANA (state), and SHERRY ANN BAKER of HENDRICKS County, INDIANA (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated DEC. 16, 2000. Signed by: /s/ TERRY N HURSH, JUDGE MARION CO. (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on DECEMBER 27, 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 64
Page 739
12-14-00
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 _____
Name of Physician _____

MALE APPLICANT

Name: First James Middle Raymond Last Anderson
Date of Birth: Month 8 Day 4 Year 64
Place of Birth (State or foreign country): Indiana County: Hendricks
Residence Address: Street or R.R. 7370 Apple Cross Circle City Avon State IN
Previous Marital Status: 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 F. Anderson
   (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 Lou Adams
   (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 _____ Date 12/14/00

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 _____
New Address _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First Natalie Middle Kay Last Aynes
Date of Birth: Month 10 Day 12 Year 68
Place of Birth (State or foreign country): Indiana County: Hendricks
Residence Address: Street or R.R. 7370 Apple Cross Circle City Avon State IN
Previous Marital Status: 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. None
6. (a) Full name of applicant's father Robert Keith Aynes
   (If adopted, list adoptive parents only) _____
   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 Kay Merker
   (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 R Anderson Date 12-14-00

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 James R Anderson
New Address Avon
Subscribed and sworn to before me this _____ day of _____
_____ Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated DECEMBER 14 2000, authorizing the marriage of JAMES RAYMOND ANDERSON and NATALIE KAY AYNES.
I further certify that the following marriage certificate was filed in my office: I, JOHN ROOF (name), certify that on DECEMBER 23, 2000 (date), at DANVILLE in HENDRICKS County, Indiana, JAMES RAYMOND ANDERSON of HENDRICKS County, INDIANA (state), and NATALIE KAY AYNES of HENDRICKS County, INDIANA (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated DEC. 14, 2000. Signed by: /s/ JOHN P ROOF, EPISCOPAL PRIEST (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on DECEMBER 27, 2000 (date).

Signed _____ Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 64
Page 740
12-14-00
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 12-14-00
Name of Physician Thaddaus Poe

MALE APPLICANT	FEMALE APPLICANT
Name: First Brian Middle Howard Last Honett	Name: First Elizabeth Middle Jo Last Geiss
Date of Birth: Month 12 Day 24 Year 79	Date of Birth: Month 7 Day 29 Year 80
Place of Birth (State or foreign country): California	Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 590 W Briar Lane City Green Bay County Brown State WI 54302	Residence Address: Street or R.R. 7832 Hughes Rd City North Salem County Hendricks State IN 46165
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages	Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date	Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Driver's License	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 ☐	1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐	If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐	2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐	4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father	6. (a) Full name of applicant's father
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother	(b) Full maiden name of applicant's mother
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGEMENT	ACKNOWLEDGEMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	I acknowledge that I have received information regarding 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 B Honett Date 12-14-00	X Signature of Applicant Elizabeth J Geiss Date 12-14-00
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____	Clerk of Court _____ Date _____
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of Hendricks) in this application is true and correct.	County of Hendricks) in this application is true and correct.
X Signed B Honett	X Signed Elizabeth J Geiss
New Address 1343 S. Second St. Upland, IN 46989	New Address 1343 S. Second St. Upland, IN 46989
Subscribed and sworn to before me this _____ day of _____	Subscribed and sworn to before me this _____ day of _____
Sharon Dugan Clerk of the Hendricks Circuit Court	Sharon Dugan Clerk of the Hendricks Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana)	State of Indiana)
County of Hendricks)	County of Hendricks)
Father _____ ID # _____	Father _____ ID # _____
Mother _____ ID # _____	Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____	Subscribed and sworn to before me this _____ day of _____
_____ Clerk	_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated December 14, 2000, authorizing the marriage of Brian Howard Honett and Elizabeth Jo Geiss.
I further certify that the following marriage certificate was filed in my office: I, William P. Jenkins (name), certify that on December 30, 2000 (date), at Indianapolis in Marion County, Indiana, Brian H. Honett of Brown County, Indiana (state), and Elizabeth J. Geiss of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 14, 2000. Signed by: /s/ William P. Jenkins, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on January 11, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 64
Page 741
12-14-00
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 12-14-00
Name of Physician James Black

MALE APPLICANT

Name First: Ryan Middle: Blair Last: Gadille
Date of Birth Month: June Day: 26 Year: 1977
Place of Birth (State or foreign country): Ohio
Residence Address Street or R.R.: 7023 Fox Hollow Lane City: Brownsburg County: Hendricks State: Indiana
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. ____
6. (a) Full name of applicant's father Daniel Roger Gadille
   (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 Sharon Elizabeth Wood
   (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 Ryan Blair Gadille Date 12/14/2000

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 ____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Ryan Blair Gadille
New Address Same
Subscribed and sworn to before me this ____ day of ____
Honor 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

FEMALE APPLICANT

Name First: Melissa Middle: Dawn Last: Hatcher
Date of Birth Month: December Day: 2 Year: 1972
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 118 Osborne Avenue City: Pittsboro County: Hendricks State: Indiana
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☑ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. ____
6. (a) Full name of applicant's father Samuel Farris Hatcher 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 Patricia Ann Heagy
   (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 D. Hatcher Date 12/14/00

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 Melissa D. Hatcher
New Address 7023 Fox Hollow Lane Brownsburg IN 46112
Subscribed and sworn to before me this ____ day of ____
Honor 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 December 14, 2000, authorizing the marriage of Ryan Blair Gadille and Melissa Dawn Hatcher.
I further certify that the following marriage certificate was filed in my office: I, Charles E. Hostetter (name), certify that on December 22, 2000 (date), at Brownsburg in Hendricks County, Indiana, Ryan B. Gadille of Hendricks County, Indiana (state), and Melissa D. Hatcher of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 14, 2000. 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 December 26, 2000 (date).

Signed Honor Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 64
Page 742
12-15-00
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 12-18-00
Name of Physician Health Tracks

MALE APPLICANT

Name First: Scott Middle: Andrew Last: West
Date of Birth Month: 1 Day: 13 Year: 64
Place of Birth (State or foreign country): Indiana
Residence Address: 632 S School Street 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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Courtney Jo West Jacob West
6. (a) Full name of applicant's father Richard Raymond West
   (If adopted, list adoptive parents only)
   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 Lorraine Mason
   (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 A. West Date 12/20/00

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 Scott A. West
New Address Same as above
Subscribed and sworn to before me this 15 day of Dec. 2000
Sharon Duggan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name First: Allison Middle: Daryl Last: Barnes
Date of Birth Month: 2 Day: 6 Year: 72
Place of Birth (State or foreign country): Indiana
Residence Address: 632 S. School St. City: Brownsburg County: Hendricks State: In
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)
Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Thomas Joseph Barnes
   (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 Sandra Lynn Mills
   (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 Allison D. Barnes Date 12/15/00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Allison D. Barnes
New Address Same as above
Subscribed and sworn to before me this 15 day of Dec. 2000
Sharon Duggan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated December 15, 2000, authorizing the marriage of Scott Andrew West and Allison Daryl Barnes.
I further certify that the following marriage certificate was filed in my office: I, Karen E. Devaisher (name), certify that on December 23, 2000 (date), at Avon in Hendricks County, Indiana, Scott A. West of Hendricks County, Indiana (state), and Allison D. Barnes of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 15, 2000. Signed by: /s/ Karen E. Devaisher, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on January 3, 2001 (date).

Signed Sharon Duggan Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 64
Page 743
12-15-00
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: First Donald Middle Eugene Last Portwood
Date of Birth: Month 7 Day 24 Year 37
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 633 S. Jefferson St. City Brownsburg County Hendricks State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Tyra Portwood
   (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 Kathaleen Doris Crouch
   (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 Donald E. Portwood Date 12-15-00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Donald E. Portwood
New Address 633 S. Jefferson St. Brownsburg
Subscribed and sworn to before me this _____ day of _____
Thora 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

FEMALE APPLICANT

Name: First Margaret Middle J Last Neffle
Date of Birth: Month 6 Day 30 Year 47
Place of Birth (State or foreign country) Ohio
Residence Address: Street or R.R. 3484 N. State Road 9 City Greenfield County Hancock State IN 46140
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 male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Jack W. Benton
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Unknown
   (b) Full maiden name of applicant's mother _____
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Unknown

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Margaret J. Neffle Date 12-15-2000

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Margaret J. Neffle
New Address Same
Subscribed and sworn to before me this _____ day of _____
Thora 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 December 15, 2000, authorizing the marriage of Donald Eugene Portwood and Margaret J. Neffle.
I further certify that the following marriage certificate was filed in my office: I, Kenneth Smith (name), certify that on December 15, 2000 (date), at Brownsburg in Hendricks County, Indiana, Donald E. Portwood of Hendricks County, Indiana (state), and Margaret J. Neffle of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 15, 2000. Signed by: /s/ Kenneth Smith, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on December 19, 2000 (date).

Signed Thora Dugan Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 64
Page 745
12-15-00
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 12-1-00
Name of Physician Thaddeus Poe, MD

MALE APPLICANT

Name: First Michael Middle Clark Last Beaty
Date of Birth: Month 10 Day 16 Year 63
Place of Birth (State or foreign country) Michigan
Residence Address: Street or R.R. 2166 E Main St. City Danville County Hend State 46122
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 8-00
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. William Clark Beaty
6. (a) Full name of applicant's father Thomas Clark Beaty
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Alabama
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of applicant's mother Carol Loretta Larson
   (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 ② [signature] Date 12/15/2000

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed ① [signature]
New Address 299 HERITAGE DRIVE DANVILLE
Subscribed and sworn to before me this 15th day of December, 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

FEMALE APPLICANT

Name: First Karen Middle N Last Kunkel
Date of Birth: Month 2 Day 22 Year 56
Place of Birth (State or foreign country) N. Carolina
Residence Address: Street or R.R. 299 Heritage Dr. City Danville County Hend State IN 46122
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 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. Timothy Kelly Kunkel Kenneth William Kunkel Kristina Irene Kunkel
6. (a) Full name of applicant's father James David Newsome
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) N. Carolina
   Birthplace of father (State or foreign country) N. Carolina
   (b) Full maiden name of applicant's mother Edith Irene Tise
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) N. Carolina
   Birthplace of mother (State or foreign country) N. 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 ② [signature] Date 12/15/00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed ① [signature]
New Address 299 HERITAGE DRIVE DANVILLE
Subscribed and sworn to before me this 15 day of December, 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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated DECEMBER 15 2000, authorizing the marriage of MICHAEL CLARK BEATY and KAREN NEWSOME KUNKEL.
I further certify that the following marriage certificate was filed in my office: I, REV. BRIAN L CORRELL (name), certify that on DECEMBER 24, 2000 (date), at NEW WINCHESTER CHRISTIAN CHURCH HENDRICKS County, Indiana, MICHAEL CLARK BEATY of HENDRICKS County, INDIANA (state), and KAREN NEWSOME KUNKEL of HENDRICKS County, INDIANA (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated DEC. 15, 2000. Signed by: /s/ REV. BRIAN L CORRELL, MINISTER (official designation) Filed and recorded in accordance with the laws of the State of Indiana on DECEMBER 27, 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8703 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 64
Page 746
12-15-00
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 11-21-00
Name of Physician Michelle Oberson

MALE APPLICANT

Name First: Steven Middle: D. Last: Hedrick
Date of Birth Month: 10 Day: 23 Year: 72
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 326 N. Jefferson St. City: Brownsburg County: Hendricks State: IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) 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 L. Hedrick
   (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 Mary Jean Shockency
   (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 D. Hedrick Date 12-15-00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Steven D. Hedrick
New Address 326 N. Jefferson St. Brownsburg IN 46112
Subscribed and sworn to before me this _____ day of _____
Thaser 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

FEMALE APPLICANT

Name First: Jennifer Middle: Lynn Last: Paris
Date of Birth Month: 5 Day: 6 Year: 80
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R.: 10126 N. County Road 650 E. 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. None
6. (a) Full name of applicant's father Bryan R. Paris
   (If adopted, list adoptive parents only)
   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 L. 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 Jennifer L Paris Date 12-15-00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed Jennifer L Paris
New Address 326 N. Jefferson St. B'burg IN 46112
Subscribed and sworn to before me this _____ day of _____
Thaser 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 DECEMBER 15 2000, authorizing the marriage of STEVEN D. HEDRICK and JENNIFER L. PARIS.
I further certify that the following marriage certificate was filed in my office: I, JOHN P. ROOF (name), certify that on DECEMBER 23, 2000 (date), at DANVILLE in HENDRICKS County, Indiana, STEVEN D HEDRICK of HENDRICKS County, INDIANA (state), and JENNIFER L PARIS of HENDRICKS County, INDIANA (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated DEC. 15, 2000. Signed by: /s/ JOHN P ROOF, EPISCOPAL PRIEST (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on DECEMBER 27, 2000 (date).

Signed Thaser Dugan Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 64
Page 747
12-18-00
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 12-7-00
Name of Physician Doctors Care

MALE APPLICANT	FEMALE APPLICANT
Name: First Amit Middle Ichchhu Last Patel	Name: First Kavita Middle Rameshchandra Last Patel
Date of Birth: Month 9 Day 28 Year 76	Date of Birth: Month 9 Day 18 Year 76
Place of Birth (State or foreign country): Panama	Place of Birth (State or foreign country): Kenya
Residence Address: Street or R.R. 6107 Cambridge Way City Plainfield County Hendricks State In	Residence Address: Street or R.R. Apt 338 University Commons City Cayce County ? State S. Carolina
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____	Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____	Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License	Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐	1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐	If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐	2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐	4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. ____	5. List the full names of any dependent children. ____
6. (a) Full name of applicant's father Ichchhu Khushal Patel	6. (a) Full name of applicant's father Rameshchandra R Patel
(If adopted, list adoptive parents only) ____	(If adopted, list adoptive parents only) ____
Residence of father (if deceased, so state) Indiana	Residence of father (if deceased, so state) India
Birthplace of father (State or foreign country) India	Birthplace of father (State or foreign country) Kenya
(b) Full maiden name of applicant's mother Hasan Ichchhu Patel	(b) Full maiden name of applicant's mother Sharda Rameshchandra Patel
(If adopted, list adoptive parents only) ____	(If adopted, list adoptive parents only) ____
Residence of mother (if deceased, so state) Indiana	Residence of mother (if deceased, so state) India
Birthplace of mother (State or foreign country) India	Birthplace of mother (State or foreign country) Tanzania

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Amit I. Patel Date 12/18/00

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 Amit I. Patel
New Address Same as above

Subscribed and sworn to before me this 18 day of Dec. 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 relate Date 12/18/00

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 relate
New Address 6107 Cambridge Way Plfd.

Subscribed and sworn to before me this 18 day of Dec. 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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated December 18, 2000, authorizing the marriage of Amit I. Patel and Kavita R. Patel.

I further certify that the following marriage certificate was filed in my office: I, Sharon Dugan (name), certify that on December 18, 2000 (date), at Danville in Hendricks County, Indiana, Amit I. Patel of Hendricks County, Indiana (state), and Kavita R. Patel of Cayce County, South Carolina (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 18, 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 December 19, 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 641
Page 748
12-18-00
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 12-18-00
Name of Physician David Gaddy

MALE APPLICANT

Name First: Gary Middle: A. Last: Gottlick

Date of Birth Month: 3 Day: 28 Year: 1947

Place of Birth (State or foreign country): New Jersey

Residence Address: 1419 Rustic Pr. B358 A-3 Street or R.R. Ocean City: Monmouth County: NJ. 07712 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) 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 Anthony Gottlick
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) New Jersey
   (b) Full maiden name of applicant's mother Helen Doyle
   (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: Diana Middle: L. Last: Rider

Date of Birth Month: 9 Day: 8 Year: 61

Place of Birth (State or foreign country): Ohio

Residence Address: 305 Waterford Lane Street of R.R. Avon City: Hendricks County: IN 46123 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) 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. Rachel Barkston
6. (a) Full name of applicant's father William H. Rider
   (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 Joyce A. Millard
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) New York
   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 Gary A. Gottlick Date 12-18-00

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 Gary A. Gottlick
New Address Same as her's (Bride)

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

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Diana L. Rider Date 12/18/00

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 Diana L. Rider
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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated December 18, 2000, authorizing the marriage of Gary A. Gottlick and Diana L. Rider.

I further certify that the following marriage certificate was filed in my office: I, Sharon Dugan (name), certify that on December 18, 2000 (date), at Danville in Hendricks County, Indiana, Gary A. Gottlick of Hendricks County, Indiana (state), and Diana L. Rider of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 18, 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 December 18, 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 64
Page 749
12-18-00
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 12-19-00
Name of Physician Norman Liebschutz, MD

MALE APPLICANT

Name: First James Middle Michael Last Taylor
Date of Birth: Month 1 Day 10 Year 79
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 4833 Pearl Street City Avon County Hendricks State IN 46103
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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Michael J. Taylor
   (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 Teresa J Glass
   (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 James M. Taylor Date 2000/DEC/18

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed James M. Taylor
New Address
Subscribed and sworn to before me this 18th day of DEC 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

FEMALE APPLICANT

Name: First Kylee Middle Ann Last Ping
Date of Birth: Month 3 Day 21 Year 83
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 665 Ironwood Drive City Avon County Hendricks State 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)
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 Curtis Ping
   (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 Cynthia Ripberger
   (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 Kylee A. Ping Date 12/18/00

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 Kylee A. Ping
New Address
Subscribed and sworn to before me this 18th day of Dec 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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 12-18-2000, authorizing the marriage of JAMES MICHAEL TAYLOR and KYLEE ANN PING.

I further certify that the following marriage certificate was filed in my office: I, REV N. JACK WOLFE (name), certify that on DEC. 23,2000 (date), at INDIANAPOLIS in MARION County, Indiana, JAMES MICHAEL TAYLOR of HENDRICKS County, INDIANA (state), and KYLEE ANN PING of HENDRICKS County, INDIANA (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated 12-18-2000. Signed by: /s/ REV. N. JACK WOLFE, REVEREND (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on DECEMBER 26, 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 64
Page 749
12-18-00
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 ☒ 12-19-00
If No, Medical Examination or Report Dated
Name of Physician Norman Liebschutz, MD

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last: James Michael Taylor	Name First Middle Last: Kylee Ann Ping
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State	
Residence Address: 4833	
Previous Marita	
Last Marriage	
Date of Bir	

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The above
acknowledgn.
Clerk of Court

State of Indiana
County of Hendricks

Signed
New Addre

Subscribed and sworn

Sharon

CONSENT OF PA
We, the parents of
state facts which r

State of Indiana
County of Hend
Father
Mother
Subscribed an

COMPLE

and filed

I certify that

I further certify that the following marriage

I, Cynthia B. Pitsillides give my consent for Kylee A. Ping, daughter
Name & Relationship
to marry James Taylor.

Cynthia B. Pitsillides
Signature of Parent or Guardian

Donna S. Poole
Subscribed before me Donna S. Poole NOTARY PUBLIC
Commission expires; 11/8/2000 DATE Hendricks COUNTY
4/15/2001
CLERK Sharon Dugan DATE 12-18-00

I certify that DEC. 23,2000 (date), at [illegible] in [illegible] County, INDIANA (state), and JAMES MICHAEL 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 12-18-2000. Signed by: /s/ REV. N. JACK WOLFE REVEREND (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on DECEMBER 26, 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 64
Page 750
12-22-00
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 12-21-00
Name of Physician Dr Collier H

MALE APPLICANT

Name: First Jeffrey Middle Michael Last Pierce
Date of Birth: Month 9 Day 6 Year 67
Place of Birth (State or foreign country) California
Residence Address: Street or R.R. 7082 Hunters Ridge Dr City Plainfield County Hendricks State In
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Glenn Pierce Jr.
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Australia
   Birthplace of father (State or foreign country) ____
   (b) Full maiden name of applicant's mother Barbara J. Hawkins
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) New Mexico
   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 ____

The above applicant has objected to verifying 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 22 day of Dec 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

FEMALE APPLICANT

Name: First Kimberly Middle Dawn Last Daniel
Date of Birth: Month 9 Day 30 Year 72
Place of Birth (State or foreign country) Illinois
Residence Address: Street or R.R. 7083 Hunters Ridge Dr City Plainfield County Hendricks State In
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Brian & Makayla Daniel
6. (a) Full name of applicant's father Stephen Allen Haley
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Kansas
   Birthplace of father (State or foreign country) Missouri
   (b) Full maiden name of applicant's mother Grace Birdsell
   (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 ____

The above applicant has objected to verifying 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 22 day of Dec 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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated December 22, 2000, authorizing the marriage of Jeffrey Michael Pierce and Kimberly Dawn Daniel.
I further certify that the following marriage certificate was filed in my office: I, REV. KENNETH SMITH (name), certify that on DECEMBER 24, 2000 (date), at INDIANAPOLIS in MARION County, Indiana, JEFFREY M PIERCE of HENDRICKS County, INDIANA (state), and KIMBERLY D DANIEL of HENDRICKS County, INDIANA (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated DEC. 22, 2000. Signed by: /s/ REV KENNETH SMITH, MINISTER (official designation) Filed and recorded in accordance with the laws of the State of Indiana on DECEMBER 29, 2000 (date).

Signed [signature] Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 14
Page 751
12-19-00
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 12-5-00
Name of Physician Dr. Harold Lee

MALE APPLICANT

Name: First David Middle Keith Last Westenhoefer
Date of Birth: Month 2 Day 28 Year 57
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 683 N. Cold. 450 E. City Avon County Hendricks State In 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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 & Kimberly Westenhoefer
6. (a) Full name of applicant's father Paul Ray Westenhoefer
   (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 Lu Tully
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   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 David K. Westenhoefer Date 12-19-00

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 _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
× Signed David K. Westenhoefer
New Address Same As Above
Subscribed and sworn to before me this 19 day of Dec. 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

FEMALE APPLICANT

Name: First Judy Middle Ann Last Westenhoefer
Date of Birth: Month 11 Day 2 Year 58
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 683 N Cold 450 E City Avon County Hendricks State In 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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 & Kimberly Westenhoefer
6. (a) Full name of applicant's father William Robert Ransom
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Katharina Moore
   (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 Judy A Westenhoefer Date 12-19-00

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 _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
× Signed Judy A Westenhoefer
New Address Same As Above
Subscribed and sworn to before me this 19 day of Dec. 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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated DEC. 19 2001, authorizing the marriage of DAVID K WESTENHOFER and JUDY A WESTENHOFER.
I further certify that the following marriage certificate was filed in my office: I, REV. KENNETH D WELLS (name), certify that on JANUARY 1, 2001 (date), at BARTLETT CHAPEL in HENDRICKS County, Indiana, DAVID K WESTENHOFER of HENDRICKS County, INDIANA (state), and JUDY A WESTENHOFER of HENDRICKS County, INDIANA (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated DEC. 19, 2000. Signed by: /s/ REV. KENNETH D WELLS, UNITED METHODIST ELDER (official designation) Filed and recorded in accordance with the laws of the State of Indiana on JANUARY, 5, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 64
Page 752

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 Dr. Oliver

MALE APPLICANT	FEMALE APPLICANT
Name: First Eric, Middle Lee, Last Toussant	Name: First Dana, Middle Marie, Last Nicely
Date of Birth: Month 5, Day 23, Year 80	Date of Birth: Month 12, Day 19, Year 80
Place of Birth (State or foreign country): Indiana	Place of Birth (State or foreign country): Kentucky
Residence Address: Street or R.R. 5160 Hill Valley Dr., City Pittsboro, County Hend, State IN 46167	Residence Address: Street or R.R. 7443 W 550 N, City N. Salem, County Hend, State IN 46165
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages _____	Previous Marital Status: Never Married ☒ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____	Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) drivers license	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 ☐	1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐	If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐	2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐	4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. NA	5. List the full names of any dependent children. NA
6. (a) Full name of applicant's father Thomas Edward Toussant	6. (a) Full name of applicant's father Anthony David Nicely
(If adopted, list adoptive parents only) _____	(If adopted, list adoptive parents only) _____
Residence of father (if deceased, so state) Indiana	Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Ohio	Birthplace of father (State or foreign country) Kentucky
(b) Full maiden name of applicant's mother Vickie Lynn MacAfee	(b) Full maiden name of applicant's mother Ruth Ella Robinson
(If adopted, list adoptive parents only) _____	(If adopted, list adoptive parents only) _____
Residence of mother (if deceased, so state) Indiana	Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Ohio	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 (1) Eric Lee Toussant Date 12-22-00

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)
County of Hendricks)

I swear/affirm that the information given in this application is true and correct.

Signed (1) Eric Lee Toussant
New Address _____

Subscribed and sworn to before me this 22 day of December 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 (1) Dana Marie Nicely Date 12-22-00

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)
County of Hendricks)

I swear/affirm that the information given in this application is true and correct.

Signed (1) Dana Nicely
New Address _____

Subscribed and sworn to before me this 22 day of December 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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated December 22, 2000, authorizing the marriage of Eric Lee Toussant and Dana Marie Nicely.

I further certify that the following marriage certificate was filed in my office: I, Norman W. Campbell (name), certify that on December 30, 2000 (date), at Pittsboro in Hendricks County, Indiana, Eric L. Toussant of Hendricks County, Indiana (state), and Dana M. Nicely of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 22, 2000. Signed by: /s/ Norman W. Campbell, Elder (official designation) Filed and recorded in accordance with the laws of the State of Indiana on January 3, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 64
Page 153
12-26-00
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 12-20-00
Name of Physician Dr. Sparzo

MALE APPLICANT

Name: First Steven Middle Scott Last Casner

Date of Birth: Month 4 Day 11 Year 72

Place of Birth (State or foreign country) Arkansas

Residence Address: Street or R.R. 51 W. Tilden Unit 6 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 10/93

Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)

Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Leanna Casner

6. (a) Full name of applicant's father Denzil Casner
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Cordella Dean Adams
   (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 Steven Casner Date 12-26-00

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.

X Signed Steven Casner
New Address 407 W Mill St Danville, IN 46122

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

FEMALE APPLICANT

Name: First Dawn Middle Virginia Last Lepine

Date of Birth: Month 6 Day 26 Year 64

Place of Birth (State or foreign country) Florida

Residence Address: Street or R.R. 407 West Mill St. City Danville County Hendricks State IN

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 11/99

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. Adrian Lepine
   Andrea Lepine, Anthony Lepine

6. (a) Full name of applicant's father Irvin Monroe Derington
   (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 Joanne M. Ellison
   (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 Dawn V Lepine Date 12/26/00

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.

X Signed Dawn V Lepine
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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated December 26, 2000, authorizing the marriage of Steven Scott Casner and Dawn Virginia Lepine.
I further certify that the following marriage certificate was filed in my office: I, Joanthan David Casner (name), certify that on December 30, 2000 (date), at Danville in Hendricks County, Indiana, Steven S. Casner of Hendricks County, Indiana (state), and Dawn V. Lepine of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 26, 2000. Signed by: /s/ Jonathan David Casner Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on January 11, 2001 (date).

Sharon Dugan
Signed _____ Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 64
Page 754
12-26-00
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 12-26-00
Name of Physician William Terpstra

MALE APPLICANT

Name First Middle Last: Bradley Meredith Pence
Date of Birth Month Day Year: 7 12 81
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R. City County State: 2410 Meadowlark Way Apt. B Plainfield IN Hendricks
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Luke Pence
6. (a) Full name of applicant's father Dennis Pence
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother LuAnn 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 Brad Pence Date 12-26-00

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 Brad Pence
New Address same
Subscribed and sworn to before me this ____ day of ____
Sharon Duzan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

FEMALE APPLICANT

Name First Middle Last: Rebecca LeAnn Elkins
Date of Birth Month Day Year: 2 27 80
Place of Birth (State or foreign country): Indiana
Residence Address Street or R.R. City County State: 2410 Meadowlark Way Apt B Plainfield IN Hendricks
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) 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. Luke Pence
6. (a) Full name of applicant's father Kevin Jay Elkins
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Alma Fay Napier
   (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 Rebecca C Date 12-26-00

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 Rebecca C
New Address Same
Subscribed and sworn to before me this ____ day of ____
Sharon Duzan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____

State of Indiana)
County of Hendricks)
Father ____ ID # ____
Mother ____ ID # ____
Subscribed and sworn to before me this ____ day of ____
____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court, by written order issued ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated December 26, 2000, authorizing the marriage of Bradley Meredith Pence and Rebecca LeAnn Elkins.
I further certify that the following marriage certificate was filed in my office: I, Terry N. Hursh (name), certify that on January 12, 2001 (date), at Indianapolis in Marion County, Indiana, Bradley M. Pence of Hendricks County, Indiana (state), and Rebecca L. Elkins of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 26, 2000. Signed by: /s/ Terry N. Hursh, Judge (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on January 19, 2001 (date).

Signed Sharon Duzan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 64
Page 755
12-26-00
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 12-1-00
Name of Physician Dr Petrick

MALE APPLICANT

Name: First Michael Middle Edwin Last Brady
Date of Birth: Month 1 Day 3 Year 37
Place of Birth (State or foreign country) Arkansas
Residence Address: Street or R.R. 7067 E CR 200N City Avon County Hendricks State In 46123
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.
6. (a) Full name of applicant's father James Edwin Brady
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Colorado
   (b) Full maiden name of applicant's mother Jimmie Cleda Brad
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   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 x Michael E Brady Date 12-26-00

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 Michael E Brady
New Address 317 E. Jordice Lebanon In 46052
Subscribed and sworn to before me this 26 day of January 2001
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

FEMALE APPLICANT

Name: First Pamela Middle Ann Last Richardson
Date of Birth: Month 3 Day 11 Year 59
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 517 E Jordice City Lebanon County Boone State 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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Scott Richardson
6. (a) Full name of applicant's father Don Nelvin
   (If adopted, list adoptive parents only)
   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 Birkhead
   (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 Pamela Richardson Date 12-26-00

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 Pamela Richardson
New Address Same As Above
Subscribed and sworn to before me this 26 day of January 2001
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 December 26, 2000, authorizing the marriage of Michael E. Brady and Pamela A. Richardson.
I further certify that the following marriage certificate was filed in my office: I, Steven T. Reeves (name), certify that on January 13, 2001 (date), at Brownsburg in Hendricks County, Indiana, Michael E. Brady of Hendricks County, Indiana (state), and Pamela A. Richardson 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 December 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 December 26, 2000 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 64
Page 756
12-28-00
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 12-21-00
Name of Physician Donald P Johnson, MD

MALE APPLICANT

Name: First J Middle Milton Last Thompson
Date of Birth: Month 10 Day 20 Year 77
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 4512 Connaught E Dr. 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) 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. Abigail Sue Thompson
6. (a) Full name of applicant's father J. Milton Thompson
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Karen Denise Conklin
   (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. Milton Thompson Date 12/28/00

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 J. Milton Thompson
New Address 4512 Connaught E. Dr Plainfield
Subscribed and sworn to before me this 28 day of DEC. 2000
Marsa 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

FEMALE APPLICANT

Name: First Maria Middle Michelle Last Horner
Date of Birth: Month 8 Day 1 Year 80
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 520 Brookside Ln. 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) 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 Marlin Leon Horner
   (If adopted, list adoptive parents only) ____
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Jan Ann Alvea
   (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 Maria M. Horner Date 12/28/00

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 Maria M. Horner
New Address 4512 Connaught E. Drive Plainfield
Subscribed and sworn to before me this 28 day of DEC. 2000
Marsa 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 December 28, 2000, authorizing the marriage of J. Milton Thompson and Maria Michelle Horner.
I further certify that the following marriage certificate was filed in my office: I, David Jefferson (name), certify that on January 6, 2001 (date), at Plainfield in Hendricks County, Indiana, J. Milton Thompson of Hendricks County, Indiana (state), and Maria M. 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 Dec. 28, 2000. Signed by: /s/ David Jefferson, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on January 11, 2001 (date).

Signed Marsa Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 604
Page 157
12-29-00
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 12-29-00
Name of Physician Dr Abraham

MALE APPLICANT

Name: First Joshua Middle Dean Last Ross
Date of Birth: Month 2 Day 24 Year 80
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 9 Round Hill Rd. Box 351 City Danville County Hendricks State In
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Dean Ross
   (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 Brenda June Poynter
   (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 12-29-00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed [signature]
New Address 836 Foxcrest Court Apt D Terre Haute
Subscribed and sworn to before me this 29 day of Dec. 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

FEMALE APPLICANT

Name: First Talia Middle Ann Last Barwick
Date of Birth: Month 9 Day 10 Year 1979
Place of Birth (State or foreign country) Wisconsin
Residence Address: Street or R.R. 836 Foxcrest Court Apt D City Terre Haute County Vigo State In 47803
Previous Marital Status: Never Married ☒ 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. Tristyn Barwick
6. (a) Full name of applicant's father Billie Dene Barwick
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Wisconsin
   (b) Full maiden name of applicant's mother Felicia Ann Fairfield
   (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).
X Signature of Applicant Talia Barwick Date 12-29-00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
X Signed Talia Barwick
New Address Same as above
Subscribed and sworn to before me this 29 day of Dec. 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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated December 29, 2000, authorizing the marriage of Joshua Dean Ross and Talia Ann Barwick.
I further certify that the following marriage certificate was filed in my office: I, Jack L. Ross (name), certify that on January 6, 2001 (date), at Danville in Hendricks County, Indiana, Joshua D. Ross of Hendricks County, Indiana (state), and Talia A. Barwick of Allen County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 29, 2000. Signed by: /s/ Jack L. Ross, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on January 11, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 604
Page 758
12-29-00
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: First Philip Middle Edward Last Curran
Date of Birth: Month 9 Day 15 Year 42
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 118 N Linwood City Indpls County Marion State IN 46201
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) 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 Martin James Curran
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) deceased.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Mary Catherine Crowley
   (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 ⓓ Philip E Curran Date 12/29/00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed ⓓ Philip E Curran
New Address 6553 Walnut Way Ct. Brownsburg
Subscribed and sworn to before me this 29 day of Dec. 2000
Thaor 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

FEMALE APPLICANT

Name: First Kathleen Middle Elizabeth Last Carver
Date of Birth: Month 5 Day 29 Year 49
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 6555 Walnut Way Ct. City B'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 1995
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. Kelli Elizabeth Carver
   Lawrence Donald Carver
6. (a) Full name of applicant's father Donald Stephen Dodds
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) New Hampshire
   (b) Full maiden name of applicant's mother Margaret Jane Wiles
   (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 ⓓ Kathleen E. Carver Date 12/29/00

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)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed ⓓ Kathleen E. Carver
New Address same
Subscribed and sworn to before me this 29 day of DEC. 2000
Thaor 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 December 29, 2000, authorizing the marriage of Philip Edward Curran and Kathleen Elizabeth Carver.
I further certify that the following marriage certificate was filed in my office: I, Rev. Daniel J. Staublin (name), certify that on February 24, 2001 (date), at Brownsburg in Hendricks County, Indiana, Philip Edward Curran of Marion County, Indiana (state), and Kathleen Elizabeth Carver of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Dec. 29, 2000. Signed by: Rev. Daniel J. Staublin, R. C. Priest (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on December 29, 2000 (date).

Signed Thaor Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

281

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 64
Page 1
1-3-01
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 12-15-00
Name of Physician Teresa Trueriveler, MD

MALE APPLICANT

Name: First Hector Middle Ramirez Last Villegas
Date of Birth: Month 4 Day 20 Year 67
Place of Birth (State or foreign country): Mexico
Residence Address: Street or R.R. 2419 Bruland Dr. City Indpls County Hend. State IN 46234
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) drivers license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 Florentino Ramirez
   (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 Audelia Villegas
   (If adopted, list adoptive parents only) ____
   Residence of mother (if deceased, so state) Mexico
   Birthplace of mother (State or foreign country) Mexico

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant ② [signature] Date 01-03-01

The above applicant has objected to verifying 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 ② [signature]
New Address Same
Subscribed and sworn to before me this 3 day of Jan, 2001
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

FEMALE APPLICANT

Name: First Monique Middle Sherri Last Jones
Date of Birth: Month 3 Day 7 Year 70
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 2419 Bruland Dr. City Indpls County Hend State IN 46234
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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Christian Charles Matthew Jones
6. (a) Full name of applicant's father Gordon Curtis Jones 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 Vivian Kay Prewitt
   (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 ② [signature] Date 01-03-01

The above applicant has objected to verifying 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 ② [signature]
New Address Same
Subscribed and sworn to before me this 3 day of Jan, 2001
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 JAN 3, 2001, authorizing the marriage of HECTOR RAMIREZ and MONIQUE SHERRI JONES.
I further certify that the following marriage certificate was filed in my office: I, SHARON DUGAN (name), certify that on JANUARY 3, 2001 (date), at DANVILLE in HENDRICKS County, Indiana, HECTOR RAMIREZ of HENDRICKS County, INDIANA (state), and MONIQUE S 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 JAN 3, 2000. Signed by: /s/ SHARON DUGAN, CLERK (official designation) Filed and recorded in accordance with the laws of the State of Indiana on JANUARY 3, 2001 (date).

Sharon Dugan
Signed ____ Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 64
Page 2
1-3-01
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 12-8-00
Name of Physician Donald Johnson

MALE APPLICANT	FEMALE APPLICANT
Name First: F. Douglas Middle: Westrick Last:	Name First: Cheryl Middle: Ann Last: Norris
Date of Birth Month: 12 Day: 29 Year: 60	Date of Birth Month: 6 Day: 12 Year: 62
Place of Birth (State or foreign country): Indiana	Place of Birth (State or foreign country): Kentucky
Residence Address Street or R.R.: 2321 Crown Plaza Rd City: Plainfield County: Hendricks State: IN	Residence Address Street or R.R.: 2321 Crown Plaza Rd. City: Plainfield County: Hendricks State: IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages: 2	Previous Marital Status: Never Married ☐ OR No. of Previous Marriages: 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date: 12/98	Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date: 7/99
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify): Driver's License	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 ☐	1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☐ Yes ☐	If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐	2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐	4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.	5. List the full names of any dependent children. Jessica Suter, Michael Suter
6. (a) Full name of applicant's father: Floyd Ronald Westrick	6. (a) Full name of applicant's father: James Phillip Norris
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state): Indiana	Residence of father (if deceased, so state): Indiana
Birthplace of father (State or foreign country): Indiana	Birthplace of father (State or foreign country): Kentucky
(b) Full maiden name of applicant's mother: Shirley M. Gregory	(b) Full maiden name of applicant's mother: Glenda Rose Sturgeon
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state): Indiana	Residence of mother (if deceased, so state): Indiana
Birthplace of mother (State or foreign country): Indiana	Birthplace of mother (State or foreign country): 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: F Douglas Westrick Date: 1-3-01

Signature of Applicant: Cheryl A Norris Date: 1-3-01

The above applicant has objected to verifying 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: F Douglas Westrick
New Address: same

Signed: Cheryl A Norris
New Address: same

Subscribed and sworn to before me this _____ day of _____

Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated January 3, 2001, authorizing the marriage of F. Douglas Westrick and Cheryl Ann Norris.

I further certify that the following marriage certificate was filed in my office: I, Jeff Castetter (name), certify that on January 27, 2001 (date), at Indianapolis in Marion County, Indiana, F. Douglas Westrick of Hendricks County, Indiana (state), and Cheryl Ann Norris of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated January 3, 2001. Signed by: /s/ Jeff Castetter, Ordained Minister (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on January 3, 2001 (date).

Signed _____ Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 64
Page 3
1-3-01
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 1-2-01
Name of Physician Tim Nichols

MALE APPLICANT

Name First: Bob Middle: E. Last: Kindred
Date of Birth Month: 8 Day: 10 Year: 55
Place of Birth (State or foreign country): Indiana
Residence Address: 415 Sleeping Hollow Street or R.R.: Plainfield City: Hendricks County: IN State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages: 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date: 5/79
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: Harry Kindred
   (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: Marjorie Cook
   (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).

X Signature of Applicant: Bob E. Kindred Date: 1-3-01

The above applicant has objected to verifying 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: Bob E. Kindred
New Address: 415 Sleepy Hollow, Ct
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

FEMALE APPLICANT

Name First: Lucinda Middle: L. Last: Burk
Date of Birth Month: 4 Day: 17 Year: 71
Place of Birth (State or foreign country): Indiana Marion
Residence Address: 849 Westmore Dr. Street or R.R.: Indpls. City: IN County: 46214 State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages: 4
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. Ashley Edington, Tiffany Edington
6. (a) Full name of applicant's father: William Michael Burk
   (If adopted, list adoptive parents only)
   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 Hargis
   (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: Lucinda L. Burk Date: 1-3-01

The above applicant has objected to verifying 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: Lucinda L. Burk
New Address: 415 Sleepy Hollow
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 January 3, 2001, authorizing the marriage of Bob E. Kindred and Lucinda L. Burk.
I further certify that the following marriage certificate was filed in my office: I, Douglas R. McKee (name), certify that on February 9, 2001 (date), at Indianapolis in Marion County, Indiana, Bob E. Kindred of Hendricks County, Indiana (state), and Lucinda L. Burk 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 January 3, 2001. Signed by: /s/ Douglas R. McKee, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on January 3, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 64
Page 4
1-8-01
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 1-2-01
Name of Physician Dr. Leudy

MALE APPLICANT

Name First Randy Middle Wayne Last Terry
Date of Birth Month 4 Day 22 Year 64
Place of Birth (State or foreign country) Illinois
Residence Address 1307 N Jefferson Street or R.R. Robinson City Crawford County 62454 State Il.
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. Natasha Terry, Ashley Terry
6. (a) Full name of applicant's father Donald Bryce Terry
   (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 Vera Rae Ingles
   (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).
X Signature of Applicant [signature] Date 1/8/01

The above applicant has objected to verifying 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 Same as above
Subscribed and sworn to before me this 8 day of January 2001
Karen 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

FEMALE APPLICANT

Name First Rebecca Middle Erin Last Kennedy
Date of Birth Month 1 Day 20 Year 77
Place of Birth (State or foreign country) Indiana
Residence Address 1307 N Jefferson Street or R.R. Robinson City Crawford County 62454 State 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) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father John Leslie Kennedy
   (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 Margaret Ann Riley
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Illinois
   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 1/8/01

The above applicant has objected to verifying 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 Same as above
Subscribed and sworn to before me this 8 day of January 2001
Karen 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 January 8, 2001, authorizing the marriage of Randy W. Terry and Rebecca E. Kennedy.
I further certify that the following marriage certificate was filed in my office: I, William H. Steinke (name), certify that on January 27, 2001 (date), at Brownsburg in Hendricks County, Indiana, Randy Wayne Terry of Crawford County, Illinois (state), and Rebecca Erin Kennedy of Crawford County, Illinois (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Jan. 8, 2001. Signed by: /s/ William H. Steinke, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on January 8, 2001 (date).

Signed Karen Dugan Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 64
Page 5
1-9-01
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 1-8-01
Name of Physician Dr. Middleton

MALE APPLICANT

Name First Troy Middle Lane Last Hampton
Date of Birth Month 9 Day 9 Year 70
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. 6083 St Rd 39 City Clayton County Hendricks State In 46118
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the 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 Steven 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 Linda Sue Burton
   (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 Crystal Middle Gayle Last Carter
Date of Birth Month 12 Day 29 Year 77
Place of Birth (State or foreign country) Indiana
Residence Address Street or R.R. 6083 St Rd 39 City Clayton County Hendricks State In 46118
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Zachary Boles
6. (a) Full name of applicant's father Teddy Wayne Carter
   (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 Elaine Kay Ingram
   (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 1/09/01

The above applicant has objected to verifying 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 9 day of Jan. 2001
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 Crystal G Carter Date 1-09-01

The above applicant has objected to verifying 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 Crystal G Carter
New Address Same As Above
Subscribed and sworn to before me this 9 day of Jan. 2001
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 January 9, 2001, authorizing the marriage of Troy L. Hampton and Crystal G. Carter.
I further certify that the following marriage certificate was filed in my office: I, Kurt B. Alexander (name), certify that on January 20,2001 (date), at Monrovia in Marion County, Indiana, Troy L. Hampton of Hendricks County, Indiana (state), and Crystal G. 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 Jan. 9,2001. Signed by: /s/ Kurt B. Alexander, Ordained Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on January 9,2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 64
Page 6
1-9-01
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 1-9-01
Name of Physician Dr. Clark

MALE APPLICANT

Name First: Michael Middle: Lee Last: Armstrong
Date of Birth Month: 2 Day: 1 Year: 59
Place of Birth (State or foreign country): Indiana
Residence Address: 141 W CR 500 S Street or R.R. Clayton City Hendricks County IN State 46118
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Richard Armstrong Donald Armstrong Jessica Armstrong
6. (a) Full name of applicant's father Richard K. Armstrong
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Lula Francis Elmore
   (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 L. Armstrong Date

The above applicant has objected to verifying 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 L. Armstrong
New Address Same As Above
Subscribed and sworn to before me this 9 day of Jan. 2001
Sharon Duggan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of Hendricks)
Father ID #
Mother ID #
Subscribed and sworn to before me this day of
Clerk

FEMALE APPLICANT

Name First: Gretcher Middle: Gayle Last: Spencer
Date of Birth Month: 4 Day: 24 Year: 72
Place of Birth (State or foreign country): Indiana
Residence Address: 141 W CR 500 S Street or R.R. Clayton City Hendricks County IN State 46118
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Ernest Richard Spencer
   (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 Kay Smith
   (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 Gretchen G. Spencer Date

The above applicant has objected to verifying 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 Gretchen G. Spencer
New Address Same As Above
Subscribed and sworn to before me this 9 day of Jan. 2001
Sharon Duggan Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of Hendricks)
Father ID #
Mother ID #
Subscribed and sworn to before me this day of
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated January 9, 2000, authorizing the marriage of Michael Lee Armstrong and Gretchen Gayle Spencer.
I further certify that the following marriage certificate was filed in my office: I, Myron Barnard (name), certify that on January 9, 2001 (date), at Indianapolis in Marion County, Indiana, Michael L. Armstrong of Hendricks County, Indiana (state), and Gretchen G. Spencer of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Jan. 9, 2001. Signed by: /s/ Myron Barnard, Judge (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on January 11, 2001 (date).

Signed Sharon Duggan Clerk
Hendricks Circuit Court

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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 64
Page 7
1-9-01
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 Melvin Middle Charles Last Dugger

Date of Birth: Month 8 Day 3 Year 30

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R.R. 3531 W 46th St City Indianapolis County Marion State IN 46228

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 Melvin Dugger
   (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 Ora Dean Rowe
   (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 Melvin C. Duggar Date 1-9-2001

The above applicant has objected to verifying 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 Melvin C. Duggar
New Address 3069 E Main Rlfd In 46168
Subscribed and sworn to before me this 9 day of Jan. 2001
Thora 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

FEMALE APPLICANT

Name: First Patsy Middle Ann Last Arnold

Date of Birth: Month 6 Day 5 Year 37

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R.R. 3069 E Main City Plainfield County Hendricks State In 46168

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date _____

Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify)

Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father Harry Francis McCarty
   (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 Rosiarra Bertot
   (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 Patsy Arnold Date 1-9-01

The above applicant has objected to verifying 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 Patsy Arnold
New Address Same As Above
Subscribed and sworn to before me this 9 day of Jan. 2001
Thora 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 January 9 2001, authorizing the marriage of Melvin Charles Duggar and Patsy Ann Arnold.
I further certify that the following marriage certificate was filed in my office: I, Frank S. Surber (name), certify that on January 14, 2001 (date), at Spencer in Owen County, Indiana, Melvin Charles Duggar of Marion County, Indiana (state), and Patsy Ann Arnold of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Jan. 9,2001. Signed by: /s/ Frank S. Surber, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on January 9,2001 (date).

Signed Thora Dugan Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 64
Page 8
1-12-01
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 1-12-01
Name of Physician Dr. Lamb

MALE APPLICANT	FEMALE APPLICANT
Name: First Robert Middle Franklin Last Wilson	Name: First Patricia Middle Lynn Last Keys
Date of Birth: Month 11 Day 30 Year 48	Date of Birth: Month 5 Day 27 Year 54
Place of Birth (State or foreign country) Indiana	Place of Birth (State or foreign country) Indiana 46143
Residence Address: Street or R.R. 519 Waterford Way City Danville County Hendricks State In	Residence Address: Street or R.R. 2988 Old St. Rd. 37 City Greenwood County Johnson State In
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2	Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date	Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License	Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐	1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐	If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐	2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐	4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Robert F. Wilson	6. (a) Full name of applicant's father Harold H. McClain
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Deceased	Residence of father (if deceased, so state) Deceased
Birthplace of father (State or foreign country) Indiana	Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Carol S. Hewitt	(b) Full maiden name of applicant's mother Mary P. McGinnis
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Deceased	Residence of mother (if deceased, so state) Deceased
Birthplace of mother (State or foreign country) Kentucky	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 Robt F. Wilson Date 1-12-01

The above applicant has objected to verifying 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 F. Wilson
New Address Same as above
Subscribed and sworn to before me this 12 day of January 2001
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 Patricia L Keys Date _____

The above applicant has objected to verifying 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 Patricia L Keys
New Address 519 Waterford Way Danville
Subscribed and sworn to before me this 12 day of January 2001
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 January 12, 2001, authorizing the marriage of Robert F. Wilson and Patricia L. Keys.

I further certify that the following marriage certificate was filed in my office: I, Rev. Kenneth Smith (name), certify that on Feb 14, 2001 (date), at Danville in Hendricks County, Indiana, Robert F. Wilson of Hendricks County, Indiana (state), and Patricia L. Keys of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Jan. 12, 2001. Signed by: Rev. Kenneth Smith, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on January 12, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 64
Page 9
1-12-01
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 1-2-01
Name of Physician Dr Johnston

MALE APPLICANT

Name: First Kenneth Middle Franklin Last Kidwell
Date of Birth: Month 5 Day 31 Year 74
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 134 Bentstream Lane City Brownsburg County Hendricks State In
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages ____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ____
Date of Birth Verified By: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Clarissa Kidwell
6. (a) Full name of applicant's father Stanley Robert Kidwell
   (If adopted, list adoptive parents only) ____
   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 Marie Silcox
   (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 F. Kidwell Date 1-12-01

The above applicant has objected to verifying 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 F Kidwell
New Address Same as Above
Subscribed and sworn to before me this 12 day of January 2001
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

FEMALE APPLICANT

Name: First Melissa Middle Ann Last James
Date of Birth: Month 3 Day 30 Year 79
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 134 Bent Stream Lane 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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Clarissa Kidwell
6. (a) Full name of applicant's father Charles William James
   (If adopted, list adoptive parents only) ____
   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 Lee Fay
   (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 A James Date 1-12-01

The above applicant has objected to verifying 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 Melissa A. James
New Address Same as Above
Subscribed and sworn to before me this 12 day of January 2001
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 January 12, 2001, authorizing the marriage of Kenneth F. Kidwell and Melissa A. James.
I further certify that the following marriage certificate was filed in my office: I, Phillip Bilyeu (name), certify that on February 10, 2001 (date), at Danville in Hendricks County, Indiana, Kenneth F. Kidwell of Hendricks County, Indiana (state), and Melissa A. James of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated Jan. 12, 2001. Signed by: /s/ Phillip Bilyeu, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on January 12, 2001 (date).

Signed Sharon Dugan Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By Indiana State Board of Health under Authority of IC 31-11-4-4

Book 64
Page 10
01-16-01
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 12-21-00
Name of Physician Dr. S. Jacob

MALE APPLICANT

Name: First Zachary Middle Nathaniel Last Andrews
Date of Birth: Month 12 Day 15 Year 79
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2080 Keller Hill Rd City Mooresville 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. NO
6. (a) Full name of applicant's father Nathan Richard Andrews
   (If adopted, list adoptive parents only)
   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 Lawson
   (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 Zachary N. Andrews Date 1-16-01

The above applicant has objected to verifying 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 Zachary N. Andrews
New Address 2080 Keller Hill RD. 46158 IN Mooresville
Subscribed and sworn to before me this 16th day of January 2001
Honor 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

FEMALE APPLICANT

Name: First Laura Middle Kay Last Shoffner
Date of Birth: Month 10 Day 19 Year 80
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 2080 Keller Hill Rd, City Mooresville County Hendricks State IN
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date N/A
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 John J. Schoffner
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Nancy Ann Watts
   (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 Laura Kay Shoffner Date 1-16-01

The above applicant has objected to verifying 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 Laura Kay Shoffner
New Address 2080 Keller Hill Rd. Mooresville, IN 46158
Subscribed and sworn to before me this 16th day of January, 2001
Honor 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 JAN. 16 2001, authorizing the marriage of ZACHARY NATHANIEL ANDREWS and LAURA KAY SHOFFNER.
I further certify that the following marriage certificate was filed in my office: I, RON BONTRAGER, PASTOR (name), certify that on JANUARY 19, 2001 (date), at MOORESVILLE in HENDRICKS County, Indiana, ZACHARY NATHANIEL ANDREWS of HENDRICKS County, INDIANA (state), and LAURA KAY SHOFFNER of HENDRICKS County, INDIANA (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated JAN. 16, 2001. Signed by: /s/ RON BONTRAGER, PASTOR (official designation) Filed and recorded in accordance with the laws of the State of Indiana on JANUARY 23, 2001 (date).

Signed Honor Dugan Clerk
Hendricks Circuit Court

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